

Considerations Framework

- **Must Include** because (a) it is required to establish a condition of eligibility for MAGI or (b) it is a general Insurance Affordability Program application/process enrollment requirement.
- **May Want to Include** even though not a condition of MAGI eligibility, for administrative ease in order to: help verify information; minimize the need to follow-up with the applicant; or to provide additional assistance to the consumer.
- **Question Already Included in integrated human services applications**

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Tell us About Yourself					
<ul style="list-style-type: none"> • Household Contact Information 	<ul style="list-style-type: none"> • First name, Middle name, Last name, Home address (leave blank if you don't have one), Mailing Address, Phone number/Other Phone Number 	<ul style="list-style-type: none"> • Question already included in integrated human services applications. • Applications must ask for name, phone number, and address to contact applicants. • Residency within State/Exchange service area is a condition of eligibility (42 CFR 435.403; 45 CFR 155.305) 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A 	Technology Features: <ul style="list-style-type: none"> • Pre-populate fields in household information section if already collected as part of account creation. • Provide electronic address verification (e.g. with USPS) • Ask for zip code first and pre-populate city and state accordingly

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<ul style="list-style-type: none"> Household Contact Information 	<ul style="list-style-type: none"> Suffix 	<ul style="list-style-type: none"> May want to include for administrative ease because information related to Jr. or Sr. will help improve verification of eligibility. Not a condition of eligibility. Required field in FFE transfer of account information. 	<ul style="list-style-type: none"> First name, Middle name, Last name & Suffix (example: Jr/Sr; II/III) 	<ul style="list-style-type: none"> Include in household composition information. In states that categorize household composition in table, suffix can be included in section requesting Name of Household Member. For the majority of states, this is structured as (First, MI, Last). Include explanatory text or examples to help individuals understand terminology 'suffix'. 	<p>Technology Features:</p> <ul style="list-style-type: none"> Provide answer choices in a drop down menu. <p>Other:</p> <ul style="list-style-type: none"> Provide question-level help text defining terminology "suffix".
<ul style="list-style-type: none"> Preferred method to get information 	<ul style="list-style-type: none"> Do you want to get information about this application by email? (Yes/No) Email address: _____ 	<ul style="list-style-type: none"> Must include because State Medicaid agencies and Exchanges are required to maintain electronic accounts and submit notices electronically if the consumer chooses that option. (NPRM 42 CFR 435.918) 	<ul style="list-style-type: none"> Do you want to get information about this application by email? (Yes/No) Email address: _____ 	<ul style="list-style-type: none"> Include in household contact information section near existing phone number question. 	<p>Placement:</p> <ul style="list-style-type: none"> Include in contact information section near existing phone number question.
<ul style="list-style-type: none"> Language 	<ul style="list-style-type: none"> Preferred spoken or 	<ul style="list-style-type: none"> Must include because it is a 	Language you prefer to	<ul style="list-style-type: none"> Include in household 	<p>Placement:</p>

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Spoken/Read	written language (if not English)	general Medicaid and Exchange language accessibility requirement. (42 CFR 435.907);(45 CFR 155.205(c)) <ul style="list-style-type: none"> Question should clarify that both oral and written language assistance is available. 	speak or read (if not English)	contact information section.	<ul style="list-style-type: none"> Include in contact information section. Technology Features: <ul style="list-style-type: none"> Provide drop down menu with language options, including an “other” option – if “other” is selected, provided a free text field.
Tell us About Your Family					
<ul style="list-style-type: none"> Age 	<ul style="list-style-type: none"> Date of birth (mm/dd/yyyy) 	<ul style="list-style-type: none"> <u>Question already included in integrated human services applications.</u> Condition of eligibility and collected to build household composition (42 CFR 435.603) 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	Technology Features: <ul style="list-style-type: none"> Provide error-checking to prevent entry of a future date.
<ul style="list-style-type: none"> Household Composition 	<ul style="list-style-type: none"> Relationship to you? 	<ul style="list-style-type: none"> <u>Question already included in integrated human services applications.</u> Condition of eligibility to build household composition (42 CFR 435.603) 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A. 	Other: <ul style="list-style-type: none"> Build relationships off of primary informant.
<ul style="list-style-type: none"> Gender 	<ul style="list-style-type: none"> Sex: Male/Female 	<ul style="list-style-type: none"> <u>Question already included in integrated human services applications.</u> 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	

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<ul style="list-style-type: none"> Social Security Number (SSN) 	<ul style="list-style-type: none"> Social Security Number (SSN) 	<ul style="list-style-type: none"> Not a condition of eligibility. Question already included in integrated human services applications. Required to be collected for individuals applying (42 CFR 435.910) 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A. 	<p>Technology Features:</p> <ul style="list-style-type: none"> Provide error-checking to ensure entry of numbers only and to allow only for the correct number of digits.
<ul style="list-style-type: none"> Pregnant 	<ul style="list-style-type: none"> Are you pregnant? (Yes/No) If yes, how many babies are expected during this pregnancy? __ 	<ul style="list-style-type: none"> Must include in integrated human services application if it does not ask “how many babies are expected” with pregnancy related question. Condition of eligibility. (42 CFR 435.603) MAGI rules clarify that for purposes of determining household composition, the pregnant woman is counted as herself plus the number of babies she is expecting. States have several options for determining family size for other individuals who have a pregnant woman in their household. They can count the 	<p><i>If asking questions about one household member at a time:</i> Is Person X pregnant? (Yes/No). If yes, how many babies does she expect?:__</p> <p><i>If asking questions about all household members at the same time in a chart or table:</i></p> <ul style="list-style-type: none"> Is anyone in your household pregnant? If yes, name of person? _____. How many babies does she expect? _____. 	<ul style="list-style-type: none"> Include in general household questions that typically follow household composition section. 	<p>Technology Features:</p> <ul style="list-style-type: none"> Present question only for females of child-bearing age based on previously provided information.

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		<p>pregnant woman as either 1 or 2 person(s) or as herself plus the number of children she is expected to deliver. (42 CFR 435.603)</p>			
<ul style="list-style-type: none"> SSN Instructions 	<ul style="list-style-type: none"> We need this if you want health coverage and have an SSN. Providing your SSN can be helpful if you don't want health coverage too since it can speed up the application process. We use SSNs to check income and other information to see who's eligible for help with health coverage costs. If someone wants help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778. 	<ul style="list-style-type: none"> Must include in integrated human services application if it does not include instructive language that SSNs are not required of non-applicants and the basis for why SSNs are used (e.g. faster processing and increased reliance on electronic data sources for verifications). (42 CFR 435.907; 45 CFR 155.310) 	<ul style="list-style-type: none"> <i>If your state does not instruct that SSN is optional:</i> You must give your Social Security number (SSN) if you are applying. You don't have to give it if you are <u>not</u> applying, but if you do, it may speed up the application process. <i>If your state does not list uses for SSN:</i> We use SSNs to check income and other information to see who qualifies for health coverage. If someone needs help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users call 1-800-325- 	<ul style="list-style-type: none"> <i>For states that do not explicitly note that SSN is optional for individuals who are not applying for benefits:</i> recommend placing such statement in bold or in "Note" next to SSN in household composition section. <i>For states that do not provide instructive language on the uses for social security number:</i> recommend placing such statement either next to SSN in household composition section or in cover instruction sheet in bold/alternative text. 	<p>Other:</p> <ul style="list-style-type: none"> Include both screen-level and question-level instructions. Provide live link to socialsecurity.gov for help getting an SSN.

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<ul style="list-style-type: none"> Federal Tax Filing Information 	<ul style="list-style-type: none"> Does PERSON X plan to file a federal income tax return NEXT YEAR? (Yes/No) <ul style="list-style-type: none"> If yes: Will PERSON X file jointly with a spouse? (Yes/No) <ul style="list-style-type: none"> If yes, name of spouse: Will PERSON X claim any dependents on his or her tax return? (Yes/No) <ul style="list-style-type: none"> If yes, list name(s) of dependents: Will PERSON X be claimed as a dependent on someone's tax return? (Yes/No) <ul style="list-style-type: none"> If yes, please list the name of the tax 	<ul style="list-style-type: none"> Must include because it is required to establish a condition of eligibility for Medicaid MAGI. Must include because it is required to establish a condition of eligibility for APTC/CSR. MAGI household composition rules when determining household composition for individuals who are tax filers, tax dependents, non-filers or meet an exception to MAGI household income rules. (42 CFR 435.603; 45 CFR 155.305) Filing status for "next year" is asked because the subsequent year best represents current circumstances as needed for Medicaid. (42 CFR 435.603(h)). 	<p>0778.</p> <p><i>If asking questions about one household member at a time:</i></p> <ul style="list-style-type: none"> Does PERSON X plan to file a federal income tax return NEXT YEAR? (Yes/No) <ul style="list-style-type: none"> If yes: Will PERSON X file jointly with a spouse? (Yes/No) <ul style="list-style-type: none"> If yes, name of spouse: Will PERSON X claim any dependents on his or her tax return? (Yes/No) <ul style="list-style-type: none"> If yes, list name(s) of dependents: Will PERSON X be claimed as a dependent on someone's tax return? (Yes/No) <ul style="list-style-type: none"> If yes, please write the name of the 	<ul style="list-style-type: none"> Include in household composition section. Option 1: Add all federal tax questions into household composition chart as additional columns. Option 2: Do not add columns to household composition chart. Add federal tax information questions as separate list of questions immediately following household composition section. 	<p>Placement:</p> <ul style="list-style-type: none"> Ask first for primary informant. <p>Technology Features:</p> <ul style="list-style-type: none"> Following initial question about plans to file a federal income tax return, subsequent questions in this section should only be presented as needed, based on answers to previous questions (as modeled in the federal "Single Streamlined Application for the Health Insurance Marketplace" online application). If dependent question is presented, display list of household members already entered through previous questions and option to add if other. If individual indicates they will be listed as dependent on

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	filer: How is PERSON X related to the tax filer?		person whose tax return it is: <hr/> How is Person X related to that person? Option 1: If asking questions about all household members at the same time in a chart or table: Charts and tables are difficult for people with low literacy skills, because they require cross referencing. If your state is not asking all questions about one household member at a time, consider providing these questions in sentences, using checkboxes, rather than in a chart. For example: Will Person 1 plan to file		someone else's tax return, and questions about name of tax filer and relationship to applicant are therefore presented, include drop-down menu with relationship options.

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			federal income tax return next year? Yes/No Will Person 1 file jointly with a spouse? Y/N Will Person 1 claim any dependents on his/her tax return? Y/N Does Person 2 plan to file a tax return this year? Yes/No Etc. • Option 2: List everyone in your household who is planning to file federal income taxes next year. Answer these questions for each person: If you choose to write these questions in sentences: Will [x] file a federal income tax return next year? Y/N Etc.		
<ul style="list-style-type: none"> Applying for Health Coverage 	<ul style="list-style-type: none"> Does PERSON X need health coverage? (Yes/No) 	<ul style="list-style-type: none"> Must include in integrated human services application to assess applicant/non-applicant 	<ul style="list-style-type: none"> For applications already using table check-boxes: change language from 	<ul style="list-style-type: none"> Include in household composition table/section as check boxes (applying for 	Other: <ul style="list-style-type: none"> For existing applications that already ask whether

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		status and to ensure protection of non-applicants.	Medicaid to “health coverage.” <ul style="list-style-type: none"> For applications that do not ask whether the person on the application is applying for health coverage, add question: Does Person X need for health coverage? (Yes/No) 	this person?). However, it must be clear to applicant to which programs they are applying. For states that list programs for which applicant will be considered in instruction cover sheet, add health insurance if not already included. Re-label “Medicaid” to “Health Coverage” in the description of benefits. <ul style="list-style-type: none"> Alternatively, states can ask in the general household information section that typically follows household composition. 	individual household members are applying for coverage, change language from Medicaid to “health insurance.” <ul style="list-style-type: none"> For existing applications that do not ask whether individual household members are applying for coverage, add question “Is Person X applying for health coverage?”
<ul style="list-style-type: none"> Non-MAGI Screening Questions 	<ul style="list-style-type: none"> Does Person X have a physical, mental or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc) or live 	<ul style="list-style-type: none"> Must Include because it is a general Insurance Affordability Program application/process enrollment requirement to flag Non-MAGI and benchmark exempt individuals. Required for a transfer of 	<i>If asking questions about one household member at a time:</i> Does Person X have a physical, mental or emotional health condition that limits common activities, (like	<ul style="list-style-type: none"> Include in general household information section. Include note that question should not be asked of non-applying household members. 	Technology Features: <ul style="list-style-type: none"> Display name of each household member applying for coverage with a check box, and allow multi-select. Provide help text to further explain what is meant by

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	in a medical facility or nursing home? (Yes/No)	eligibility information for non-MAGI individuals (42 CFR 435.911; 42 CFR 435.1200)	bathing, dressing, daily chores, etc) or does Person X live in a medical facility or nursing home? (Yes/No) <i>If asking questions about all household members at the same time in a chart or table:</i> <ul style="list-style-type: none"> Does anyone have a physical, mental or emotional health condition that limits common activities, (like bathing, dressing, daily chores, etc) or does anyone live in a medical facility or nursing home? 		limitations in activities.
<ul style="list-style-type: none"> Citizenship/ Immigration Status 	<ul style="list-style-type: none"> Is Person X a U.S. citizen or U.S. national? (Yes/No) If PERSON X isn't a U.S. citizen or U.S. national, do they have eligible immigration status? (Yes/No). 	<ul style="list-style-type: none"> Must include in integrated human services applications that do not ask for document type, ID number and whether the person was living in the U.S. since 1996. (42 CFR 435.949; 45 CFR 155.315) Questions regarding document 	<ul style="list-style-type: none"> <i>If adding to household composition section:</i> Note follow up questions, "If you answered yes to this question, answer the questions about immigration below." Immigration document 	<ul style="list-style-type: none"> Include in household composition section or general household information section. May want to include an instructions sheet with a list of eligible statuses and/or document types. 	Technology Features: <ul style="list-style-type: none"> Present eligible immigration status question only for household members who are applying for coverage who indicated in previous questions that they are not U.S. citizens or nationals.

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	<ul style="list-style-type: none"> Immigration document type: Document ID Number: Has PERSON X lived in the U.S. since 1996? (Yes/No) Is Person X, or their spouse or parent a veteran or an active-duty member of the U.S. military? (Yes/No) 	<p>type and ID number will be sent to Systematic Alien Verification for Entitlements (SAVE) at DHS for data matching.</p> <ul style="list-style-type: none"> Questions regarding whether individual has lived in US since 1996 and veteran status will not be returned from SAVE and therefore need to be asked to determine Medicaid eligibility (per 8 U.S.C. 1613(b)). Active duty/U.S. Military Status can be used as an exception to the 5 year bar if yes for the applicant or their spouse (or parent if a minor) 	<p>type:</p> <ul style="list-style-type: none"> Document ID Number: Has PERSON X lived in the U.S. since 1996? (Yes/No) Is Person X, or their spouse or parent a veteran or an active-duty member of the U.S. military? <p><i>If asking questions about one household member at a time:</i></p> <ul style="list-style-type: none"> If PERSON X isn't a U.S. citizen or U.S. national, do they have eligible immigration status? (Yes/No) Document Type: DHS ID Number: Has PERSON X lived in the U.S. since 1996? (Yes/No) Is Person X, or their spouse or parent a veteran or an active-duty member 	<ul style="list-style-type: none"> In household composition section, can add "Note to complete follow-up questions" to citizenship yes/no column. Follow up questions should be placed directly below household composition table and applicants should be notified that they must follow up if they answer yes. In household composition section, can alternatively add immigration column with follow-up questions in the table. Include note that question should not be asked of non-applying household. 	<ul style="list-style-type: none"> Subsequent questions should only be presented as needed, based on answers to previous questions (as modeled in the federal "Single Streamlined Application for the Health Insurance Marketplace" online application). If "document type" question is presented, provide a drop-down menu with document types, and present data entry fields for document numbers that only allow for entry of correct number of digits based on document type. If individual selects answer of "other documents or status types", present list of other document and statuses in a drop-down menu. Present question about living in U.S. since 1996 only for those with previously entered birth dates prior to August 22,

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			<p><i>If asking questions about all household members at the same time in a chart or table:</i></p> <ul style="list-style-type: none"> • Answer the following questions for household members who are not U.S. citizens or U.S. nationals: • Name: • Document Type: • DHS ID Number: • Has PERSON X lived in the U.S. since 1996? (Yes/No) • Is their spouse or parent a veteran or an active-duty member of the U.S. military? (Yes/No) 		1996.
<ul style="list-style-type: none"> • 3 Months Retroactive Coverage 	<ul style="list-style-type: none"> • Does PERSON X want help paying for medical bills from the last 3 months? (Yes/No) 	<ul style="list-style-type: none"> • <u>Question already included in integrated human services applications.</u> • Required for allowing three 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A

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		months retroactive coverage and determining potential spend down			
<ul style="list-style-type: none"> Parent/Caretaker Relative 	<ul style="list-style-type: none"> Does PERSON X live with at least one child under the age of 19, and are they the main person taking care of this child? (Yes/No) 	<ul style="list-style-type: none"> <u>Question already included in integrated human services applications.</u> 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A
<ul style="list-style-type: none"> Former Foster Care Child Category 	<ul style="list-style-type: none"> Was PERSON X in foster care at age 18 or older? (Yes/No) 	<ul style="list-style-type: none"> <u>Must include</u> for determining eligibility for the new mandatory former foster child category. (42 CFR 435.150) 	<p><i>If asking questions about one household member at a time:</i></p> <ul style="list-style-type: none"> Was Person X in foster care at age 18 or older? (Yes/No) <p><i>If asking questions about all household members at the same time in a chart or table:</i></p> <ul style="list-style-type: none"> Has anyone in your household been in foster care at age 18 or older? (Yes/No) If yes, name of person: ____ 	<ul style="list-style-type: none"> Include in general household information. Include note that question should not be asked of non-applying household members. 	<p>Technology Features:</p> <ul style="list-style-type: none"> Present initial foster care question only for household members who are applying for coverage who are aged 18-25 (based on previously provided date of birth). Present subsequent questions (as modeled in the federal “Single Streamlined Application for the Health Insurance Marketplace” online application) regarding state of foster care system, health care and age only for

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					household members who are applying for coverage who answered “yes” to initial foster care question.
<ul style="list-style-type: none"> CHIP Waiting Periods 	<ul style="list-style-type: none"> Please answer the following questions if PERSON X is 22 or younger: <ul style="list-style-type: none"> Did PERSON X have insurance through a job and lose it within the past 3 months? (Yes/No) If yes, end date: Reason the insurance ended: 	<ul style="list-style-type: none"> Must include in order to assess for CHIP waiting periods and for tracking crowd out (if state has CHIP waiting periods).(42 CFR 457.805). State may also want to include CHIP waiting period exception questions. 	<p><i>If asking questions about one household member at a time:</i></p> <p>You must answer for all household members age 19 or younger:</p> <ul style="list-style-type: none"> Did Person X lose health insurance from a job within the past three months? (Yes/No) <ul style="list-style-type: none"> If yes, when did it end? _____ Reason insurance ended <p><i>If asking questions about all household members at the same time in a chart or table:</i></p> <p>You must answer for all household members age 19 or younger:</p>	<ul style="list-style-type: none"> Include in new Employer Insurance Section following other health insurance questions. Several integrated human services applications ask about end date of employment, but it is not tied to health insurance. In such cases, if there is no employer insurance section, a state can add health insurance related questions to the Employment section by asking if person also lost health insurance through job. Include note that question should not be asked of non-applying household members. 	<p>Technology Features:</p> <ul style="list-style-type: none"> Present questions only for household members who are applying for coverage who appear CHIP-eligible and are not pregnant women, and only if state has a waiting period for CHIP. Provide drop-down menu for reason insurance ended. <p>Other:</p> <ul style="list-style-type: none"> Note: these questions may need to be changed based on pending federal regulations on CHIP waiting periods

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			<ul style="list-style-type: none"> • Did anyone lose health insurance from a job within the past three months? (Yes/No) If yes, answer the questions below. • Name of household member: • If yes, when did it end? _____ • Reason insurance ended 		
<ul style="list-style-type: none"> • Full-Time Student 	<ul style="list-style-type: none"> • Please answer the following questions if PERSON X is 22 or younger: • Is PERSON X a full-time student (Yes/No) 	<ul style="list-style-type: none"> • Must include as a general Medicaid requirement: if a state takes the option to expand definition of child up to age 21 for full-time student (42 CFR 435.603); as a general Medicaid requirement if state takes option to expand definition of “dependent” for determining eligibility for parents/caretaker relatives (42 CFR 435.4); if the state considers a full-time student a resident of the state 	<p><i>If asking questions about one household member at a time:</i> You must answer for all household members age 22 or younger:</p> <ul style="list-style-type: none"> • Is Person X a full-time student? (Yes/No) <p><i>If asking questions about all household members at the same time in a chart or table:</i> You must answer for all household members age 22 or younger:</p>	<ul style="list-style-type: none"> • Include in general household information. • Include note that question should not be asked of non-applying household members. 	<p>Technology Features:</p> <ul style="list-style-type: none"> • Present question only for household members who are aged 18-22 (based on previously provided date of birth) and only when relevant based on state options taken up around full-time student status.

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		where he or she lives and neither parent resides (42 CFR 435.403(i)(2)).	<ul style="list-style-type: none"> Is anyone in your household a full-time student? (Yes/No). If yes, name of person? _____ 		
Current Job and Income Information					
<ul style="list-style-type: none"> Employment and Income Information 	<ul style="list-style-type: none"> If you're currently employed, tell us about your income. Employer name and address Wages/tips (before taxes): ___ Hourly ___ Weekly ___ Every 2 weeks ___ Monthly ___ Yearly \$ _____ Average hours worked each WEEK 	<ul style="list-style-type: none"> <u>Questions about wages/tips already included in integrated human services applications.</u> Income information necessary for constructing MAGI income (42 CFR 435.603) 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	<p>Technology Features:</p> <ul style="list-style-type: none"> If able to interface with a current electronic income source, display found income records and ask individual to verify or modify (as modeled in the federal "Single Streamlined Application for the Health Insurance Marketplace" online application). Provide a calculator for converting wages to average weekly hours.
<ul style="list-style-type: none"> Recent Change in Circumstances (explanation of discrepancies) 	<ul style="list-style-type: none"> In the past year, did PERSON X: <ul style="list-style-type: none"> Change jobs Stop working Start working fewer 	<ul style="list-style-type: none"> <u>May want to include</u> for administrative ease, although not a condition of eligibility. This information could be deemed a "reasonable 	<p><i>If asking questions about one household member at a time:</i></p> <ul style="list-style-type: none"> In the past year, did Person X: <ul style="list-style-type: none"> Change jobs 	<ul style="list-style-type: none"> Include at the end of income section 	<p>Placement:</p> <ul style="list-style-type: none"> Include at the end of the income section. <p>Technology Features:</p> <ul style="list-style-type: none"> Questions should be linked to

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	hours <ul style="list-style-type: none"> None of these 	explanation” and will be useful in helping to reconcile inconsistencies between an individual’s attestation and the information yielded from data sources. (42 CFR 435.952)	<ul style="list-style-type: none"> Stop working Start working fewer hours None of these <i>If asking questions about all household members at the same time in a chart or table:</i> <ul style="list-style-type: none"> In the past year, has anyone in your household changed jobs, stopped working, or started working fewer hours? (Yes/No) If yes, name of person: _____ 		findings from electronic income databases (quarterly wage, etc) if interface is possible. <ul style="list-style-type: none"> Present questions only if there is a discrepancy between electronic income data and information provided by individual to previous income questions - —i.e no reasonable compatibility at the household level.
<ul style="list-style-type: none"> Self-Employment 	<ul style="list-style-type: none"> If self-employed, please answer the following questions: Type of Work: How much net income (profits once business expenses are paid) will you get from this self-employment this 	<ul style="list-style-type: none"> Must include if integrated human services application does not include business expenses in definition of self-employment income because these expenses are accounted for in the taxable and MAGI calculation of self-employment. 	<ul style="list-style-type: none"> If you are self-employed, please answer these questions: What kind of work do you do?_____ How much will you make this month, once you pay business expenses? 	<ul style="list-style-type: none"> Include in income section 	Placement: <ul style="list-style-type: none"> Include in the income section. Technology Features: <ul style="list-style-type: none"> Provide a calculator for calculating net monthly income. Other: <ul style="list-style-type: none"> Note: states should ensure

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	month? \$ ____				that allowable deductions for self-employment follow new MAGI rules and should provide a list of those deductions for applicants.
<ul style="list-style-type: none"> Other Income 	<ul style="list-style-type: none"> Check all that apply, and give the amount and how often you get it. None Unemployment Pensions Social Security Retirement accounts Alimony received Net farming/fishing Net rental/royalty Other Income 	<ul style="list-style-type: none"> Must include specific income types (not already included) in integrated human services applications that list out types of income. 	<ul style="list-style-type: none"> Check all that apply, and give the amount and how often you get it. None Unemployment Pensions Social Security Retirement accounts Alimony received Net farming/fishing Net rental/royalty Other Income 	<ul style="list-style-type: none"> Add any income categories not already represented in income sections. 	<p>Placement:</p> <ul style="list-style-type: none"> Include in the income section. <p>Technology Features:</p> <ul style="list-style-type: none"> Provide a drop-down menu of income types and add any categories not already represented in existing application.
<ul style="list-style-type: none"> Income: Deductions 	If PERSON X pays for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage	<ul style="list-style-type: none"> Must include specific income deduction types (not already included) in integrated human services applications. Of note, the “other deductions” is intended to capture deductions 	<ul style="list-style-type: none"> If Person X pays for anything that can be deducted on an income tax return, telling us about it here could make the cost of health coverage a little 	<ul style="list-style-type: none"> Add new deductions section after income section 	<p>Technology Features:</p> <ul style="list-style-type: none"> Provide a drop-down menu of deduction types and add any categories not already represented in existing application.

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	a little lower. NOTE: You shouldn't include a cost that you already considered in your answer to net self-employment. <ul style="list-style-type: none"> Alimony paid \$ ___ How often? Student loan interest \$ ___ How often? Other deductions Type: \$ ___ How often? 	on the front page of a 1040 form.	lower. But do not write about anything that you already put in your answer to net self-employment. <ul style="list-style-type: none"> Alimony \$ ___ How often? Student loan interest \$ ___ How often? Other deductions \$ ___ How often? 		
<ul style="list-style-type: none"> Income: Yearly Income 	Complete only if your income changes from month. If you don't expect changes to your monthly income, skip to the next person. <ul style="list-style-type: none"> Person X's total income this year: \$ ___ 	<ul style="list-style-type: none"> Must include if integrated human services applications do not ask about total annual income for persons who do not have steady employment. (42 CFR 435.603) 	<i>If asking questions about one household member at a time:</i> <ul style="list-style-type: none"> Person X's total income this year: \$ ___ <i>If asking questions about all household members at the same time in a chart or table:</i> <ul style="list-style-type: none"> What is the total income this year for each family member? Person _____ \$ _____ 	<ul style="list-style-type: none"> Include towards end of the income section. 	Placement: <ul style="list-style-type: none"> Include towards end of the income section. Technology Features: <ul style="list-style-type: none"> Calculate estimated annual income amount based on information provided in previous questions and present to individual for confirmation or modification. Other: <ul style="list-style-type: none"> Note: if household meets the requirements for expedited

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					income process (as outlined in the federal “Single Streamlined Application for the Health Insurance Marketplace” online application), then they may be able to skip the detailed collection of current/monthly income.
<ul style="list-style-type: none"> Income: Projected annual income 	<ul style="list-style-type: none"> Person X’s total income next year (if you think it will be different): \$ 	<ul style="list-style-type: none"> Must include to calculate whether the applicant is expected to have income pursuant to required eligibility levels for the benefit year for which coverage is requested. (45 CFR 155.305); if state is taking into account reasonably predictable changes in income. (42 CFR 435.603). 	<p><i>If asking questions about one household member at a time:</i></p> <ul style="list-style-type: none"> What does Person X expect in total income next year? (if you think it will be different): \$____ <p><i>If asking questions about all household members at the same time in a chart or table:</i></p> <ul style="list-style-type: none"> For each family member who has income, list the total income expected for next year (if you think it will be different). Person: _____ \$_____ 	<ul style="list-style-type: none"> Include toward the end of the income section. 	<p>Placement:</p> <ul style="list-style-type: none"> Include toward the end of the income section. Present question only during open enrollment periods.

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Is Anyone in your Family American Indian or Alaska Native (AI/IN)?					
<ul style="list-style-type: none"> American Indian/Alaska Native Household 	<ul style="list-style-type: none"> Are you or is anyone in your family American Indian or Alaska Native (AI/AN?) <ul style="list-style-type: none"> If No, skip to Step 4 Yes. If yes, go to Appendix B 	<ul style="list-style-type: none"> Must include because: the information is required to establish a condition of eligibility for Medicaid MAGI because Native Americans income is subject to different Medicaid MAGI income calculations. (42 CFR 435.603); to screen for APTC/CSR in order to flag individuals who are subject to different open enrollment and cost-sharing rules. (45 CFR 155.410) 	<ul style="list-style-type: none"> Are you or is anyone in your family American Indian or Alaska Native (AI/AN?) <ul style="list-style-type: none"> If No, skip to Step 4 Yes. If yes, go to Appendix B. 	<ul style="list-style-type: none"> Include new American Indian/Alaska Native question towards end of application. If individual answers yes, state should direct individual to fill out an appendix with suggested title: “ American Indian or Alaska Native Family Member (AI/AN).” 	<p>Placement:</p> <ul style="list-style-type: none"> Ask early in the application, prior to income section. <p>Technology Features:</p> <ul style="list-style-type: none"> Pre-populate answers listed by individual household member based on response to previous race/ethnicity question, and ask individual to verify or amend. Present subsequent questions only as needed (as outlined below).
<ul style="list-style-type: none"> Federally Recognized Tribe 	<ul style="list-style-type: none"> Member of a federally-recognized tribe? If yes, tribe name: _____ 	<ul style="list-style-type: none"> Must include because the information is required to establish a condition of eligibility for Medicaid MAGI because Native Americans income is subject to different Medicaid MAGI income calculations. (42 CFR 435.603) Must include to screen for APTC/CSR in order to flag 	<ul style="list-style-type: none"> List each family member who is a member of a federally-recognized tribe. Give the name of the tribe. 	<ul style="list-style-type: none"> Include question in an appendix with suggested title “American Indian or Alaska Native Family Member (AI/AN).” 	<p>Technology Features:</p> <ul style="list-style-type: none"> Display only for household members applying for coverage who answered “yes” to “American Indian or Alaska Native” question and appear eligible for APTC. Include drop-down menus of states tribe names and an “other” option with free text

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		individuals who are subject to different open enrollment and cost-sharing rules. (45 CFR 155.410)			field.
<ul style="list-style-type: none"> Indian Health Service 	<ul style="list-style-type: none"> Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program or through a referral from one of these programs? (Yes/No) If no, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs or through a referral from one of these programs? 	<ul style="list-style-type: none"> Must include because: the information is required to establish a condition of eligibility for Medicaid MAGI because health programs operated by Indian Health Services are payor of last resort; to screen for APTC/CSR in order to flag individuals who are subject to different open enrollment and cost-sharing rules. 	<ul style="list-style-type: none"> List any family members who received services from the Indian Health Service, a tribal health program, or urban Indian health program. If nobody received these services, is anyone qualified to receive them? List the names of people whom you think qualify. 	<ul style="list-style-type: none"> Include question in an appendix with suggested title “American Indian or Alaska Native Family Member (AI/AN).” 	<p>Technology Features:</p> <ul style="list-style-type: none"> Display only for household members applying for coverage who answered “yes” to “American Indian or Alaska Native” question and appear Medicaid/CHIP eligible.
<ul style="list-style-type: none"> Tribal Land Use Income 	<ul style="list-style-type: none"> Certain money received may not be counted for Medicaid or the 	<ul style="list-style-type: none"> Must include if state does not already capture in income section, because the 	<ul style="list-style-type: none"> <i>If included in American Indian/Alaska Native section:</i> 	<ul style="list-style-type: none"> Include question in an appendix with suggested title “American Indian or 	<p>Placement:</p> <ul style="list-style-type: none"> Include at the end of the income section.

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	<p>Children’s Health Insurance Program (CHIP). List below any income (amount and how often) reported on your application that includes money from the following sources:</p> <ul style="list-style-type: none"> • Per capita payments from a tribe that come from natural resources, usage rights, leases or royalties • Payments from natural resources, farming, ranching, fishing, leases or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations) • Money from selling things that have cultural 	<p>information is required to establish a condition of eligibility for Medicaid MAGI—Native Americans income is subject to different Medicaid MAGI income calculations. (42 CFR 435.603)</p>	<ul style="list-style-type: none"> • Does the income you listed include money from any of the following? • Payments from a tribe that come from natural resources, usage rights, leases or royalties • Payments from natural resources, farming, ranching, fishing, leases or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations) • Money from selling things that have cultural significance? <p><i>If included in income section:</i></p> <ul style="list-style-type: none"> • Complete this section if your family is American Indian or Alaskan Native. • Does the income you listed include money from 	<p>Alaska Native Family Member (AI/AN).”</p> <ul style="list-style-type: none"> • Can also be included in income section. 	<p>Technology Features:</p> <ul style="list-style-type: none"> • Display only for household members who answered “yes” to “American Indian or Alaska Native” question earlier in the application. • Include income calculator. • Provide money source options in a drop-down menu based on income attested to in income section.

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	significance?		any of the following sources? <ul style="list-style-type: none"> • Payments from a tribe that come from natural resources, usage rights, leases or royalties • Payments from natural resources, farming, ranching, fishing, leases or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations) • Money from selling things that have cultural significance? 		
Your Family's Health Coverage					
<ul style="list-style-type: none"> • Other Health Insurance 	<ul style="list-style-type: none"> • Is anyone enrolled in health coverage now from the following? Yes. If yes, check the type of coverage and 	<ul style="list-style-type: none"> • Must include for APTC/CSR in order to assess for minimum essential coverage; to assess for third party coverage for Medicaid; to coordinate 	<ul style="list-style-type: none"> • Is anyone enrolled in health coverage now from the following? Yes. If yes, check the type of coverage and write the names next 	<ul style="list-style-type: none"> • Create new "Your Family's Health Coverage" section near existing health insurance questions and include this question 	Placement <ul style="list-style-type: none"> • Create new "Your Family's Health Coverage" section near existing health insurance questions and after

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	<p>write the person(s)' name(s) next to the coverage they have. No.</p> <ul style="list-style-type: none"> • Medicaid • CHIP • Medicare • TRICARE (Don't check if you have direct care or Line of Duty) • VA health care programs • Peace Corps • Employer insurance Name of insurance _____ Policy number _____ Is this COBRA coverage (Yes/No) Is this a retiree health plan? (Yes/No) • Other • Name of health insurance: • Policy number: • Is this a limited-benefit 	<p>benefits; and to determine CHIP eligibility (45 CFR 155.305; 26 CFR 1.36B-2; 42 CFR 457.310(c)(1). Of note, COBRA and retiree health plans were added because applicants who receive these services are considered ineligible for APTC/CSR.</p> <ul style="list-style-type: none"> • If limited-benefit plan (like a school accident policy) is not asked within current integrated human services applications, states may want to include for administrative ease in order to help make real time eligibility determinations. 	<p>to the coverage they have.</p> <ul style="list-style-type: none"> • Medicaid • CHIP • Medicare • Tricare (Don't check if you have direct care or Line of Duty) • Veteran's health insurance programs • Peace Corps health insurance • Employer insurance Name of insurance _____ Policy number _____ Is this a retiree health plan? (Yes/No) Is this COBRA coverage (Yes/No) • Other • Name of health insurance: • Policy number: • Is this a limited-benefit plan (such as a school accident policy) (Yes/No) 		<p>income attestation. Include all specified categories of coverage, i.e. Tricare/VA/Peace Corps, if not already included.</p> <p>Technology Features</p> <ul style="list-style-type: none"> • Provide list of household members applying for coverage to select from (based on information previously provided) to select from in answering "who has other health insurance?" • Present follow up questions only as needed based on answer to initial question about existing coverage.

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<ul style="list-style-type: none"> Access to Employer Health Coverage 	<p>plan (like a school accident policy) (Yes/No)</p> <ul style="list-style-type: none"> Is anyone listed on this application offered health coverage from a job? (Yes/No) Check yes even if the coverage is from someone else's job, such as a parent or spouse. (Yes/No) If yes, you'll need to complete and include Appendix A. Is this a state employee benefit plan? 	<ul style="list-style-type: none"> Must include for APTC/CSR in order to assess for minimum essential coverage; for assessing third party coverage for Medicaid. (45 CFR 155.305; 26 CFR 1.36B-2) State employee benefit plan is required to assess for eligibility for CHIP. (42 U.S.C. 1397jj(b)(2)(B); 42 C.F.R. 457.310(c)(1)) 	<ul style="list-style-type: none"> Is anyone listed on this application offered health coverage from a job? (Yes/No) Check yes even if the coverage is from someone else's job, such as a parent's or spouse's. (Yes/No) If yes complete and include Appendix A. Is this coverage a state employee benefit plan? 	<ul style="list-style-type: none"> Create new "Your Family's Health Coverage" section and include this question. If individual answers yes to first question listed, direct them to complete remaining questions in an appendix with suggested title: "Health Coverage from Jobs." 	<p>Placement</p> <ul style="list-style-type: none"> Create new "Your Family's Health Coverage" section near existing health insurance questions and after income attestation. <p>Technology Features:</p> <ul style="list-style-type: none"> Required to present these questions only for household members applying for coverage who appear to be APTC eligible The question on state employee health benefit access should only display for applicants who appear CHIP eligible. <p>Other: The question about state employee benefits may be removed based on state CHIP agency option</p>

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Health Coverage from Jobs					
<ul style="list-style-type: none"> Offers of Employer Health Coverage 	Tell us about the job that offers coverage <ul style="list-style-type: none"> Employer Name Employer Address Employer Phone Number Employer Identification Number (EIN) __ - __ - _____ Who can we contact about employee health coverage at this job? (phone number, email address) 	<ul style="list-style-type: none"> Must include for APTC/CSR in order to assess for minimum essential coverage. (45 CFR 155.305; 26 CFR 1.36B-2) 	Tell us about the job that offers coverage <ul style="list-style-type: none"> Employer name Employer address Employer phone number Employer Identification Number (EIN) __ - __ - _____ Whom can we contact about employee health coverage at this job? (phone number, email address) 	<ul style="list-style-type: none"> Include in an appendix with suggested title: "Health Coverage from Jobs." 	Technology Features: <ul style="list-style-type: none"> Present questions only for household members applying for coverage who appear to be APTC eligible and only if they answered "yes" to previous question about offer of health coverage from a job. Display employer name(s) as provided in income section questions, and provide opportunity to modify or add additional employers. Provide link to Employer Coverage Form, a blank form that the employee can provide to his/her employer to collect the necessary information to complete this part of the application.
<ul style="list-style-type: none"> Offers of Employer Health Coverage 	<ul style="list-style-type: none"> Are you currently eligible for coverage offered by this 	<ul style="list-style-type: none"> Must include to screen for APTC/CSR and asses for minimum essential coverage 	<ul style="list-style-type: none"> Can you get coverage now or sometime in the next 3 months? 	<ul style="list-style-type: none"> Include in an appendix with suggested title: "Health Coverage from Jobs." 	Technology Features: <ul style="list-style-type: none"> Present questions only for household members applying

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	employer, or will you become eligible in the next 3 months? <ul style="list-style-type: none"> If yes: If you're in a waiting or probationary period, when can you enroll in coverage? (mm/dd/yyyy) List the names of anyone else who is eligible for coverage from this job Name: _____ 	only if applicant answers yes to the question: "does employer offer health insurance." (45 CFR 155.305; 26 CFR 1.36B-2)	<ul style="list-style-type: none"> If yes, when? [checkboxes] Now/This date _/_/_ List the names of anyone who can get coverage from this job Name: _____ 		for coverage who appear to be APTC eligible and only if they answered "yes" to previous question about offer of health coverage from a job. <ul style="list-style-type: none"> Provide link to Employer Coverage Form, a blank form that the employee can provide to his/her employer to collect the necessary information to complete this part of the application.
<ul style="list-style-type: none"> Offers of Employer Health Coverage: Minimum Value 	<ul style="list-style-type: none"> Does the employer offer a health plan that meets the minimum value standard? (Yes/No) 	<ul style="list-style-type: none"> Must include to screen for APTC/CSR and asses for minimum essential coverage only if applicant answers yes to the question: "does employer offer health insurance." (45 CFR 155.305; 26 CFR 1.36B-2) 	<ul style="list-style-type: none"> Does the employer offer a health plan that pays at least 60% of the total costs of benefits? (The minimum value standard for health plans.) (Yes/No) 	<ul style="list-style-type: none"> Include in an appendix with suggested title: "Health Coverage from Jobs." 	Technology Features: <ul style="list-style-type: none"> Present questions only if they answered "yes" to question about offer of health coverage from a job. Provide link to Employer Coverage Form, a blank form that the employee can provide to his/her employer to collect the necessary information to complete this part of the

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					application.
<ul style="list-style-type: none"> Offers of Employer Health Coverage: Affordability 	<ul style="list-style-type: none"> For the lowest-cost plan that meets minimum value offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and did not receive any other discounts based on wellness programs. a. How much would the employee have to pay in premiums for this plan? \$ b. How often? 	<ul style="list-style-type: none"> Must include to screen for APTC/CSR and asses for minimum essential coverage only if applicant answers yes to the question: "does employer offer health insurance." (45 CFR 155.305; 26 CFR 1.36B-2) 	<ul style="list-style-type: none"> For the lowest-cost minimum value plan offered to the employee <u>only</u> (don't include family plans): Does the employer offer wellness programs? Y/N If Yes, what premium would the employee pay if he or she got the maximum discount for a tobacco cessation program? _____ a. How much would the employee have to pay in premiums for this plan? \$ b. How often? ___ Weekly ___ Every 2 weeks ___ Twice a month ___ Quarterly ___ Yearly 	<ul style="list-style-type: none"> Include in an appendix with suggested title: "Health Coverage from Jobs." 	<p>Technology Features:</p> <ul style="list-style-type: none"> Present questions only for household members applying for coverage who appear to be APTC eligible and only if applicant answered "yes" to previous question about offer of health coverage from a job. Provide link to Employer Coverage Form, a blank form that the employee can provide to his/her employer to collect the necessary information to complete this part of the application.

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	___ Weekly ___ Every 2 weeks ___ Twice a month ___ Quarterly ___ Yearly				
<ul style="list-style-type: none"> Offers of Employer Health Coverage: Projected Coverage 	<ul style="list-style-type: none"> What change will the employer make for the new plan year (if known)? Employer won't offer health coverage Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard. (Premium should reflect the discount for wellness programs). <ul style="list-style-type: none"> How much will the employee 	<ul style="list-style-type: none"> Must include to screen for APTC/CSR in order to assess for minimum essential coverage only if applicant answers yes to the question: "does employer offer health insurance." (45 CFR 155.305; 26 CFR 1.36B-2) 	<ul style="list-style-type: none"> What changes will the employer make for the new plan year, if you know? Employer won't offer health coverage Employer will start offering health coverage to employees Employer will change the premium for the lowest-cost plan minimum value plan available to the employee only. <ul style="list-style-type: none"> How much will the employee have to pay in premiums for that plan? \$ ___ How often? ___ Weekly 	<ul style="list-style-type: none"> Include in an appendix with suggested title: "Health Coverage from Jobs." 	<p>Technology Features:</p> <ul style="list-style-type: none"> Present questions only for household members applying for coverage who appear to be APTC eligible and only if they answered "yes" to previous question about offer of health coverage from a job. Provide link to Employer Coverage Form, a blank form that the employee can provide to his/her employer to collect the necessary information to complete this part of the application.

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	have to pay in premiums for that plan? \$ ____ ○ How often? __ Weekly __ Every 2 weeks __ Twice a month __ Quarterly __ Yearly ○ Date of change (mm/dd/yyyy):		__ Every 2 weeks __ Twice a month __ Quarterly __ Yearly • Date of change (mm/dd/yyyy):		
Please Read and Sign this Application					
<ul style="list-style-type: none"> • Rights and Responsibilities 	<ul style="list-style-type: none"> • Renewal of coverage in future years: To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns. The Marketplace will send me a notice, let me 	<ul style="list-style-type: none"> • Must include: permission to review tax data to screen for APTC/CSRs at application and renewal. (45 CFR 155.305); state intends to use tax data; when conducting administrative renewal for Medicaid/CHIP. (42 CFR 435.916). This may be important to collect even in states that do not plan to collect federal tax information 	<ul style="list-style-type: none"> • Renewal of coverage: To make it easier to see if I qualify for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns. The Marketplace will send me a letter each year to let me know about renewal of my coverage. I can change my mind and stop giving my 	<ul style="list-style-type: none"> • Include language on access to tax data information and absent parent in rights and responsibilities section. 	<p>Technology Considerations:</p> <ul style="list-style-type: none"> • Display check boxes for applicant to indicate agreement and “sign” application. <p>Other:</p> <ul style="list-style-type: none"> • Include language on access to tax data information and absent parent in rights and responsibilities section. <p>Technology Features: Present absent parent question</p>

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	<p>make any changes, and I can opt out at any time.</p> <ul style="list-style-type: none"> • Yes, renew my eligibility automatically for the next <ul style="list-style-type: none"> • __ 5 years (the maximum number of years allowed) • __ 4 years • __ 3 years • __ 2 years • __ 1 year • __ Don't use information from tax returns to renew my coverage. • Medicaid eligibility: Medicaid's obligation to reimburse medical services, medical support enforcement requirement and right to be represented. • Does any child on this 	<p>because the Marketplace is required to use it for APTC/CSR determinations. State collection would therefore aid in account transfer processes.</p> <ul style="list-style-type: none"> • Must include absent parent if integrated human services application does not already ask about it because absent parent is required for medical support enforcement (42 CFR 435.610) • Medicaid Rights and Responsibilities already included in integrated human services applications. • Appeals information already included in integrated human services applications. 	<p>permission at any time.</p> <ul style="list-style-type: none"> • Yes, renew my coverage automatically for the next <ul style="list-style-type: none"> • __ 5 years (the maximum number of years allowed) • __ 4 years • __ 3 years • __ 2 years • __ 1 year • __ Don't use information from tax returns to renew my coverage • Does any child on this application have a parent living outside of the home? (Yes/No) 		<p>only if: there is someone under age 19 (or 21 if full-time student) in the household; if child and parent both appear Medicaid eligible; and if two parents don't live with the child.</p> <p>Placement: This question may be within a Medicaid-specific questions section or in the rights and responsibilities at the end.</p>

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	application have a parent living outside of the home? (Yes/No) <ul style="list-style-type: none"> • Right to appeal • Sign this application 				
You can Choose an Authorized Representative					
<ul style="list-style-type: none"> • Authorized Representative 	<ul style="list-style-type: none"> • Name of authorized representative (First name, Middle name, Last name) • Address • Phone Number • Organization name • ID number (if applicable) • By signing, you allow this person to sign your application, get official information about this application, and act for you on all future matters with this agency. 	<ul style="list-style-type: none"> • Must include for Medicaid MAGI and for APTC/CSR. • Not a condition of Medicaid eligibility but majority of current integrated human services applications ask about Authorized Representative. • Must include for permission to obtain tax filing information. 	<ul style="list-style-type: none"> • You can choose an authorized representative. • Name of authorized representative (First name, Middle name, Last name) • Address • Phone Number • Organization name • ID number (if applicable) • When you sign it means you give permission for this person (1) to sign your application for you, (2) to get official information about this application, and (3) to act for you on all matters with this agency. 	<ul style="list-style-type: none"> • Include in authorized representative section any questions that are not currently included. 	<p>Placement:</p> <ul style="list-style-type: none"> • Include in authorized representative section any questions that are not currently included.

Model Application Question Category and Section Placement	Model Paper Application Question	Considerations Framework	Language Recommendations for Inclusion in Integrated Human Services Applications	Placement Recommendations for Inclusion in Integrated Human Services <u>Paper Applications</u>	Considerations for Incorporating Model IAP Questions in an Existing <u>Online Integrated Human Services Application</u> (Placement; Technology Features; Other)
For Certified Application Counselors and Navigators Only					
<ul style="list-style-type: none"> Navigator Information 	<ul style="list-style-type: none"> Application Start Date First Name, Middle Name, Last Name, Suffix Organization name ID number (if applicable) 	<ul style="list-style-type: none"> Must include only in states that utilize application assistors. Required for Navigator Program to ensure the Navigator/Assistor is certified and the agency can conduct follow up if needed. (45 CFR 155.210) 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> N/A