

Flint Waiver Eligibility Protocol

Consistent with the Special Terms and Conditions, the following protocol describes how the Michigan Department of Health and Human Services (MDHHS) will identify individuals who may be eligible for the State's Flint Michigan Section 1115 Demonstration (11W 00302/5) and provide for maintenance of that eligibility. Medicaid eligibility will be provided for select Michigan residents as described below, subject to the authority of this Section 1115 Demonstration waiver.

I. Eligibility Criteria

A. Eligible Individuals

Eligibility applies to any pregnant woman or child up to age 21 with household income up to and including 400% of the Federal Poverty Level (FPL) who has been served by the Flint water system during the specified time period. Eligibility also applies to any child born to a pregnant woman served by the Flint water system during the specified time period. Once eligibility has been established for a child, the child will remain eligible until age 21 as long as other eligibility requirements are met.

An individual was served by the Flint water system if he or she consumed water drawn from the Flint water system and: 1) resided in a dwelling connected to this system; 2) had employment at a location served by this system; or, 3) received child care or education at a location connected to this system. These criteria would also include individuals who were incarcerated or in a health care facility at a location served by the Flint water system.

Beneficiaries who are determined eligible as a result of this demonstration, and individuals who are eligible under existing Medicaid eligibility rules and were served by the Flint water system will be uniquely identified in the State's eligibility system of record and the Medicaid Management Information System (MMIS). Identified individuals will receive the enhanced benefits as described in the demonstration.

The specified time period noted above will be defined by the State and begins on April 2014. The end date for this specified time period will be defined in accordance with the Special Terms and Conditions of the Flint Michigan Demonstration.

B. Income and Asset Standards

Individuals with MAGI-based income up to and including 400% of the FPL will be eligible. No asset test will be applied.

C. Annual Renewals

MDHHS will use an electronic passive renewal process to redetermine eligibility under this demonstration. Renewals will occur at least once in each twelve month eligibility period, and income and residency will be verified at that time. Those who are found ineligible through the electronic process will be given an opportunity to provide paper

period, and income and residency will be verified at that time. Those who are found ineligible through the electronic process will be given an opportunity to provide paper verification. In addition, any individual who has already been determined eligible for a Medicaid category as of the effective date of this protocol and is also eligible for the demonstration will maintain their current eligibility according to the rules described above. However, these individuals may be reevaluated using the modified standards if they lose their eligibility at any time before the end of the specified time period noted above.

D. Duration of Eligibility

Those determined eligible based on the above criteria will retain Medicaid eligibility according the following schedule:

- **Pregnant Women:** The duration of the pregnancy and during the two calendar months post-delivery. This will be consistent with the current Medicaid eligibility framework. MDHHS will complete an annual passive redetermination (if applicable) for the woman enrolled under this waiver.
- **Children:** Children will be eligible until the age of 21. MDHHS will complete an annual passive redetermination for each child enrolled under this waiver.
- **Individuals determined eligible for emergency services only (ESO)** will be limited to the current ESO coverages. MDHHS will complete an annual passive redetermination for each individual enrolled under this waiver.

II. Identifying Potentially Eligible Individuals

A. Outreach

The State has identified the addresses served by the Flint water system and plans to conduct outreach to potentially eligible individuals residing at these addresses. This will include written notification by MDHHS as well as coordination with community organizations who can educate impacted individuals (including those who may be eligible based on the receipt of employment or education-related services) on the availability of Medicaid coverage. Potentially eligible individuals will be encouraged to apply for health care coverage through a variety of methods, and the State anticipates that community organizations as well as the current Medicaid infrastructure will be a significant help in this regard.

Active Medicaid beneficiaries who have been affected by Flint water will be identified in the state's system for the duration of their Medicaid eligibility. Individuals with addresses served by the Flint water system who have been denied in March or April of 2016 for being over the income limit or having comprehensive health insurance (for MICHild beneficiaries) will receive a notice directing them to reapply for coverage. In addition, individuals who have addresses served by the Flint water system and have case closure dates in March, April and May of 2016 will have their cases reprocessed using the modified eligibility criteria, as will those individuals who may be eligible under the demonstration but were recently placed into the spenddown category.

B. Application Process

When an individual applies for Medicaid coverage, he or she will be required to identify the address in which they resided during the aforementioned timeframe, and attest to the dates at which they resided, worked, received child care, or received educational services at that particular address. Based on self-attestation of address, initial Medicaid eligibility will be granted. MDHHS will review the reported address post eligibility to assure that it is an address served by the Flint water system and that the dates identified for residing, working, receiving child care or receiving educational service are within the specified time period covered under the waiver.

If the reported address does not match one of the addresses on the list, or the reported dates are found to be inaccurate and not within the specified time period, eligibility under this demonstration will not be continued. MDHHS will follow existing processes used to end eligibility. However, if an individual meets other Medicaid eligibility requirements, they will be approved for Medicaid eligibility, but will not receive the expanded benefits and reduced cost-sharing under this demonstration.

C. Post-Eligibility Identification

Once an individual has been determined eligible, he or she will be identified in the State's eligibility and MMIS as a member of the Flint Michigan Demonstration. This designation will apply to the beneficiary throughout the duration of their eligibility and will allow them to access the expanded services described in the Special Terms and Conditions, Medicaid State Plan and this eligibility protocol. The State will also identify these individuals to ensure compliance with financial and other demonstration related reporting requirements.

III. Premiums and Cost Sharing

Michigan does not impose premiums or cost sharing on individuals eligible for Medicaid or the Healthy Michigan Plan for pregnant women or individuals who are under age 21. As a result, these individuals will have no premiums or cost-sharing for Medicaid-covered services under this demonstration. Families with children under age 19 covered by MICHild (the State's title XXI-funded Medicaid expansion program for families with incomes between 160 – 212% of the FPL) are charged a monthly premium. However, individuals eligible for MICHild and this demonstration will be exempt from all premiums for the duration of their eligibility.

Finally, if an individual is eligible for the demonstration and Michigan's Freedom to Work program, they would also be exempt from premiums and cost-sharing if their income is at or below 400% of the FPL. If their income is greater than 400% of the FPL, they will be subject to the appropriate premiums and cost-sharing under current Medicaid policy.