

Budget Neutrality

The budget neutrality is forthcoming.

**II. Health Coverage for Single Adults and Childless Couples (S/CC)**

As mentioned previously in discussion of the FHPlus repeal, New York is modifying the authority under which coverage for low-income Single Adults and Childless Adults is offered. New York currently utilizes Waiver authority to provide this option through Medicaid and FHPlus. These individuals will qualify under the new "Adult" eligibility group, under the Medicaid State Plan, in accordance with the ACA. Therefore this authority should be removed from the Waiver.

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**III. Express Lane Eligibility Determinations**

We are seeking to implement expanded use of Express Lane Eligibility (ELE) to include enrollment of adults. This process is already utilized successfully in our state to enroll children in Medicaid.

New York is seeking to utilize the eligibility determination of Temporary Assistance in order to enroll Adults into Medicaid. Household income data used to make determinations for Temporary Assistance (TA) must be current and rigorously verified; therefore our Medicaid program considers the income data from TA to be reliable. Income requirements for TA are more stringent than Medicaid's, and despite some differences in household compositions and income-counting rules, the majority of the non-elderly and non-disabled individuals who would qualify for TA are exceedingly likely to be financially eligible for Medicaid. Enrolling these participants without having to conduct a separate MAGI-based income determination will help ease administrative burdens, especially in anticipation of the increased volume of new applicants.

New York is seeking to implement this policy in January 2015.

New York plans to fulfill the requirement of a signature for Medicaid application. The application for TA will be revised to include a check-box that would allow applicants to opt-out of a Medicaid eligibility determination. Leaving the box unmarked would indicate that the applicant is interested in applying for coverage. The signature provided by the applicant on the TA application would authorize the request for a Medicaid determination, if that applicant is determined eligible for TA.

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**IV. Twelve Months Continuous Coverage**

New York has used twelve month continuous eligibility for several years to simplify enrollment and keep qualified recipients in coverage. New York has been successful in using 12-month continuous eligibility for children and other eligibility groups, guaranteeing a stable source of health coverage, regardless of income or household changes. This has helped to minimize “churning,” and its associated costs and the administrative burden of enrolling and disenrolling otherwise eligible individuals for procedural reasons or slight changes in circumstances.

We are seeking authority to make changes to our 12-month continuous eligibility policy to align with MAGI eligibility groups. The authority for all non-MAGI eligibility groups should be removed from both the Partnership and the F-SHRP Waivers.

To be removed from waiver:

<b>12-month continuous eligibility groups (currently w/in F-SHRP and Partnership Waivers)</b>
<ul style="list-style-type: none"> <li>• Medically needy pregnant women, children and parents/caretaker relatives, the aged, blind and disabled</li> <li>• Disabled children who lose SSI due to a change in the SSI definition of disability</li> <li>• Individuals who meet the income and resources requirements of SSI but are not in receipt of cash</li> <li>• Disabled widows/widowers who lost SSI or state supplements due to Social Security benefit increases in 1984 and who applied for continued Medicaid coverage before 1988</li> <li>• Disabled adult children who lose SSI due to Old Age, Survivor’s and Disability Insurance (OASDI)</li> <li>• Disabled widows and widowers aged 60 through 64 who would be eligible for SSI except for early receipt of social security benefits</li> <li>• Individuals who are ineligible for SSI or optional state supplements because of requirements that do apply under Medicaid</li> <li>• Individuals eligible for Medicaid in December 1973 as an essential spouse of an aged, blind or disabled individual who was receiving cash assistance</li> <li>• Individuals otherwise eligible for SSI or a state supplement except for the increase in OASDI under Pub. L. 92-336(July 1, 1972) raised include over the limit allowed under SSA (“pre-Pickle people”)</li> <li>• Individuals otherwise eligible for SSI or a state supplement, except that OASDI cost-of-living increases received after April 1977 raised their income over the limit allowed under SSI (“Pickle people”)</li> </ul>

The remaining eligibility groups in the waiver will be revised into new MAGI eligibility groups:

<b>12-month continuous eligibility groups (to be included w/in F-SHRP and Partnership Waivers)</b>
<ul style="list-style-type: none"> <li>• Pregnant women</li> <li>• Children &lt;19 or 20, if full time student</li> <li>• Children 19 &amp; 20 living with parents</li> <li>• Parents/Caretaker relatives</li> <li>• Adult group (not pregnant, age 19-64, no Medicare, not a caretaker relative)</li> </ul>

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