

## **Table of Contents**

**State/Territory Name: Pennsylvania**

**State Plan Amendment (SPA) #: 14-0012-MM1**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages
- 4) Superseding Pages Notice



**Region III/Division of Medicaid and Children's Health Operations**

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SWIFT# 031820144074

**OCT 09 2014**

Beverly Mackereth, Secretary  
Department of Public Welfare  
Room 333 Health & Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105-2675

Dear Secretary Mackereth:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of Pennsylvania's State Plan Amendment (SPA) PA-14-0012-MM1 which was submitted to CMS on March 17, 2014. PA-14-0012-MM1 incorporates the MAGI-Based Eligibility Group SPA into Pennsylvania's State Plan in accordance with the Affordable Care Act.

This SPA was approved on October 2, 2014 with an effective date of January 1, 2014. Enclosed are:

1. The CMS Summary Page (CMS-179 form);
2. The approved State Plan pages for PA-14-0012-MM1, to be incorporated within a separate section at the end of Pennsylvania's approved State Plan:
  - S14, AFDC Income Standards, pages 1 through 10;
  - S25, Mandatory Coverage Parents and Other Caretaker Relatives, pages 1 through 3;
  - S28, Mandatory Coverage Pregnant Women, pages 1 through 4, and attachments thereto: Form MA 322, "Presumptive Eligibility Application" and Medical Assistance Bulletin, "Presumptive Eligibility for Pregnant Women;"
  - S30, Mandatory Coverage Infants and Children under Age 19, pages 1 through 5;
  - S32, Adult Group, page 1;
  - S33, Mandatory Coverage Former Foster Care Children, page 1;
  - S50, Optional Individuals above 133% FPL, page 1;
  - S51, Optional Coverage of Parents and Other Caretaker Relatives, page 1;
  - S52, Reasonable Classification of Individuals under Age 21, pages 1 through 4;
  - S53, Children with Non IV-E Adoption Assistance, page 1;
  - S54, Targeted Low Income Children, page 1;
  - S55, Individuals with Tuberculosis, page 1;
  - S57, Independent Foster Care Adolescents, page 1;
  - S59, Individuals Eligible for Family Planning Services, page 1;
3. The Superseding Pages of State Plan Material which should be incorporated into a separate section in the front of the State Plan; and

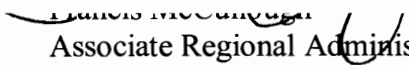
Secretary Beverly Mackereth – page 2

4. Supporting Document, “Approved Pennsylvania MAGI Conversion Plan,” which should be incorporated into a separate section in the front of the State Plan.

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan Amendment. If you have any questions concerning this SPA, please contact Mary McKeon at 215-861-4181.

Sincerely,

/S/

  
Associate Regional Administrator

Enclosures

**Medicaid State Plan Eligibility: Summary Page (CMS 179)**

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**State/Territory name:** Pennsylvania**Transmittal Number:***Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

PA-14-012

**Proposed Effective Date**

01/01/2014

(mm/dd/yyyy)

**Federal Statute/Regulation Citation**

S25-42CFR 435.110, 1902(a)(10)(A)(i)(I), 1931 (b)and(d). S28- S28- 42 CFR 435.116, 1902(a)(10)(A)(i)(III) a

**Federal Budget Impact**

	<b>Federal Fiscal Year</b>	<b>Amount</b>
<b>First Year</b>	2014	\$ 96339555.00
<b>Second Year</b>	2015	\$ 109339233.00

**Subject of Amendment**

S14-AFDC Income Standards, S25-Elig. Groups Mandatory Coverage Parents and Other Caretaker Relatives, S28- Elig. Groups Mandatory Coverage Pregnant Women, S30-Elig. Groups Mandatory Coverage Infants and Children under Age 19, S32-Elig. Groups Adult Group, S33-Elig. Groups Mandatory Coverage Former Foster Care Children, S50-Elig. Groups Optional Individuals above 133% FPL, S51-Elig. Groups- Optional Coverage of Parents and Other Caretaker Relatives, S52-Elig. Groups-Optional Reasonable Classification of Individuals under Age 21, S53-Optional Children with Non IV-E Adoption Assistance, S54-Elig. Groups-Optional Targeted Low Income Children, S55-Elig. Groups-Optional Individuals with Tuberculosis, S57- Elig. Groups- Optional Independent Foster Care Adolescents, S59-Elig. Groups-Optional Individuals Eligible for Family Planning Services

**Governor's Office Review**

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

☒ **Other, as specified**

Describe:

Secretary of Public Welfare

**Signature of State Agency Official****Submitted By:**

Daniel Sorge

**Last Revision Date:**

Sep 30, 2014

**Submit Date:**

Mar 17, 2014



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## AFDC Income Standards

S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and  
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

### MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

#### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☒ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

#### Enter the standard by region

Remove Region

Name of region

Group 1, Threshold A

Description

Counties: Bucks, Chester, Lancaster, Montgomery and Pike

	Household size	Standard (\$)	
+	1	243	X
+	2	366	X
+	3	467	X
+	4	568	X
+	5	670	X
+	6	759	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$ 93

Remove Region



# Medicaid Eligibility

Name of region

Group 2, Threshold B

Description

Counties: Adams, Allegheny, Berks, Blair, Bradford, Butler, Centre, Columbia, Crawford, Cumberland, Dauphin, Delaware, Erie, Lackawanna, Lebanon, Lehigh, Luzerne, Lycoming, Monroe, Montour, Northampton, Philadelphia, Sullivan, Susquehanna, Union, Warren, Wayne, Westmoreland, Wyoming and York

	Household size	Standard (\$)	
+	1	224	X
+	2	340	X
+	3	433	X
+	4	533	X
+	5	631	X
+	6	717	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$ 89

Remove Region

Name of region

Group 3, Threshold C

Description

Counties: Beaver, Cameron, Carbon, Clinton, Elk, Franklin, Indiana, Lawrence, McKean, Mercer, Mifflin, Perry, Potter, Snyder, Tioga, Venango and Washington

	Household size	Standard (\$)	
+	1	209	X
+	2	321	X
+	3	414	X
+	4	503	X
+	5	596	X
+	6	679	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$ 87

Remove Region



# Medicaid Eligibility

Name of region		Description	
Group 4, Threshold D		Counties: Armstrong, Bedford, Cambria, Clarion, Clearfield, Fayette, Forest, Fulton, Greene, Huntingdon, Jefferson, Juniata, Northumberland, Schuylkill and Somerset	
	Household size	Standard (\$)	
+	1	186	X
+	2	295	X
+	3	384	X
+	4	477	X
+	5	568	X
+	6	643	X

Additional incremental amount  
☒ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year  
☐ Yes ☒ No

## AFDC Payment Standard in Effect As of July 16, 1996

<b>Income Standard Entry - Dollar Amount - Automatic Increase Option</b>		<b>S13a</b>
The standard is as follows:		
<input type="radio"/> Statewide standard		
<input checked="" type="radio"/> Standard varies by region		
<input type="radio"/> Standard varies by living arrangement		
<input type="radio"/> Standard varies in some other way		
<b>Enter the standard by region</b>		
Name of region		<input type="button" value="Remove Region"/>
Group 1, Threshold A		
Description		
Counties: Bucks, Chester, Lancaster, Montgomery and Pike		

TN#: PA-14-0012-MM1      APPROVED: October 2, 2014      EFFECTIVE DATE: January 1, 2014  
PENNSYLVANIA



# Medicaid Eligibility

	Household size	Standard (\$)	
+	1	215	X
+	2	330	X
+	3	421	X
+	4	514	X
+	5	607	X
+	6	687	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

[Remove Region](#)

Name of region

Group 2, Threshold B

Description

Counties: Adams, Allegheny, Berks, Blair, Bradford, Butler, Centre, Columbia, Crawford, Cumberland, Dauphin, Delaware, Erie, Lackawanna, Lebanon, Lehigh, Luzerne, Lycoming, Monroe, Montour, Northampton, Philadelphia, Sullivan, Susquehanna, Union, Warren, Wayne, Westmoreland, Wyoming and York

	Household size	Standard (\$)	
+	1	205	X
+	2	316	X
+	3	403	X
+	4	497	X
+	5	589	X
+	6	670	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

[Remove Region](#)

Name of region

Group 3, Threshold C

Description

Counties: Beaver, Cameron, Carbon, Clinton, Elk, Franklin, Indiana, Lawrence, McKean, Mercer, Mifflin, Perry, Potter, Snyder, Tioga, Venango and Washington





# Medicaid Eligibility

	Household size	Standard (\$)	
+	1	195	X
+	2	305	X
+	3	393	X
+	4	479	X
+	5	569	X
+	6	647	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

Remove Region

Name of region

Group 4, Threshold D

Description

Counties: Armstrong, Bedford, Cambria, Clarion, Clearfield, Fayette, Forest, Fulton, Greene, Huntingdon, Jefferson, Juniata, Northumberland, Schuylkill and Somerset

	Household size	Standard (\$)	
+	1	174	X
+	2	279	X
+	3	365	X
+	4	454	X
+	5	543	X
+	6	614	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

Add Region

The dollar amounts increase automatically each year

☐ Yes ☒ No

## MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:



# Medicaid Eligibility

- ☐ Statewide standard  
☒ Standard varies by region  
☐ Standard varies by living arrangement  
☐ Standard varies in some other way

## Enter the standard by region

Remove Region

Name of region

Group 1, Threshold A

Description

Counties: Bucks, Chester, Lancaster, Montgomery and Pike

	Household size	Standard (\$)	
+	1	274	X
+	2	410	X
+	3	521	X
+	4	635	X
+	5	748	X
+	6	849	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$ 104

Remove Region

Name of region

Group 2, Threshold B

Description

Counties: Adams, Allegheny, Berks, Blair, Bradford, Butler Centre, Columbia, Crawford, Cumberland, Dauphin, Delaware, Erie, Lackawanna, Lebanon, Lehigh, Luzerne, Lycoming, Monroe, Montour Northampton, Philadelphia, Sullivan, Susquehanna, Union, Warren, Wayne, Westmoreland, Wyoming and York

	Household size	Standard (\$)	
+	1	264	X
+	2	395	X
+	3	502	X



# Medicaid Eligibility

+	4	617	X
+	5	729	X
+	6	830	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

**Remove Region**

Name of region

Group 3, Threshold C

Description

Counties: Beaver, Cameron, Carbon, Clinton, Elk, Franklin, Indiana, Lawrence, McKean, Mercer, Mifflin, Perry, Potter, Snyder, Tioga, Venango and Washington

	Household size	Standard (\$)	
+	1	253	X
+	2	383	X
+	3	490	X
+	4	596	X
+	5	706	X
+	6	804	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

**Remove Region**

Name of region

Group 4, Threshold D

Description

Counties: Armstrong, Bedford, Cambria, Clarion, Clearfield, Fayette, Forest, Fulton, Greene, Huntingdon, Jefferson, Juniata, Northumberland, Schuylkill and Somerset

	Household size	Standard (\$)	
+	1	209	X
+	2	326	X
+	3	424	X
+	4	525	X



# Medicaid Eligibility

<b>+</b>	5	626	<b>X</b>
<b>+</b>	6	708	<b>X</b>

Additional incremental amount

☒ Yes ☐ No

Increment amount \$ 95

Add Region

The dollar amounts increase automatically each year

☐ Yes ☒ No

## AFDC Need Standard in Effect As of July 16, 1996

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No

## AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

### Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

☐ Yes ☐ No



# Medicaid Eligibility

**MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date**

**Income Standard Entry - Dollar Amount - Automatic Increase Option**

**S13a**

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

- ☐ Yes    ☐ No

**TANF payment standard**

**Income Standard Entry - Dollar Amount - Automatic Increase Option**

**S13a**

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

The dollar amounts increase automatically each year

- ☐ Yes    ☐ No

**MAGI-equivalent TANF payment standard**

**Income Standard Entry - Dollar Amount - Automatic Increase Option**

**S13a**

The standard is as follows:

- ☐ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way



# Medicaid Eligibility

The dollar amounts increase automatically each year

☐ Yes   ☐ No

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

**S25**

42 CFR 435.110  
1902(a)(10)(A)(i)(I)  
1931(b) and (d)

- ☒ **Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

- ☒ Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

☒ This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

☒ Options relating to the definition of caretaker relative (select any that apply):

- ☐ The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.

Definition of domestic partner:

- ☐ The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.

Description of other relatives:

- ☒ The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.

☒ Options relating to the definition of dependent child (select the one that applies):

☐ The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

☒ The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):



# Medicaid Eligibility

- ☐ The principal earner may work 100 or more hours per month and still qualify as unemployed.

Indicate the number of hours used:  hours

- ☐ The principal earner may earn up to a specific dollar amount and still qualify as unemployed.

Indicate the specific dollar limit of earnings: \$

- ☒ Other less restrictive standard

	Name of other standard	Description	
+	Underemployed	If the parent(s) or caretaker(s)'s income is at or below the maximum income standard, the individual(s) is considered to be under employed.	X

- ☐ Have household income at or below the standard established by the state.
- ☐ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
- ☐ Income standard used for this group

- ☐ Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

- ☒ The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

**An attachment is submitted.**

- ☐ Maximum income standard

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

- ☒ The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

- ☐ The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.





# Medicaid Eligibility

- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- ☒ A percentage of the federal poverty level:  %
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ Other dollar amount

☒ Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- ☐ The minimum income standard
- ☒ The maximum income standard
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.
- ☐ Another income standard in-between the minimum and maximum standards allowed

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

- ☐ Yes ☒ No

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Pregnant Women

S28

42 CFR 435.116

1902(a)(10)(A)(i)(III) and (IV)

1902(a)(10)(A)(ii)(I), (IV) and (IX)

1931(b) and (d)

1920

☒ **Pregnant Women** - Women who are pregnant or post-partum, with household income at or below a standard established by the state.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

☒ Yes ☐ No

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ Income standard used for this group

☒ Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

☒ Yes ☐ No

Enter the amount of the minimum income standard (no higher than 185% FPL):  % FPL

☒ Maximum income standard

☒ The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

☒ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

☐ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ 185% FPL

The amount of the maximum income standard is:  % FPL

☒ Income standard chosen

Indicate the state's income standard used for this eligibility group:

☐ The minimum income standard

☒ The maximum income standard

☐ Another income standard in-between the minimum and maximum standards allowed.

☒ There is no resource test for this eligibility group.

☒ Benefits for individuals in this eligibility group consist of the following:

☒ All pregnant women eligible under this group receive full Medicaid coverage under this state plan.

☐ Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

☒ Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

☒ Yes ☐ No

☒ The presumptive period begins on the date the determination is made.

☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☒ There may be no more than one period of presumptive eligibility per pregnancy.

A written application must be signed by the applicant or representative.



# Medicaid Eligibility

☒ Yes ☐ No

☐ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

☒ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

**An attachment is submitted.**

☒ The presumptive eligibility determination is based on the following factors:

☒ The woman must be pregnant

☒ Household income must not exceed the applicable income standard at 42 CFR 435.116.

☒ State residency

☒ Citizenship, status as a national, or satisfactory immigration status

☒ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

## List of Qualified Entities

**S17**

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

☒ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act

☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990

☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966

☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)

☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)

☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs

☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act

☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act

☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act



# Medicaid Eligibility

- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☐ Other entity the agency determines is capable of making presumptive eligibility determinations:

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act,
- ☒ and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

**An attachment is submitted.**

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## PROVIDER INSTRUCTIONS

DETACH THIS INSTRUCTION SHEET. THESE INSTRUCTIONS WILL GUIDE YOU THROUGH THE PRESUMPTIVE ELIGIBILITY (PE) PROCESS:

**FORMS** and materials needed to determine PE:

1. MA 332 - PE Application
2. Provider Instructions
3. *Desk Guide to Tax Household Size*, of the Presumptive Eligibility for Pregnant Women Medical Assistance (MA) Bulletin
4. *2014 Income Limit for Pregnant Women* of the Presumptive Eligibility for Pregnant Women MA Bulletin or subsequent Federal Poverty Level (FPL) updates.
5. PA 600HC - Application for Health Care Coverage - if applicant wants to apply for ongoing MA.

## WHEN APPLICATION SHOULD BE MADE

Applications for PE must be filed at the office of a designated qualified provider. The application is completed and signed when a patient with a self-attested pregnancy requests assistance in paying the medical expenses associated with her pregnancy. The provider must encourage and assist the PE applicant in completing the Application for Health Care Coverage (PA 600HC) if the applicant wants to apply for ongoing MA. The provider must inform the PE applicant that applying for ongoing MA is not required; however, PE is only for a limited time. Additionally, the PE applicant is not required to provide verification and may withdraw the ongoing MA application. **PLEASE NOTE: Only one period of PE is permitted per individual per pregnancy.**

## ELIGIBILITY DETERMINATION

PE is determined by a qualified provider. If the applicant wants to apply for PE only, the provider should submit the MA 332 to the county assistance office (CAO) within five business days. If the PE applicant wants to apply for ongoing MA, the provider must assist the applicant in completing the designated sections of the PA 600HC. The CAO will contact the applicant to request required verifications and will determine eligibility for ongoing MA. The MA 332 and the PA 600HC (if applicable) must be properly completed and submitted by the qualified provider to the appropriate CAO. The MA 332 and PA 600HC (if applicable) must be received by the CAO within five business days. The CAO can then authorize PE for a temporary period to end the last day of the month following the month the PE determination is made, or the date ongoing eligibility is determined, whichever is earlier. The CAO will send a notice of eligibility to the provider and the applicant for PE.

## INSTRUCTIONS FOR COMPLETING THE MA 332

Please follow the instructions for completing the PE Application. The CAO will not be able to process the PE Application if the application is not completed accurately and received by the CAO within five business days from the signature date.

**PART A - TO BE COMPLETED BY THE APPLICANT AND REVIEWED BY THE QUALIFIED PROVIDER.** The provider may assist the applicant in completing this section if necessary.

**PE APPLICANT NAME:** Applicant's full name (last, first, middle initial)

**ADDRESS:** Applicant's home address

**DATE OF BIRTH:** Applicant's date of birth

**COUNTY OF RESIDENCE:** County where the applicant resides

**SOCIAL SECURITY NUMBER:** Applicant's Social Security number is optional for PE

**PHONE NUMBER:** Number where the applicant can be contacted (including area code)

**INCOME:** Applicant's income source, type, frequency and gross amount before deductions.

**HOUSEHOLD:** List all of applicant's tax household members, their date of birth, sex and income. See *Desk Guide to Tax Household Size*, of the Presumptive Eligibility for Pregnant Women MA Bulletin.

## INSTRUCTIONS FOR COMPLETING THE MA 332 (continued)

- QUESTION 1:** If the applicant answers **yes** to this question, check the appropriate block in Part B, #4 and refer to instructions **“FOR THE INELIGIBLE APPLICANT.”** Ask to see the applicant’s MA ACCESS card. Check the Eligibility Verification System (EVS) to determine if MA benefits are currently active. If currently active, the provider may bill for covered services.
- QUESTION 2:** If the applicant answers **no** to this question, check the appropriate block in Part B, #4 and refer to instructions **“FOR THE INELIGIBLE APPLICANT.”** Refer the applicant to the CAO in her county of residence for assistance.
- QUESTION 3:** Examples of citizenship/satisfactory immigration statuses include U.S. Citizen, permanent resident, temporary resident, refugee/asylee. If the applicant answers **no** to this question, check the appropriate block in Part B, #4 and refer to instructions **“FOR THE INELIGIBLE APPLICANT.”** Refer the applicant to the CAO in her county of residence for assistance.
- QUESTION 4:** If the PE applicant plans to file income taxes for next year, answer yes.  
a. If yes, list the total monthly tax deductions.
- SIGNATURE:** Applicant or applicant’s representative must sign the application form.
- DATE:** Date the application was completed.

## **PART B - TO BE COMPLETED BY THE QUALIFIED PROVIDER.**

- QUESTION 1:** If **no**, check #4 and the appropriate reason line and follow instructions in the section **“FOR THE INELIGIBLE APPLICANT.”**
- QUESTION 2:** Indicate the expected delivery date.

### **INCOME ELIGIBILITY**

To determine if the applicant is income eligible, complete the “Comparison of Household Income to Income Limit” chart. Take the applicant’s gross monthly income indicated in Part A, #5, and subtract the tax deductions indicated in Part A, #6. From the monthly income after deductions, disregard five percent of 100 percent of the federal poverty limit (FPL) for the family size, only if the applicant’s income still exceeds the income limits. This amount is the tax household’s net monthly income. For the five percent disregard and FPL monthly income limit, see *2014 Income Limits for Pregnant Women*, of the Presumptive Eligibility for Pregnant Women MA Bulletin or subsequent FPL updates.

Compare the household’s net monthly income to the applicable FPL monthly income limit.

- QUESTION 3:** **The applicant is presumptively eligible.** Check here if the household’s total monthly income is **equal to or less than** the FPL monthly income limit figure for the appropriate family size. Check **“a”** to indicate that a completed PA 600HC is attached.
- QUESTION 4:** **The applicant is not presumptively eligible.** Check here if the household’s total monthly income is **greater than** the monthly income limit figure for the appropriate family size and **CHECK THE APPROPRIATE REASON LINE.**

Type or print the provider name, address, telephone number and MA ID number.

**Enter PE begin date. The date should be the same as the date PE eligibility is determined.**

Sign and date Part B of the application. The application may be signed by the attending physician, clinic director, or designee.

## **FOR THE ELIGIBLE APPLICANT**

1. If the applicant is applying for ongoing MA, have the applicant complete all sections of the PA 600HC.

- Pages 11 - 13: Have applicant read and review the Rights and Responsibilities.
- Page 13: Have applicant sign and date the application.

**Note:** Please review the PA 600HC to ensure that applicant has completed all required fields.

## INSTRUCTIONS FOR COMPLETING THE MA 332 (continued)

2. **Distribute the MA 332 as follows:** Give the applicant a copy, retain a copy for your file, and send a copy to the CAO in the applicant's **county of residence**. If applying for ongoing MA, staple the MA 332 to the PA 600HC and mail both to the applicant's CAO. The CAO must receive the PE application within five business days. See page 5 of the Presumptive Eligibility for Pregnant Women MA Bulletin for a link to the appropriate CAO address.

## FOR THE INELIGIBLE APPLICANT

1. **Distribute the MA 332 as follows:** Give the applicant a copy and retain a copy for your file. Mail a copy to the CAO where the applicant resides.
2. Inform the applicant she has the right to file a formal application for medical assistance at her local CAO.



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# Presumptive Eligibility Application

## PART A - TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE

### TELL US ABOUT THE PE APPLICANT AND THE APPLICANT'S TAX HOUSEHOLD MEMBERS

PE APPLICANT LAST NAME		FIRST NAME	M.I.
ADDRESS		DATE OF BIRTH	
COUNTY OF RESIDENCE	SOCIAL SECURITY NUMBER (OPTIONAL)	TELEPHONE NUMBER	
PE APPLICANT'S TYPE AND SOURCE OF INCOME*	HOW OFTEN IS INCOME RECEIVED? (WEEKLY, BIWEEKLY, MONTHLY)	GROSS AMOUNT OF INCOME (AMOUNT BEFORE TAXES AND DEDUCTIONS)	

### LIST PE APPLICANT'S TAX HOUSEHOLD MEMBERS

NAME (First, middle initial, last)	Date of Birth/Sex	Does this person have income? Y/N	Type of income and source*	How often is the income received (Weekly, biweekly, monthly)?	Gross amount of income (Amount before deductions and taxes)	How is this person related to the PE applicant?

\* Income includes wages, salaries, tips, commissions, bonuses, self-employment, alimony, Social Security\* other than SSI, Unemployment Compensation, lump sums received in the month of application and child's income if required to file a tax return. Do not count Social Security RSDI for a tax dependent/child if the individual has no other income.

If you have additional household members, please list them on a separate sheet of paper and attach to the MA 332.

### QUESTIONS FOR THE PE APPLICANT:

- Do you have a current Medical Assistance (MA) ACCESS Card? ☐ Yes ☐ No
- Are you a resident of Pennsylvania? ☐ Yes ☐ No
- Are you a U.S. citizen, national or in satisfactory immigration status? ☐ Yes ☐ No
- Are you a tax filer? ☐ Yes ☐ No

a. If yes, does the tax household have any of the following tax deductions on their Federal Tax Form 1040?

- |   |  |   |
|---|--|---|
| • Student loan interest deduction               | • Educator expenses                      | • Job-related moving expenses   |
| • Health savings account deduction              | • Alimony paid                           | • IRA deduction   |
| • Penalty on early withdrawal of savings        | • Tuition and fees                       | • Certain business expenses of reservists, performing artists and free-basis government officials |
| • Self-employed SEP, SIMPLE and qualified plans | • Deductible part of self-employment tax |   |
| • Self-employed health insurance deduction      |  |   |

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Type: \_\_\_\_\_ Amount: \_\_\_\_\_

Type: \_\_\_\_\_ Amount: \_\_\_\_\_ Type: \_\_\_\_\_ Amount: \_\_\_\_\_

To the best of my knowledge, the above information is correct.

SIGNATURE - APPLICANT OR REPRESENTATIVE

DATE

# Presumptive Eligibility Application

## PART B - TO BE COMPLETED BY QUALIFIED PROVIDER

1. Is applicant pregnant? ☐ Yes ☐ No
2. Expected date of delivery: \_\_\_\_\_

### COMPARISON OF HOUSEHOLD INCOME TO INCOME LIMIT (Use applicable annual FPL.)

Household Size (include unborn child(ren))	
Gross Monthly Income	
-Tax Deductions	
Monthly Income After Deductions	
-5% FPL Disregard*	
Net Income	
FPL Income Limit	

\*5% FPL Disregard given only if income after tax deductions exceeds income limit for household size.

3. ☐ Applicant **is** presumptively eligible and has been advised that she will be contacted by the CAO.
  - a. ☐ A completed PA 600HC is attached.
4. ☐ Applicant **is not** presumptively eligible for the following reason:
 

☐ Current MA recipient  
☐ Excess income

☐ Not a PA resident  
☐ Not pregnant

☐ Not a U.S. citizen or legal alien

PROVIDER NAME		
ADDRESS		
PROVIDER MA ID NUMBER	TELEPHONE NUMBER	PE BEGIN DATE
AUTHORIZED SIGNATURE		DATE

# MEDICAL ASSISTANCE BULLETIN

ISSUE DATE  September 12, 2014	EFFECTIVE DATE  August 25, 2014	NUMBER 01-14-19, 08-14-15, 09-14-14, 31-14-17, 33-14-13, 47-14-02
SUBJECT  Presumptive Eligibility for Pregnant Women	BY  Vincent D. Gordon, Deputy Secretary Office of Medical Assistance Programs	

**PURPOSE:**

The purpose of this bulletin is to:

1. Notify providers that Modified Adjusted Gross Income (MAGI) must now be used when making a presumptive eligibility (PE) determination for pregnant women;
2. Update the income guidelines for PE based upon the 2014 Federal Poverty Level (FPL) and the MAGI eligibility determination;
3. Revise the MA 332, Presumptive Eligibility Application; and
4. Obsolete Medical Assistance (MA) bulletin 99-88-04, "Healthy Beginnings – Presumptive Eligibility Program" issued April 1, 1988.

**SCOPE:**

This bulletin applies to providers enrolled in the MA Program and qualified to provide pregnancy related services, including outpatient hospital clinics, independent clinics, federally qualified health centers, rural health centers, certified registered nurse practitioners, physicians, midwives and birth centers

**BACKGROUND:**

On April 1, 1988, in an effort to encourage early prenatal care, the MA Program began to allow pregnant women to receive MA coverage for ambulatory prenatal care before they have been formally determined eligible by the County Assistance Office (CAO).

The Affordable Care Act (ACA) of 2010 made several major changes to the Medicaid Program, such as eliminating various income disregards being used by states and adopting MAGI rules as defined in the Internal Revenue Code. The ACA also aligned "family size" with the MAGI definition of "household".

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type

Visit the Office of Medical Assistance Programs Web site at  
<http://www.dpw.state.pa.us/provider/healthcaremedicalassistance/index.htm>

## DISCUSSION:

Providers enrolled in the MA Program that are qualified to provide pregnancy related services and eligible to receive payment under the MA Program, may make PE determinations for pregnant women.

The criteria used to determine PE for pregnant women is based on self-attestation by the applicant, but verification, such as paystubs for income, is encouraged. PE for pregnant women is based on the following:

1. Categorical eligibility (must self-attest to pregnancy)
2. Satisfactory Citizenship /Immigration status - U.S. Citizen, Permanent Resident, Temporary Resident, Refugee/Asylee
3. State residency
4. Identity
5. MAGI based on household size

MAGI is the methodology used for determining MA eligibility under the provisions of the Affordable Care Act. MAGI takes into account the household's tax filing status and is used for certain individuals including parents/caretakers, pregnant women, infants and children. To determine MAGI-based household income, certain types of income are excluded and the only deductions allowed are tax deductions.

The MAGI income limit for pregnant women is 215% of the annual FPL. Please see the 2014 Income Limit for Pregnant Women, attached. The Department of Public Welfare (Department) will advise providers of future FPL updates through issuance of a provider Quick Tip, which will be available on the Department's website at:

<http://www.dpw.state.pa.us/publications/forproviders/QuickTips/index.htm>

## PROCEDURE:

### Determining PE eligibility

The MA provider and PE applicant must complete Part A and Part B of the Presumptive Eligibility Application (MA 332), attached, and, if the applicant wants to apply for ongoing MA, the Application for Healthcare Coverage (PA 600HC). To assist the PE applicant in determining their MAGI under Part A, providers should ask the individual if they filed, or plan to file a Federal Income Tax Form and if the individual was, or expects to be claimed as a dependent by another taxpayer. Household size is based on the individuals included in the tax household, including the unborn child(ren). The tax household size determines the income limit to be used.

The following steps should be taken to determine PE eligibility:

1. Determine the correct tax household size. Please see the Desk Guide to Tax Household Size, attached. The unborn child(ren) must be counted when determining household size.
2. Determine net monthly income:
  - a. Take the gross monthly income and subtract the countable tax deductions. (See MA332 for a complete list of countable tax deductions.) Do *not* count income from child support, Worker's Compensation, depreciation from self-employment, or Veteran's Administration disability benefits.
  - b. If the household's income exceeds the income limit after deductions, disregard five percent (5%) of 100% of the FPL for the family size. This figure is on 2014 Income Limit for Pregnant Women chart, attached. This amount is the tax household's net monthly income.
3. Compare the net monthly income to the income limit for the PE applicant's household size to determine income eligibility. If the net income is equal to or less than the applicable income limit, the PE applicant is eligible.
4. If income eligible, the provider must complete Part B of the MA 332, inform the PE applicant of the eligibility determination and provide the PE applicant a copy of the MA 332.

When a determination of PE for a pregnant woman is made, the provider must encourage and assist the PE applicant in applying for ongoing MA. The PE provider must inform the PE applicant that an ongoing MA application is not required, and she is not required to provide verification if she does not want to continue the MA application process. The provider must inform the applicant of her right to withdraw the application. The provider must submit two copies of the MA 332 to the individual's CAO within five (5) business days. If the PE applicant wants to apply for ongoing MA, the provider must include the PA600HC with the MA332. This may be done by mail or fax; or the applicant may hand-carry the completed MA 332 and PA 600HC to their local CAO. CAO contact information is available on the Department of Public Welfare website at:

<http://www.dpw.state.pa.us/findfacilsandlocs/countyassistanceofficecontactinformation/index.htm>

#### How CAOs Will Process PE Applications

Only one PE period will be authorized per pregnancy. The CAO will review the PE applicant's history to determine if prior PE periods were authorized during the current pregnancy. If so, the CAO will send a notice of ineligibility for PE.

- The PE authorization will be completed within five business days of receipt in the CAO.
- The PE begin date is the date PE is determined (the signature date on the MA 332).
- The end date of the PE period is the earlier of:

- The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for ongoing MA is received by that date; or
- The date the eligibility determination for ongoing MA is made, if an application for MA is received by the last day of the month following the month in which the determination of presumptive eligibility is made. The PE period will be extended if ongoing MA eligibility has not been determined by the last day of the PE period.
- The CAO will pend ongoing MA during the processing of PE if the applicant is applying for ongoing MA.
- The CAO will send a notice of eligibility for PE to the applicant and the provider.
- The CAO will inform the presumptively eligible woman of any required verification needed to determine ongoing MA eligibility.
- Once verification is received, the CAO must follow requirements for a timely determination of MA eligibility for PE recipients.
- The CAO will send a notice of eligibility or ineligibility for ongoing MA to the individual if an ongoing MA application was submitted.

Pregnant women who are eligible for PE receive services under Healthcare Benefit Package 6 through the Fee-For-Service delivery system. Services provided during the PE period are limited to ambulatory prenatal care. If a pregnant woman incurs medical expenses not covered under the PE period, such as an inpatient admission, the CAO can make retroactive MA coverage available to cover medical expenses if the woman is found eligible for ongoing MA coverage.

#### Attachments:

Presumptive Eligibility Application (MA 332)  
Desk Guide to Tax Household Size  
2014 Income Limits for Pregnant Women



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Infants and Children under Age 19

**S30**

42 CFR 435.118

1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)

1902(a)(10)(A)(ii)(IV) and (IX)

1931(b) and (d)

- ☒ **Infants and Children under Age 19** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

- ☒ Children qualifying under this eligibility group must meet the following criteria:

☒ Are under age 19

☒ Have household income at or below the standard established by the state.

- ☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

- ☒ Income standard used for infants under age one

☒ Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

☒ Yes ☐ No

Enter the amount of the minimum income standard (no higher than 185% FPL):  % FPL

- ☒ Maximum income standard

☒ The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

**An attachment is submitted.**

The state's maximum income standard for this age group is:

- ☒ The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.





# Medicaid Eligibility

- The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 185% FPL

Enter the amount of the maximum income standard:  % FPL

☒ Income standard chosen

The state's income standard used for infants under age one is:

☒ The maximum income standard

- If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☒ Income standard for children age one through age five, inclusive

☒ Minimum income standard



# Medicaid Eligibility

The minimum income standard used for this age group is 133% FPL.

☒ Maximum income standard

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

**An attachment is submitted.**

The state's maximum income standard for children age one through five is:

- ☒ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard:  % FPL

☒ Income standard chosen

The state's income standard used for children age one through five is:

- ☒ The maximum income standard

- ☐ If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.



# Medicaid Eligibility

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☒ **Income standard for children age six through age eighteen, inclusive**

☒ **Minimum income standard**

The minimum income standard used for this age group is 133% FPL.

☒ **Maximum income standard**

- The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.
- ☒ **six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.**

**An attachment is submitted.**

The state's maximum income standard for children age six through eighteen is:

- ☐ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☒ **133% FPL**

☒ **Income standard chosen**

The state's income standard used for children age six through eighteen is:



# Medicaid Eligibility

☒ The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☐ There is no resource test for this eligibility group.

☐ Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

☐ Yes ☒ No

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage

**S32**

### Adult Group

1902(a)(10)(A)(i)(VIII)  
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

☐ Yes ☒ No

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Former Foster Care Children

S33

42 CFR 435.150  
1902(a)(10)(A)(i)(IX)

- ☐ **Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

☒ The state attests that it operates this eligibility group under the following provisions:

☐ Individuals qualifying under this eligibility group must meet the following criteria:

☐ Are under age 26.

☐ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

☐ Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

☒ Yes    ☐ No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes    ☒ No

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b> <b>Individuals above 133% FPL</b>	<b>S50</b>
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1902(a)(10)(A)(ii)(XX)  
1902(hh)  
42 CFR 435.218

**Individuals above 133% FPL** - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

☐ Yes ☒ No

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b>	<b>S51</b>
<b>Optional Coverage of Parents and Other Caretaker Relatives</b>	
42 CFR 435.220 1902(a)(10)(A)(ii)(I)	
<b>Optional Coverage of Parents and Other Caretaker Relatives</b> - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.





# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage

### Reasonable Classification of Individuals under Age 21

S52

42 CFR 435.222

1902(a)(10)(A)(ii)(I)

1902(a)(10)(A)(ii)(IV)

**Reasonable Classification of Individuals under Age 21** - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:

☒ Be under age 21, or a lower age, as defined within the reasonable classification.

☒ Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.

☒ Not be eligible and enrolled for mandatory coverage under the state plan.

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

☒ Yes ☐ No

The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

☒ Yes ☐ No

#### Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

☒ The state attaches the approved pages from the Medicaid state plan as of March 23, 2010 to indicate the age groups, reasonable classifications, and income standards used at that time for this eligibility group.

**An attachment is submitted.**

#### Current Coverage of All Children under a Specified Age



# Medicaid Eligibility

The state covers all children under a specified age limit, equal to or higher than the age limit and/or income standard used in the Medicaid state plan as of March 23, 2010, provided the income standard is higher than the current mandatory income standard for the individual's age. The age limit and/or income standard used must be no higher than any age limit and/or income standard covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

☒ Yes   ☐ No

Indicate below the age under which all children are covered under this eligibility group, based on a specific age group used previously in the Medicaid state plan or under a Demonstration, which is equal to or higher than the age group for coverage of all children in the Medicaid state plan as of March 23, 2010.

☒ Under age 21   ☐ Under age 20   ☐ Under age 19   ☐ Under age 18

Enter the income standard used for this age group. The standard must be higher than the mandatory income standard for the individual's age, not more restrictive than that used in the Medicaid state plan as of March 23, 2010 and not less restrictive than that used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Income standard used

☒ Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

☒ Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☐ Yes   ☒ No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

☒ The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☐ The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.



# Medicaid Eligibility

- ☐ The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

- ☐ The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

- ☐ A percentage of the federal poverty level:  %

- ☒ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

- ☐ The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

- ☐ Other dollar amount

☒ Income standard chosen

Individuals qualify under this classification under the following income standard:

- ☐ The minimum standard.
- ☒ The maximum income standard.

- ☐ If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

- ☐ If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

- ☐ If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

- ☐ If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

- ☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.



# Medicaid Eligibility

## Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

The state covers reasonable classifications of children previously covered in the Medicaid state plan as of March 23, 2010, with income standards higher than the current mandatory income standard for the age group. Age limits and income standards are equal to or higher than the Medicaid state plan as of March 23, 2010, but no higher than any age limit and/or income standard for this classification covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

☐ Yes ☒ No

## Other Reasonable Classifications Previously Covered

The state covers reasonable classifications of children not covered in the Medicaid state plan as of March 23, 2010, but covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group.

☐ Yes ☒ No

## Additional new age groups or reasonable classifications covered

If the state has not elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does not cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

☐ Yes ☒ No

☒ There is no resource test for this eligibility group.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop: S2-01-16  
Baltimore, Maryland 21244-1850

DEPUTY SECRETARY  
OFFICE OF MEDICAL PROGRAMS  
DPW

2013 AUG -5 A 9:58



Children and Adults Health Programs Group REFER TO: \_\_\_\_\_

Vincent D. Gordon  
Deputy Secretary for Medical Assistance Programs  
Commonwealth of Pennsylvania, Department of Public Welfare  
Commonwealth Avenue & Forster Street, PO Box 2675  
Harrisburg, PA 17105

Dear Mr. Gordon:

Thank you for submitting Part 1 of your state's Modified Adjusted Gross Income (MAGI) Conversion Plan for eligibility in 2014. Your state selected option 1 - Survey of Income and Program Participation (SIPP) data conversion plan. This letter is to notify you that the Centers for Medicaid & Medicare Services (CMS) is formally approving Part 1 (conversions for eligibility) of your plan.

As a next step, your state will need to submit a state plan amendment (SPA) to:

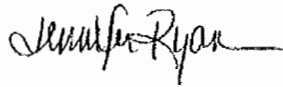
- 1) Identify the minimum and maximum MAGI-equivalent standards for relevant eligibility groups; these will go into the State Plan to memorialize the minimum and maximums that will be relevant for any future eligibility changes the state might make.
- 2) Select the MAGI-based income standard that will apply beginning January 1, 2014 for each MAGI eligibility group.
  - a. For adults the state may select any income standard between the minimum and the maximum converted levels.
  - b. For children, because of Maintenance of Effort (MOE), the eligibility income standard will be at least the standard under the state plan on March 23, 2010 as converted (until at least October 1, 2019) when the MOE provision for children expires).

The specific MAGI-Based Eligibility Group state plan amendment documents (.pdf formatted) are enclosed with this letter. We strongly encourage states to submit all of their MAGI-Based Eligibility Group .pdf documents at the same time to facilitate a coordinated and expedited review process.

Medicaid and CHIP eligibility State Plan Amendment pages can be accessed through the Medicaid Model Data Lab (MMDL), available at: <http://157.199.113.99/MMDL/faces/portal.jsp>. The MMDL system has automatically generated emails from "Form Support" which have been emailed to you with your **user name** and **password** over the last several weeks. Please contact your SOTA representative if you have any questions about using the SPA process to document the results of your state's MAGI conversion plan.

CMS will be providing more information about completing Part 2 (conversions related to FMAP claiming) of the Conversion Plan in the coming weeks.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Ryan", with a stylized flourish at the end.

Jennifer Ryan  
Deputy Director

Enclosure

**ENCLOSURE**

**MAGI-BASED ELIGIBILITY GROUP STATE PLAN AMENDMENT DOCUMENTS**

Medicaid MAGI-Based Eligibility Groups - Mandatory

- S25 Parents and Other Caretaker Relatives
- S28 Pregnant Women
- S30 Infants and Children under Age 19
- S32 Adult Group; Individuals Below 133% of the FPL
- S33 Former Foster Care Children up to age 26
- S14 AFDC Income Standard

Optional (only those that apply in state):

- S50 Individuals above 133% of the FPL
- S51 Optional Parents and Caretaker Relatives
- S52 Reasonable Classifications of Children
- S53 Non IV-E Adoption Assistance
- S54 Optional Targeted Low Income Children
- S55 Tuberculosis
- S57 Foster Care Adolescents—Chafee
- S59 Family Planning

CHIP MAGI Eligibility and Methods (only those that apply in state)

- CS3 Title XXI Medicaid Expansion
- CS7 Targeted Low-Income Children
- CS8 Targeted Low-Income Pregnant Women
- CS9 Conception to birth
- CS10 Children with access to public employee coverage
- CS11 Pregnant women with access to public employee coverage
- CS12 Dental only coverage

## Modified Adjusted Gross Income (MAGI) Conversion Plan

This MAGI Conversion Plan is being submitted to CMS by Pennsylvania as required by Section 1902(e)(14)(E) of the Social Security Act, which requires each state to submit for approval the income eligibility thresholds for Medicaid and the Children's Health Insurance Program (CHIP) proposed to be established using modified adjusted gross income (MAGI). As described in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) income conversion, states can choose among three options to convert net standards for Medicaid and CHIP to MAGI equivalent standards.<sup>1</sup> The purpose of the MAGI Conversion Plan is to provide CMS with information about each state's MAGI conversion methodology, as well as the data used and results of conversion. CMS will be reviewing the submitted materials and notifying the State with their approval or disapproval by **June 15, 2013**.

**Eligibility and FMAP claiming conversions.** States are required to submit information about their conversion methodology, data and results for income conversions related to eligibility and those required for FMAP claiming in accordance with CMS' FMAP rule. For additional information about the FMAP rule, please see: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2013-07599.pdf>.

**Note about Income Eligibility Conversions and State Plan Amendments:** Converted income standards will be used to set maximum MAGI-equivalent standards for adults in 2014 and will be used as the actual income standard in effect for children through October 2019. States will use the state plan amendment (SPA) process to identify the minimum and maximum MAGI-equivalent standards and to select the state's MAGI-based income standard for each eligibility group to which MAGI will apply in 2014. For adults for whom the Maintenance of Effort requirement expires in 2014, the selected income standard in the SPA will be anywhere between the minimum and the maximum derived through the income conversion process.

Please indicate the MAGI conversion method chosen by your state and follow the appropriate directions:

- ☒ **Option 1a** – Standardized Methodology with SIPP data, **no** state data adjustments for time-limited disregards  
Attach Excel spreadsheet with finalized SIPP results of eligibility and FMAP conversions to this cover page and submit to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov).
- ☐ **Option 1b** – Standardized Methodology with SIPP data, **with** state data adjustments for time-limited disregards.  
Please follow instructions below and submit to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov)
- ☐ **Option 2** – Standardized Methodology with State data  
Please follow the instructions below and submit this plan to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov).

<sup>1</sup> SHO letter available at <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO12003.pdf>



☐ **Option 3 – State proposed Alternative Method**

Please follow the instructions below and submit this plan to  
[incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov).

	Part 1 – Conversions for Eligibility		Part 2 – Conversions for FMAP Claiming and TB Group	
	Pages to Complete	Due Date	Pages to Complete	Due Date
Option 1a: Standardized Methodology, no adjustments	Page 1	May 31, 2013	Page 1	Fall 2013
Option 1b Standardized Methodology, state adjustments for time limited disregards	Pages 1 and 3	May 31, 2013	Pages 1 and 14	Fall 2013
Standardized Methodology with State Data	Page 4-11	April 30, 2013*	Pages 15-18	Fall 2013
Alternative Methodology	Page 4-13	April 30, 2013*	Pages 15-18	Fall 2013

\*Eligibility conversion plans are due April 30, 2013, or within 15 days of receiving SIPP results, whichever is later.

PA: converted thresholds  
Date: July 1, 2013

Population/Type	Citation	Unit Size	Original Standard	Converted Standard
Family 1988, Thresh A	AFDC 5/1/1988	1	\$205	\$243
		2	\$315	\$366
		3	\$402	\$467
		4	\$490	\$568
		5	\$579	\$670
		6	\$655	\$759
		addon	\$79	\$93
Family 1988, Thresh B	AFDC 5/1/1988	1	\$195	\$224
		2	\$301	\$340
		3	\$384	\$433
		4	\$474	\$533
		5	\$562	\$631
		6	\$638	\$717
		addon	\$79	\$89
Family 1988, Thresh C	AFDC 5/1/1988	1	\$186	\$209
		2	\$290	\$321
		3	\$375	\$414
		4	\$456	\$503
		5	\$542	\$596
		6	\$617	\$679
		addon	\$79	\$87
Family 1988, Thresh D	AFDC 5/1/1988	1	\$165	\$186
		2	\$266	\$295
		3	\$348	\$384
		4	\$433	\$477
		5	\$517	\$568
		6	\$585	\$643
		addon	\$79	\$87
Family 1996, Thresh	AFDC 7/16/1996	1	\$215	\$274
		2	\$330	\$410
		3	\$421	\$521
		4	\$514	\$635
		5	\$607	\$748
		6	\$687	\$849
		addon	\$83	\$104
Family 1996, Thresh B	AFDC 7/16/1996	1	\$205	\$264
		2	\$316	\$395
		3	\$403	\$502
		4	\$497	\$617
		5	\$589	\$729
		6	\$670	\$830
		addon	\$83	\$104
Family 1996, Thresh C	AFDC 7/16/1996	1	\$195	\$253
		2	\$305	\$383
		3	\$393	\$490
		4	\$479	\$596
		5	\$569	\$706
		6	\$647	\$804
		addon	\$83	\$103
Family 1996, Thresh D	AFDC 7/16/1996	1	\$174	\$209
		2	\$279	\$326

		3	\$365	\$424
		4	\$454	\$525
		5	\$543	\$626
		6	\$614	\$708
		addon	\$83	\$95
Pregnant women & children <1	1902(a)(10)(A)(ii)(IX)		185% FPL	215% FPL
Children 1-5	1902(a)(10)(A)(i)(VI)		133% FPL	157% FPL
Children 6-18	1902(a)(10)(A)(i)(VII)		100% FPL	119% 133% FPL
Child uninsured <19	S-CHIP state plan children		300% FPL	314% FPL
Family planning	1115		185% FPL	214% FPL
Free S-CHIP, 186-199% FPL	Lower bound, infants < 1		186% FPL	216% FPL
Free S-CHIP, 134-199% FPL	Lower bound, children 1-5		134% FPL	158% FPL
Free S-CHIP, 101-199% FPL	Lower bound, children 6-18		101% FPL	120% 134% FPL
Free S-CHIP, - 199% FPL	Upper bound, children < 19		199% FPL	208% FPL
S-CHIP premium, 200-250% FPL	Lower bound, children < 19		200% FPL	209% FPL
S-CHIP premium, 200-250% FPL	Upper bound, children < 19		250% FPL	262% FPL
S-CHIP premium, 251-275% FPL	Lower bound, children < 19		251% FPL	263% FPL
S-CHIP premium, 251-275% FPL	Upper bound, children < 19		275% FPL	288% FPL
S-CHIP premium, 276-300% FPL	Lower bound, children < 19		276% FPL	289% FPL
S-CHIP premium, 276-300% FPL	Upper bound, children < 19		300% FPL	314% FPL



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage Children with Non IV-E Adoption Assistance

**S53**

42 CFR 435.227  
1902(a)(10)(A)(ii)(VIII)

**Children with Non IV-E Adoption Assistance** - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

☒ The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;

☒ Are under the following age (see the Guidance for restrictions on the selection of an age):

☒ Under age 21

☐ Under age 20

☐ Under age 19

☐ Under age 18

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

☒ Yes ☐ No

☒ Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.

The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☐ Yes ☒ No

☒ There is no resource test for this eligibility group.

### PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b> <b>Optional Targeted Low Income Children</b>	<b>S54</b>
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1902(a)(10)(A)(ii)(XIV)  
42 CFR 435.229 and 435.4  
1905(u)(2)(B)

**Optional Targeted Low Income Children** - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

☐ Yes ☒ No

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage Individuals with Tuberculosis

**S55**

1902(a)(10)(A)(ii)(XII)  
1902(z)

**Individuals with Tuberculosis** - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

☐ Yes ☒ No

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b> <b>Independent Foster Care Adolescents</b>	<b>S57</b>
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42 CFR 435.226  
1902(a)(10)(A)(ii)(XVII)

**Independent Foster Care Adolescents** - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

☐ Yes    ☒ No

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Options for Coverage

### Individuals Eligible for Family Planning Services

**S59**

1902(a)(10)(A)(ii)(XXI)  
42 CFR 435.214

**Individuals Eligible for Family Planning Services** - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

☐ Yes ☒ No

### PRA Disclosure Statement

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SUPERSEDING PAGES OF STATE PLAN MATERIAL		
TRANSMITTAL NUMBER:		STATE:
PA-14-0012		Pennsylvania
Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, and S14 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 1 Page 2a (88-20) Page 3 Page 3a (91-33) Page 4 Page 4a Page 12 Page 13 Page 13a (91-33) Page 14 Page 14a (91-33) Page 17a (91-31) Page 21 (91-33) Page 23	Page 2,A.2.b&c (91-33) Page 2,A.2.c&e (90-14) Page 2a,A.3 (91-33) Page 5,A.10 Page 17c,B.15 (88-05) Page 18,C.4 (87-11) Page 20,B.14 Page 25,C.4 (91-33)
Supplement 1 to Attachment 2.2-A	Page 1 (91-33)	
Attachment 2.6-A	Page 3b (91-33) Page 11a Page 19 (91-33) Page 19a Page 19b Page 20 (88-05) Page 21 Page 23, (3) (90-24) Page 26, (f) (12-81-012B)	Page 1,A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7,1.a(1)&(2) Page 8, (e) (88-05) Page 12,C.1.e(2) Page 18,10.a (89-04) Page 18, C.5.e (91-33) Page 19,10.e (89-04) Page 25,11.a(3)
Supplement 1 to Attachment 2.6-A	Pages 1, 2a, and 3 (91-33) Page 1 (90-01) Pages 2 and 4	

<b>Attachment A.1 to Supplement 1 to Attachment 2.6-A</b>	Page 1 (91-33)	
<b>Supplement 2 to Attachment 2.6-A</b>	Pages 1 & 5 Pages 2 and 3 (91-33)	Page 2, #2 (88-05)
<b>Supplement 6 to Attachment 2.6-A</b>		Page 2 related to TANF (09-012)
<b>Supplement 8a to Attachment 2.6-A</b>	Page 1d	Pages 1, 1a, and 1f - remove for AFDC-related categorically needy groups but not for medically needy
<b>Supplement 8b to Attachment 2.6-A</b>		Page 1e and pages 1, 1a, and 1b (91-33) - remove for AFDC-related categorically needy groups but not for medically needy
<b>Supplement 11 to Attachment 2.6-A</b>	Remove page headed "Income"	
<b>Supplement 12</b>	Addendum (00-006)	Page headed "Resources" - remove (A) AFDC-related
<b>Supplement 12-A to Attachment 2.6-A</b>		Page 1, remove AFDC Related section
<b>Supplement 14 to Attachment 2.6-A</b>	Page 1 Page 1a	
<b>Supplement 15 to Attachment 2.6-A</b>		Page 1 - remove for AFDC-related categorically needy groups but not for medically needy