



Coverage Expansion Learning Collaborative

Streamlined Eligibility and Enrollment for Non-MAGI Populations

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Conference Line: 1-866-922-3257

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Agenda

- **Presentation Goals and Project Overview**
- **Setting the Stage and Defining Non-MAGI Populations**
- **How the Regulations Implemented to Support MAGI Eligibility Apply to Non-MAGI Groups**
 - **Regulatory Requirements and Options**
 - **Potential State Approaches and State Spotlights**
- **LC Next Steps**

The Appendix contains additional state approaches to Non-MAGI populations, and a full list of Non-MAGI eligibility groups.

Goals of Today's Presentation

1

Highlight the importance of simplifying the eligibility and enrollment process for Non-MAGI populations

2

Review federal law and regulations related to application, verification, renewal and related provisions and discuss whether and how they apply to Non-MAGI populations

3

Hear directly from states on their efforts to simplify eligibility and enrollment for Non-MAGI populations

Project Approach

- Review federal law and regulations related to application, verification, renewal and related provisions, and determine whether and how they apply to Non-MAGI populations.
- Through interviews, learn from states about the policy decisions and operational procedures they have implemented to simplify eligibility, enrollment and renewal processes for Non-MAGI populations.
- Identify state implementation approaches that other states may want to adopt.

Setting the Stage and Defining Non-MAGI Populations

A Significant Opportunity



Non-MAGI populations include some of the highest cost and most complex beneficiaries.



Non-MAGI beneficiaries disproportionately confront mobility and other challenges in applying for and renewing coverage.



Many regulatory changes implemented because of the ACA apply to MAGI and Non-MAGI populations alike, and states increasingly are focusing on how to implement/operationalize these policies for Non-MAGI populations.



Significant federal funding is available to support states to modernize eligibility systems. States are moving to include their Non-MAGI populations in their new systems.

Who Are the Non-MAGI?

Common Eligibility Categories and Populations¹

AGED, BLIND & DISABLED

- ✓ Individuals eligible for SSI assistance
- ✓ Individuals > 65 at or below 100% FPL
- ✓ Institutionalized individuals
- ✓ Working disabled
- ✓ Individuals eligible for Medicare Shared Savings Program

OTHER

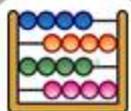
- ✓ Medically needy individuals
- ✓ Foster care children
- ✓ Individuals eligible for home and community-based waiver services

42 CFR §435.603

¹ See the Appendix for a full list of Non-MAGI eligibility groups

Major Differences: MAGI and Non-MAGI Eligibility Groups

States have significant opportunity to align the treatment of MAGI and non-MAGI groups, but the following key differences can affect alignment:



Different household composition and income counting rules apply (e.g. use of disregards, types of countable income)



Applicants for disability-based eligibility may need a disability determination



Many non-MAGI groups are subject to an asset test and asset verification



Post-eligibility requirements apply to many non-MAGI groups, including treatment of income, spousal impoverishment provisions, and transfer of asset restrictions

As states implement eligibility simplifications and related provisions for non-MAGI groups, they must take into account these differences

How the Regulations Implemented to Support MAGI Eligibility Apply to Non-MAGI Groups

Enhanced Funding for IT Can be Used for Non-MAGI System Changes

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- In 2011, CMS authorized an enhanced matching rate for eligibility and enrollment systems
- Funding is intended to help support the adoption of integrated eligibility systems and modernize Medicaid/CHIP eligibility and enrollment processes, including for Non-MAGI populations

90%
Federal Funding

- New eligibility and enrollment systems builds
- More efficient and effective Medicaid eligibility and enrollment systems

10%
State Funding

75%
Federal Funding

- Maintenance and operations of systems that were built using enhanced 90/10 funding

25%
State Funding

On April 16, 2015, CMS issued proposed regulations to make available permanently enhanced funding for eligibility and enrollment systems.

Select Regulatory Requirements Impacting Non-MAGI Populations

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The following slides describe select eligibility regulations and indicate whether they are required or optional for states.



Application



Verification



Eligibility Determination

- Timeliness standards
- Choice of category



Eligibility Renewal

Other Provisions

This presentation does not cover the following provisions, which states must apply to Non-MAGI populations in the same way they must apply them to MAGI populations:

-  Application Assistance (42 CFR § §435.905, 435.908, 435.923)
-  Notices (42 CFR § §435.917, 435.918)
-  Hearings and Appeals Procedures (42 CFR § §431.200 et seq)
-  We also don't address other eligibility criteria, such as assets and post-eligibility requirements (e.g. Social Security Act § 1902(a)(17); 42 CFR § 435.700 et seq.)

Application: State Requirements and Options for Non-MAGI

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Application Submission Modalities

42 CFR § 435.907(a)

- Must accept application online, over the phone, through the mail, in person
 - Should accept the application through all modalities, even if Non-MAGI applicants are required to have an in-person interview
- Must accept electronic, including telephonically recorded, signatures

42 CFR § 435.907(f)

Application Type

42 CFR § 435.907(b), (d)

- May use either:
 - Single streamlined application with supplemental forms, **or**
 - Application designed to determine eligibility on Non-MAGI basis
- Application(s) must be submitted to the Secretary

Limits on Information

42 CFR § 435.907(e)

- May only require individual to provide information necessary to make an eligibility determination or for a purpose directly connected to the administration of the State Plan

In-Person Interview

42 CFR § 435.907(d)

- In-person interviews are not a federal requirement

Note: Additional provisions also apply.

Application: Potential State Approaches for Non-MAGI

Potential State Approaches

- Rely on fully integrated application portal for consumers
 - Structure the application in such a way that people who are clearly Non-MAGI are given fastest route to completing the application (e.g. childless elderly, groups without an income test)
 - Allow applicants who want to apply for Non-MAGI coverage to complete (not just initiate) entire application process online, including answering supplemental questions and providing documentation
- Even if back-end eligibility system is not fully integrated, establish a single portal for consumers
- Eliminate in-person interview requirement
 - If in-person interview requirement remains, permit telephonic interview



Reminder

States must assist individuals with completing the application process through a variety of means, including by phone, online, and in-person.

42 CFR § 435.908(a)



Verification: State Requirements and Options for Non-MAGI

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Required

Electronic Data

42 CFR § §435.945,(k), 435.948(b), 435.949(b)

- Must use electronic data if available; can request documentation only if electronic data is not available and establishing a data match would not be effective
- Must obtain and use data from the federal data services hub (“hub”) when available
- If state has alternative data source(s) that will reduce administrative costs and burdens on individuals and states, while maximizing accuracy and minimizing delay, it may request a waiver of requirement to use the hub



Required

Reasonable Compatibility

42 CFR § §435.952(b)

- When applicable, must determine/renew eligibility if information provided is reasonably compatible with data sources
- Must consider income reasonably compatible if attestation and data are both above or at or below the applicable income standard



Optional

Self-Attestation & Reasonable Explanations

42 CFR § §435.945(a), 435.952,(c) 435.956(e)

- May accept self-attestation of all non-financial eligibility criteria except citizenship and immigration status [exception for pregnancy status*].
 - Income can be verified post-eligibility, so states can accept self-attestation at application with post-eligibility data matching
- May accept reasonable explanations of discrepancies between attested information and electronic data

*State must accept self-attestation of pregnancy, unless the state has information that is not reasonably compatible with the attestation.
Note: Additional provisions also apply.

Verification: Potential State Approaches for Non-MAGI

Potential State Approaches

- Allow attestation for certain eligibility criteria, such as age/date of birth, state residency, and household composition
- Use same verification procedures for MAGI and Non-MAGI, as appropriate
- Develop a state data hub to electronically access information not available through the federal hub



Other Considerations

States could allow applicants to submit necessary documentation electronically – upload as part of application or by email

Utah's Verification Experience

Overview of State System and Application Process:

- Fully integrated eligibility system for Medicaid (MAGI and Non-MAGI) and social services programs that has been in place since before ACA
- Applicants – including non-MAGI applicants -- can use an online portal (“myCase”) to apply for coverage; may also electronically sign application – about 70% of beneficiaries use the online portal
- For those applying via paper, a choice to apply for health programs alone (including Medicaid and Marketplace coverage) or to apply for health programs and social service programs
 - People in need of long-term care services must complete an additional form
- No in-person interview required for any non-MAGI population



Utah's Verification Experience (continued)

Approach to Verification:

- Uses same verification process for MAGI and Non-MAGI groups, as appropriate
- Applies same reasonable compatibility standard to MAGI and Non-MAGI groups
- Primarily rely on “E-find” tool – a state data hub that links with various electronic databases to verify eligibility
 - Includes data on citizenship, alien status, various types of income, and vehicle information, but no data from financial institutions as of yet
- If eligibility cannot be verified electronically, applicant receives a checklist of additional information needed to complete determination



Verification: Discussion



Eligibility Determination-Timeliness Standards: Requirements

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Timeliness and Performance Standards

42 CFR § § 435.912(a) & (b),
435.912(c)(3)(ii)



- Must determine eligibility for Medicaid/CHIP “promptly and without undue delay”
- Must establish:
 - **Timeliness standards** that reflect the maximum eligibility determination timeframe for each applicant
 - **Performance standards** for determining eligibility in an efficient and timely manner across a pool of applicants
- Must determine Medicaid/CHIP eligibility within 45 days (when not seeking a determination on the basis of disability) and within 90 days when seeking a determination on the basis of disability
 - The expectation is that eligibility determinations will be conducted in a shorter time period
- States are required to submit to CMS monthly Performance Indicator Data that tracks eligibility determination timeframes:
 - < 24 hours; 24 hours-7 days; 8 days-30 days; 31-45 days; or more than 45 days

Eligibility Determination-Choice of Category and Benefits: Requirements

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Potential Eligibility Under Multiple Groups

42 CFR § §435.404; 435.911(c), (d)
77 Fed. Reg. 17166 (March 23, 2012)

- Must allow an individual who would be eligible under more than one category to have his eligibility determined for the category he selects
- Must provide Medicaid to MAGI-eligible individuals promptly and without undue delay and, for persons identified as potentially eligible for Non-MAGI or who request a Non-MAGI determination, request information needed to determine Non-MAGI eligibility
- If a state determines an individual is MAGI-eligible and the individual will gain no advantage from enrollment in a non-MAGI category, the state is not required to collect additional information from the individual for the purpose of a non-MAGI determination unless the applicant specifically requests a non-MAGI determination
- If a MAGI-eligible beneficiary is screened and determined eligible for a Non-MAGI category, the state agency must enroll the individual in the Non-MAGI category

Choice Counseling on Benefit Packages for People who are Medically Frail

- Must inform individuals of benefits and costs under Alternative Benefit Plan (ABP) with EHB, as compared to benefits and costs under ABP with the standard full Medicaid benefits
- Must provide individuals with ample time to arrive at an informed choice

42 CFR § 440.320(a)



Required



Required

Eligibility Determination-Choice of Category and Benefits: Potential State Approaches for Non-MAGI

Potential State Approaches

- Target notice information to help consumers identify relevant differences between eligibility categories so they can determine whether to seek a determination on another basis, counseling or further information
- To extent there are key differences, provide counseling through call center and other avenues to support consumer decision-making
- For purposes of minimizing the need of choice counseling around benefit packages, states can align standard Medicaid plan and ABP benefit packages

Renewal: State Requirements and Options for Non-MAGI

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12-Month Renewal Period

42 CFR §435.916(b)

- Must redetermine eligibility for factors that may change at least every 12 months
 - May limit to once every 12 months

Renewal Based on Available Information

42 CFR §435.916(b)

- Must use available information to renew coverage, if sufficient information is available to do so

Pre-Populated Renewal Form

42 CFR §435.916(a)

- If eligibility cannot be renewed based on available information, state may use a pre-populated renewal form to gather needed information

Renewal: Potential State Approaches for Non-MAGI

Potential State Approaches

- Limit renewals to once every 12 months
- Send beneficiary a pre-populated renewal form when available information is insufficient to determine continued eligibility

Arizona's Eligibility Determinations & Renewal Experience

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Overview of State System and Application Process:

- Arizona uses a single eligibility system ("Health-e-Arizona Plus" system) for MAGI and Non-MAGI eligibility groups
 - Exception: Individuals requiring long-term care services (LTCS) are evaluated in separate system
- The online portal to the HEAplus system can be used by applicants to apply for Medicaid (MAGI and Non-MAGI alike) and social services programs
 - Dynamic functionality allows Arizona to avoid asking Non-MAGI applicants unnecessary questions
 - Applicants have the option to provide the data needed to evaluate SNAP and TANF eligibility (actual determinations are conducted by a separate system)
 - Offers an expedited path to apply for Medicare Savings Program only on the online portal
- No in-person interview requirement and no asset test (except for LTCS)
- The state has aligned MAGI and Non-MAGI policies whenever possible, including verification and renewal policies
- Most Non-MAGI applicants can complete entire application process online



Arizona's Eligibility Determinations & Renewal Experience (continued)

Eligibility Determinations:

- Aligned benefit packages, eliminating need for choice counseling or need to choose whether or not to pursue a non-MAGI determination if MAGI eligible



Renewals:

- Employs the same renewal procedures for MAGI and Non-MAGI populations
- Conducts renewals based upon available information, a process which is simplified given the elimination of the asset test (for most non-MAGI beneficiaries)
- When eligibility cannot be renewed based upon available information, sends applicants a pre-populated renewal form



Next Steps

Next Steps for Non-MAGI Work

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Asset Verification Requirements for ABD Applicants

Social Security Act § 1940



Required

- Must implement an electronic asset verification (AV) program for aged, blind, and disabled (ABD) determinations/redeterminations

Acknowledgements

Thank you for providing information:

Arizona

Indiana

Kentucky

Ohio

Utah

West Virginia

APPENDIX

Additional State Approaches to Non-MAGI Populations

Ohio: Overview of State System

- **System Architecture**

- Non-MAGI determinations currently conducted in legacy system (“CRIS-E”)
- Will be added into new eligibility system for MAGI groups in July 2016
- SNAP and TANF will be added to new system at later date
- Long-term goal: Full integration of Medicaid (MAGI and Non-MAGI) and social services



- **Consumer online portal**

- Consumers answer screening questions
- Portal routes potential Non-MAGI eligibles into legacy system (“CRIS-E”) for full evaluation

Ohio: Notable State Approaches

- **Single front-end portal.** Individuals can apply via single portal (even though Ohio has separate MAGI and Non-MAGI determination systems)
- **No in-person interview requirement.** Eliminated in-person interviews for all Non-MAGI populations
- **Same MAGI and Non-MAGI non-asset verification procedures.**
 - Online portal uses same verification procedures for MAGI and Non-MAGI
 - For Non-MAGI applicants, verified information is “carried over” from portal to legacy system, where determinations are conducted
- **Multiple verification sources.**
 - Verifies income, citizenship, and immigration information through FDSH
 - Relies on state-based electronic data as backup sources
- **Applies reasonable compatibility standard to Non-MAGI groups.**
(Note: When calculating a beneficiary’s share of cost (e.g. for LTCS), Ohio asks applicants for more detailed income information)
- **Rolling out pre-populated renewal forms in select counties.**



Kentucky: Overview of State System

- **System Architecture**

- In 2013, built new system for State-based Marketplace (“kynect”)
- Now building online application (“benefind”) for all Medicaid and social services program
 - Includes MAGI and Non-MAGI
 - Includes TANF, SNAP and other social services
 - Implementation expected Dec. 2015
- Consumers will be able to apply for Medicaid through benefind or kynect
 - Applicants for multiple programs encouraged to apply via benefind; benefind allows for evaluation of all low-income programs
 - Kynect applicants who may be eligible for other programs are notified; their information is available in benefind



Kentucky: Notable State Approaches

- **No in-person interview requirement for most Non-MAGI groups.** Exception is LTCS applicants, who must provide information via either face-to-face or telephonic interview
- **Aligned benefit packages.** Aligned ABP for newly-eligible adults with state plan package to eliminate need for choice counseling
- **Aligned renewal processes:** Uses 12-month renewals and same renewal procedures for MAGI and non-MAGI



West Virginia: Overview of State System

- **System Architecture**

- MAGI and Non-MAGI in same system
- Integrated Non-MAGI into new system on county-by-county basis
- Full integration recently completed
- SNAP and TANF are in separate rules engine, and will remain in separate system



West Virginia: Notable State Approaches

- **Single, front-end portal.** Individuals can apply via single portal
- **Dynamic online application.**
 - Online portal asks applicants questions only as needed
- **No in-person interview requirement.** Eliminated in-person interviews for all Non-MAGI populations
- **Self-attestation.** Allows self-attestation of residency and household relationships
- **Multiple verification sources.**
 - For both MAGI and Non-MAGI, State relies on FDSH to verify income, citizenship, and immigration status
 - Uses state wage data to verify income for MAGI and Non-MAGI



Indiana: Overview of State System

- **System Architecture**

- Working towards a fully integrated “IEDSS” system
- System will integrate all Medicaid eligibility categories, SNAP, and TANF
- Target roll-out of new system in Summer 2016



- **Alternate Streamlined Application**

- Application screens for potential eligibility as disabled, blind, or medically frail (medically frail screening questions to be eliminated in late-2015)
- Non-MAGI applications are processed by state vendor and routed to case workers for follow-up

Indiana: Notable State Approaches

- **Face-to-face and telephonic interview options.** Applicants who must complete interview may do so via either face-to-face or telephonic interview
- **Same MAGI and Non-MAGI non-asset verification procedures.** Relies on same verification procedures for MAGI and Non-MAGI applicants
- **Multiple verification sources.**
 - FDSH for worker number and homeland security information (will also use for social security in “IEDSS” system)
 - SSA for social security information
 - Rules engine for citizenship/immigration status
- **Beginning to develop a pre-populated renewal form.** Will ultimately use pre-populated forms to expedite renewals



Non-MAGI Eligibility Groups

Non-MAGI Populations: Mandatory Groups

| Eligibility Group | Short Description | Type | Citation |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------|
| <i>No Income Test</i> | | | |
| Individuals Receiving SSI | Individuals who are aged, blind or disabled who receive SSI. | ABD | 42 CFR 435.120; 1902(a)(10)(A)(i)(II)(aa) |
| Working Disabled under 1619(b) | Blind or disabled individuals who participated in Medicaid as SSI cash recipients or who were considered to be receiving SSI, who would still qualify for SSI except for earnings. | ABD | 1619(b); 1902(a)(10)(A)(i)(II); 1905(q) |
| Extended Medicaid due to Spousal Support Collections | Families with Medicaid eligibility extended for 4 months as the result of the collection of spousal support. | Family/Adult | 42 CFR 435.115; 408(a)(11)(B); 1931 (c)(1) |
| Deemed Newborns | Children born to women covered under Medicaid or a separate CHIP for the date of the child's birth, who are deemed eligible for Medicaid until the child turns age 1 | Family/Adult | 42 CFR 435.117; 1902(e)(4) and 2112€ |
| Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care | Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance maintenance payments are made under Title IV-E of the Act. | Family/Adult | 42 CFR 435.145; 473(b)(3); 1902(a)(10)(A)(i)(I) |
| Former Foster Care Children | Individuals under the age of 26, not otherwise mandatorily eligible, who were in foster care and on Medicaid either when they turned age 18 or aged out of foster care. | Family/Adult | 42 CFR 435.150; 1902(a)(10)(A)(i)(IX) |
| <i>SSI or Other More Restrictive Counting Methodology</i> | | | |
| Aged, Blind and Disabled Individuals in 209(b) States | In 209(b) states, aged, blind and disabled individuals who meet more restrictive criteria than used in SSI. | ABD | 42 CFR 435.121; 1902(f) |

Non-MAGI Populations: Mandatory Groups (continued)

| Eligibility Group | Short Description | Type | Citation |
|----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------|
| SSI or 209(b) | | | |
| Disabled Adult Children | Individuals who lose eligibility for SSI at age 18 or older due to receipt of or increase in Title II OASDI child benefits. | ABD | 1634(c) |
| Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI | Disabled widows and widowers who would be eligible for SSI/SSP, except for the increase in OASDI benefits due to the elimination of the reduction factor in P.L. 98-21, who therefore are deemed to be SSI or SSP recipients. | ABD | 42 CFR 435.137;1634(b) |
| Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security | Disabled widows and widowers who would be eligible for SSI/SSP, except for the early receipt of OASDI benefits, who are not entitled to Medicare Part A, who therefore are deemed to be SSI recipients. | ABD | 42 CFR 435.138;1634(d) |
| Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA increases since April, 1977 | Individuals who are receiving OASDI and became ineligible for SSI/SSP after April, 1977, who would continue to be eligible if the cost of living increases in OASDI since their last month of eligibility for SSI/SSP/OASDI were deducted from income. | ABD | 42 CFR 435.135; 1939(a)(5)(E); Section 503 of P.L.94-566 |
| SSI | | | |
| Qualified Disabled and Working Individuals | Working, disabled individuals with income equal to or less than 200% of the FPL, who are entitled to Medicare Part A under section 1818A, who qualify for payment of Medicare Part A premiums. | ABD | 1902(a)(10)(E)(ii); 1905(p)(3)(A)(i); 1905(s) |
| Specified Low Income Medicare Beneficiaries | Individuals with income between 100% and 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums. | ABD | 1902(a)(10)(E)(iii); 1905(p)(3)(A)(ii) |
| Qualifying Individuals | Individuals with income between 120% and 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums. | ABD | 1902(a)(10)(E)(iv); 1905(p)(3)(A)(ii) |
| Qualified Medicare Beneficiaries | Individuals with income equal to or less than 100% of the FPL who are entitled to Medicare Part A, who qualify for Medicare cost-sharing. | ABD | 1902(a)(10)(E)(i);1905(p) |
| TMA Rules | | | |
| Transitional Medical Assistance | Families with Medicaid eligibility extended for up to 12 months because of earnings. | Family/Adult | 408(a)(11)(A); 1902(a)(52); 1902(e)(1)(B); 1925; 1931(c)(2) |

Non-MAGI Populations: Optional Groups

| Eligibility Group | Short Description | Type | Citation |
|-------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------|
| <i>No Income Test</i> | | | |
| Certain Individuals Needing Treatment for Breast or Cervical Cancer | Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment. | Family/Adult | 42 CFR 435.213; 1902(a)(10)(A)(ii)(XVIII); 1902(aa) |
| Optional State Supplement Recipients - 1634 States, and SSI Criteria States with 1616 Agreements | Individuals in 1634 States and in SSI Criteria States with agreements under 1616, who receive a state supplementary payment (but not SSI). | ABD | 42 CFR 435.232; 1902(a)(10)(A)(ii)(IV) |
| Optional State Supplement Recipients - 209(b) States, and SSI Criteria States without 1616 Agreements | Individuals in 209(b) States and in SSI Criteria States without agreements under 1616, who receive a state supplementary payment (but not SSI). | ABD | 42 CFR 435.234; 1902(a)(10)(A)(ii)(XI) |
| <i>SSI or Other More Restrictive Counting Methodology</i> | | | |
| Work Incentives Eligibility Group | Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income. | ABD | 1902(a)(10)(A)(ii)(XIII) |
| Ticket to Work Basic Group | Individuals with earned income between ages 16 and 65 with a disability, with income and resources equal to or below a standard specified by the State. | ABD | 1902(a)(10)(A)(ii)(XV) |
| Ticket to Work Medical Improvements Group | Individuals with earned income between ages 16 and 65 who are no longer disabled but still have a medical impairment, with income and resources equal to or below a standard specified by the State. | ABD | 1902(a)(10)(A)(ii)(XVI) |
| Family Opportunity Act Children with Disabilities | Children under 19 who are disabled, with income equal to or less than a standard specified by the State (no higher than 300% of the FPL). | ABD | 1902(a)(10)(A)(ii)(XIX); 1902(cc) |
| <i>SSI or 209(b)</i> | | | |
| Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash | Individuals who meet the requirements of SSI or Optional State Supplement, but who do not receive cash. | ABD | 42 CFR 435.210 & 230; 1902(a)(10)(A)(ii)(I); 1902(v)(1); 1905(a) |

Non-MAGI Populations: Optional Groups (continued)

| Eligibility Group | Short Description | Type | Citation |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-------------------------------------------------|
| <i>SSI or 209(b) or AFDC</i> | | | |
| Individuals Eligible for Cash except for Institutionalization | Individuals who meet the requirements of AFDC, SSI or Optional State Supplement, and would be eligible if they were not living in a medical institution. | <i>ABD and Family/Adult</i> | 42 CFR 435.211; 1902(a)(10)(A)(ii)(IV); 1905(a) |
| Individuals Receiving Home and Community Based Services under Institutional Rules | Individuals who would be eligible for Medicaid under the State Plan if in a medical institution, who would live in an institution if they did not receive home and community based services. | <i>ABD and Family/Adult</i> | 42 CFR 435.217; 1902(a)(10)(A)(ii)(VI) |
| Institutionalized Individuals Eligible under a Special Income Level | Individuals who are in institutions for at least 30 consecutive days who are eligible under a special income level. | <i>ABD and Family/Adult</i> | 42 CFR 435.236; 1902(a)(10)(A)(ii)(V) |
| Individuals Eligible for Home and Community-Based Services | Individuals who are eligible for and will receive 1915(i) services, who either have income below 150% of the FPL or who meet the eligibility requirements for a 1915(c) waiver operating in the state. | <i>ABD and Family/Adult</i> | 1902(a)(10)(A)(ii)(XXII); 1915(i) |
| <i>SSI</i> | | | |
| Qualified Disabled Children under Age 19 | Certain children under 19 living at home, who are disabled and would be eligible if they were living in a medical institution. | <i>ABD</i> | 1902(e)(3) |
| Poverty Level Aged or Disabled | Individuals who are aged or disabled with income equal to or less than a percentage of the FPL, established by the state (no higher than 100%). | <i>ABD</i> | 1902(a)(10)(A)(ii)(X); 1902(m)(1) |
| Individuals participating in a PACE Program under Institutional Rules | Individuals who would be eligible for Medicaid under the State Plan if in a medical institution, who would require institutionalization if they did not participate in the PACE program. | <i>ABD</i> | 1934 |
| <i>SSI or AFDC</i> | | | |
| Individuals Receiving Hospice Care | Individuals who would be eligible for Medicaid under the State Plan if they were in a medical institution, who are terminally ill, and who will receive hospice care. | <i>ABD and Family/Adult</i> | 1902(a)(10)(A)(ii)(VII); 1905(o) |

Non-MAGI Populations: Medically Needy Groups

| Eligibility Group | Short Description | Type | Citation |
|----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------|
| <i>AFDC or MAGI</i> | | | |
| Medically Needy Pregnant Women | Women who are pregnant, who would qualify as categorically needy, except for income. | Family/Adult | 42 CFR 435.301(b)(1)(i) and (iv); 1902(a)(10)(C)(ii)(II) |
| Medically Needy Children under Age 18 | Children under 18 who would qualify as categorically needy, except for income. | Family/Adult | 42 CFR 435.301(b)(1)(ii); 1902(a)(10)(C)(ii)(II) |
| Medically Needy Children Age 18 through 20 | Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income. | Family/Adult | 42 CFR 435.308; 1902(a)(10)(C)(ii)(II) |
| Medically Needy Parents and Other Caretakers | Parents and other caretaker relatives of dependent children, eligible as categorically needy except for income. | Family/Adult | 42 CFR 435.310 |
| <i>SSI or 209(b)</i> | | | |
| Medically Needy Aged, Blind or Disabled | Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the State, or who meet the income standard using medical and remedial care expenses to offset excess income. | ABD | 42 CFR 435.320 and 435.330; 1902(a)(10)(C) |

Non-MAGI Populations: CHIP Mandatory Groups

| Eligibility Group | Short Description | Type | Citation |
|-----------------------|----------------------------------------------------------------------------------------------------------------|----------|----------|
| <i>No Income Test</i> | | | |
| Deemed Newborn | Children born to targeted low-income pregnant women who are deemed eligible for CHIP or Medicaid for one year. | Children | 2112(e) |