

ACA OPTIONS: FINAL ELIGIBILITY RULE

Provision	Regulatory Reference	Options	Position	
			Yes	No
Eligibility Determination	431.10 431.11	Ability to have eligibility determined by federal or state agencies other than the Medicaid agency or by local agencies under the supervision of the state agencies, or by an Exchange nongovernmental entity (whose final determination of Medicaid eligibility is limited to MAGI cases only).	X ¹	
Parent Linkage Deprivation	435.4	Option under “dependent child” to eliminate deprivation altogether.		X ²
Caretaker Relative Linkage	435.4	Option to expand the definition of caretaker relative to include another relative of the child based on blood (including those of half-blood), adoption, or marriage; the domestic partner of the parent or other caretaker relative; or an adult with whom the child is living and who assumes primary responsibility for the dependent child’s care.		X ³
Parent Linkage (Dependent Children)	435.110 435.4	Option to consider as a dependent child for parent deprivation linkage purposes, 18 year old adult children who are full-time students in secondary school (or equivalent vocational or technical training) if the adult child may reasonably be expected to complete such school or training before age 19.	X ⁴	
Pregnancy Related Services	435.116	Option to cover only pregnancy-related services (consistent with §§ 440.210(a)(2) & 440.250(p)) for pregnant women whose income exceeds the maximum income limit in the state plan, (Preamble p. 17149). The ACA basis for coverage of pregnant women is full-scope coverage and the maximum income limit in the State Plan referenced above to be the 1931(b) MAGI converted income limit.	X ⁵	
MN Coverage	435.119 435.218	Preamble (17148): States have the option to cover as MN those adults under age 65 who have income above the 435.119 new adult group (138 percent of the FPL) income limit or above the 435.218 new optional group (above 138 percent up to 200 percent of the FPL) income limit, provided those individuals meet the spend-down requirement.		X

¹Will authorize the Exchange to determine eligibility when the Exchange or CalHEERS receives a completed application and MAGI Medi-Cal eligibility can be determined based upon the application data elements that were initially submitted and that can be verified by the system without further documentation from the applicant or the need for human intervention.

² Will maintain deprivation linkage to assess individuals for purposes of determining those who are “oldly” eligible for FMAP claiming.

³ Will maintain current policy of how caretaker relative is defined consistent with ACWDLs 94-66 and 99-56.

⁴ Will maintain current policy of including 18 year old full time students for deprivation purposes, consistent with current 1931(b) policy, ACWDL 98-43.

⁵ Will maintain current policy of providing pregnancy-related service; will need to file a State Plan Amendment (SPA) to conform to ACA provisions related to providing pregnancy related services.

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Optional Coverage Group	435.218	Option to provide Medicaid coverage to individuals who are under age 65, to include pregnant women and children, and who are not eligible for and enrolled for optional or mandatory coverage under the State Plan with incomes above 138% FPL. Can phase in coverage via SPA.		X
MAGI Household Income	435.603	Option to include in household income actual available cash support that exceeds a nominal amount that is provided by a person claiming an individual who is not a spouse or biological, adopted, or step child as a tax dependent.		X
MAGI Standards	435.603	CMS has stated that if a State is able to demonstrate that application of MAGI-based methods to a MAGI excepted income standard converted for such methods is less restrictive than the methodologies and standard otherwise applied, a State may be able to convert its current income levels for eligibility groups to which MAGI-based methodologies do not apply to a MAGI-equivalent threshold by proposing a SPA in accordance with section 1902(r)(2). It further stated that alternatively, a State could seek to convert standards for MAGI-excepted groups to MAGI-based methods through a demonstration under section 1115.		X
Household Composition (Pregnant Women)	435.603	For determining the family size of the other individuals in the pregnant woman's household, states have the option to count the pregnant woman as either one or two, or to count her as one person plus each expected child, if more than one.	X ⁶	
Non-Tax Filer Household Composition (Dependent Children)	435.603	In determining household composition of non-tax filers, States have the option to consider children age 19 or 20 who are full time students to be members of the same household as the parents and other siblings under age 19.	X ⁷	
Basis of Financial Eligibility	435.603(h)(2)	For individuals who have been determined financially eligible for Medicaid under MAGI methodologies, a State may elect in its State Plan to base financial eligibility on either current monthly household income and family size or projected annual household income and family size for the remainder of the calendar year.	X ⁸	

⁶ Will count the pregnant woman plus the number of expected child(ren) consistent with current Medi-Cal policy.

⁷ Will count 19 and 20 year old students in the household composition which is consistent with current Medi-Cal policy (Title 22, Sections 50014 & 50030, relevant to AFDC/MN coverage and not 1931(b).

⁸ Will use current monthly income rather than projected annual income as the basis of financial eligibility; this is consistent with current Medi-Cal policy (Title 22, Section 50513). For purposes of establishing MAGI Medi-Cal income eligibility, the income limit will be set at 138 percent of the FPL and consistent with the use MAGI income standards, all 1931 (b) income disregards for both applicants and recipients will no longer apply effective January 1, 2014.

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Prorated Income	435.603(h)(3)	In determining current monthly or projected annual household income and family size for applicants/new enrollees and current beneficiaries (under paragraphs (h)(1) or (h)(2)), the agency may adopt a reasonable method to include a prorated portion of reasonably predicted future income, adopt a reasonable method to account for a reasonably predictable increase or decrease in future income, or both as evidenced by clear indicia of such future changes in income.		X
Application	435.907	Option to use the federally developed single, streamlined application for all insurance affordability programs or an alternate single, streamlined application which may be no more burdensome, approved by CMS.	X ⁹	
Application	435.907	For the Non-MAGI population the state has the option to use the single streamlined application form described above and supplemental forms to collect additional information needed to determine eligibility, or develop a separate single streamlined application.	X ¹⁰	
Application (limits on Information)	435.907	Option to request information necessary to determine eligibility for other insurance affordability or for other benefit programs, i.e. multi-benefit application.		X
Renewal Response Period	453.916	Option to extend <u>beyond</u> 30 day response period for individuals to respond and provide information necessary to complete renewal.		X
Reconsideration Period	435.916	Option to extend <u>beyond</u> 90 day reconsideration period to submit renewal form without requiring a new application for a person who has been terminated for failure to submit a renewal form or necessary information. Medi-Cal eligibility will be granted in back months if beneficiary is otherwise eligible.		X
Renewal Form	435.916	Option to use a pre-populated renewal form for non-MAGI population individuals whose eligibility cannot be renewed based upon electronic verification, or known/learned knowledge.		X
Renewal Date	435.916	Option to reset renewal date upon review of a change of circumstances reported.		X
Coverage Period	435.917	Option to extend Medicaid or CHIP coverage until the end of the month.	X ¹¹	

⁹ Will develop a state-developed single streamlined application consistent with Welfare and Institutions Code (W&I C), Section 15926(c)(1) in consultation with MRMIB, the Exchange and stakeholders consistent with W&I C, section 15925(b).

¹⁰ Will seek authority to implement the use of supplemental forms for use with the single streamlined application for Non-MAGI eligible populations.

¹¹ Will maintain current policy of month to month Medi-Cal eligibility.

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Verification	435.945	Option to <u>not</u> use the federal hub when available, but must receive approval.		X
Verification	435.945	Option to accept self-attestation and verify all eligibility criteria, with the exception of citizenship and immigration status, post eligibility. May accept self attestation or data verification for establishing State residency. Must accept self-attestation for pregnancy (435.956) unless State has information that is not reasonably compatible.		X ¹²
Verification	435.952	Option to reconcile not reasonably compatible electronic verification through use of an applicant statement or other information which may include paper documentation.	X ¹³	
Verification	435.592	States currently have the flexibility to determine the frequency of data matches between regular eligibility renewals (Preamble, p. 17174).	X ¹⁴	
Coordination	435.1200	Option to enter into agreement with Exchange to make determinations of eligibility for advance premium tax credits and cost sharing restrictions. <i>Exchange Final Rule: 45 CFR 115.110(a)(2)</i>		X
Presumptive Eligibility (PE)	ACA Section 2202	Pursuant to Section 2202 of ACA, hospitals have the ability to grant PE to covered Medicaid populations whether or not the Single State Agency has elected for this option under its State Plan.		X ¹⁵

¹²Will seek authority to continue to use paper verifications for establishing CA residency and to verify all required information before granting eligibility as per current policy.

¹³Will seek to continue current policy of accepting paper verifications/applicant statements when needed to reconcile data that is not reasonably compatible via electronic verifications.

¹⁴ Frequency of data matches will be outlined in verification plan in accordance with forthcoming federal guidance.

¹⁵ Federal guidance is forthcoming on the use of PE and its application to other populations. Will seek to continue current Medi-Cal policy in providing PE to children, pregnant women and individuals eligible for the Breast and Cervical Cancer Treatment Program.