

## STATES OPTIONS: FINAL ELIGIBILITY RULE

Provision	Regulatory Reference	Options	Discussion
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).	
FMAP Methodology	433.10	Options for establishing the increased FMAP methodology for newly eligible.	
Income Conversion	433.10	Choose an income conversion methodology.	
Parent Linkage Deprivation	435.4	Option under “dependent child” to eliminate deprivation altogether.	
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.	
Parent Linkage Dependent Children	435.4	Option to consider as a dependent child an 18 year old full-time students in secondary school (or equivalent vocational or technical training) if the child may reasonably be expected to complete such school or training before age 19.	
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).	

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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% FPL) income limit or above the 435.218 new optional group (139%-200%) income limit, provided those individuals meet the spend-down requirement.	
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 133% FPL.  Option to phase in coverage via SPA.	
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.	
MAGI Standards	435.603	Note: 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	

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		MAGI-excepted groups to MAGI-based methods through a demonstration under section 1115.	
Household Composition	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.	
Household Composition	435.603	In determining household composition, States have the option to consider tax dependent children and siblings 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.	
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.	
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.	
Application	435.907	Option to use the federally developed single, streamlined	

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		application for all insurance affordability programs or an alternate single, streamlined application which may be no more burdensome, approved by CMS.	
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 a separate application designed specifically to determine eligibility on a basis other than MAGI.	
Application	435.907	Option to request information necessary to determine eligibility for other insurance affordability programs.	
Renewal Response Period	453.916	Option to extend beyond 30 day response period for individuals to respond and provide information necessary to complete renewal.	
Reconsideration Period	435.916	Option to extend beyond 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.	
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.	
Renewal Date	435.916	Option to reset renewal date upon review of a change of circumstances reported.	
Coverage Period	435.917	Option to extend Medicaid or CHIP coverage until the end of the month, a current Medi-Cal policy.	

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Verification	435.945	Option to <u>not</u> use the federal hub when available but must receive approval.	
Verification	435.945	<p>Option to accept self-attestation and verify all eligibility criteria, with the exception of citizenship and immigration status, post eligibility.</p> <p>Must accept self-attestation for pregnancy (435.956) unless State has information that is not reasonably compatible</p>	
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.	
Verification	435.592	States currently have the flexibility to determine the frequency of data matches between regular eligibility renewals (Preamble, p. 17174).	
Coordination	435.1200	Option to enter into agreement with Exchange to make determinations of eligibility for advance premium tax credits and cost sharing restrictions.	
Coordination	435.1200 115.302(b)	Option for Exchange to conduct more limited Medicaid eligibility assessment/screen instead of full determination.	