H-0000   ELIGIBILITY DETERMINATIONS

H-100   GENERAL INFORMATION

To determine eligibility, you must:

- Have a complete application form; and

- Verify all eligibility factors.

During the application review process:

- Determine who is applying;

- Determine what kind of assistance is being requested; and

- Offer assistance to household members for whom assistance is not requested, if appropriate.

H-100.1   Selecting A Program

In order to protect the rights of the applicant, review the applicant's circumstances and potential eligibility in all programs for which the applicant may qualify.

Refer to E-0000 Category, F-0000 Medical Programs, and I-0000 Eligibility Factors. The agency representative shall consider:

- MAGI-related groups:

  o Adults;

  o Pregnant women; and/or

  o Children under age 19.

    See **H-110 Roll-Down for MAGI-Related Assistance** .

- Non-MAGI-Related programs, such as:

  o Provisional Medicaid (PM), for applicants/enrollees who are aged (65 or older) or disabled and meet all eligibility requirements in the Supplemental Security Income (SSI) program. Refer to H-3300 Provisional Medicaid;

o Family Opportunity Act Medicaid Buy-In Program (FOA), for children with disabilities and family gross income at or below 300 percent of the Federal Poverty Limit (FPL). Refer to H-2300 Family Opportunity Act Medicaid Buy-in Program;

o Qualified Medicare Beneficiary (QMB), for all applicants or enrollees who are entitled to or enrolled in Medicare Part A. Consider QMB Plus eligibility before considering eligibility for QMB Only. Refer to H-1100 Qualified Medicare Beneficiary (QMB);

o Specified Low-Income Medicare Beneficiary (SLMB), for all applicants/enrollees who are entitled to or enrolled in Medicare Part A. Consider SLMB Plus eligibility before considering eligibility for SLMB Only. Refer to H-1300 Specified Low-Income Medicare Beneficiary;

o Qualified Individuals (QI), for all applicants/enrollees who are entitled to or enrolled in Medicare Part A. Refer to H-2000 Qualified Individuals (QI);

o Qualified Disabled and Working Individual (QDWI). Refer to H-1200 Qualified Disabled and Working Individuals (QDWI); and

o Extended Medicaid (Disabled Adult Children (DAC), Disabled Widows/Widowers (DW/W), Early Widows/Widowers (EW/W), Pickle, and Disabled Widows/Widowers/Divorced Spouses with no Substantial Gainful Activity (SGA Disabled W/W/DS)), for every former SSI recipient who applies for Medicaid. Refer to H-600 Extended Medicaid.

o Medicaid Purchase Plan, for people with disabilities who work. Refer to H-2100 Medicaid Purchase Plan (MPP).

o Act 421 Children's Medicaid Option (TEFRA) for children with disabilities who live in the community and who meet level of care provided in an institution. Refer to H-3800 Act 421 - Children's Medicaid Option (TEFRA).

o Eligibility for long term care (LTC) for applicants in or who will enter a LTC facility (refer to H-800 Long Term Care), or who have been offered an opportunity for home and

community based services (HCBS). Refer to H-900 Home and Community Based Services (HCBS).

o Spend-Down Medically Needy Program (SD-MNP) eligibility for applicants denied Medicaid because of income **. Refer to H-1000 Medically Needy Program – General Information. See also H-110 Roll-down for MAGI-related Assistance.

o Individuals with little or no income who have been or expected to be continuously institutionalized in an acute care facility (for example, in a hospital or rehabilitation center) for at least thirty (30) days may be eligible for Medicaid.

Example:
An individual with a community spouse and resources that exceed the allowable limits for another Medicaid program may be eligible using spousal impoverishment resource provisions. Refer to I-1660 Spousal Impoverishment Resource Provisions (LTC/HCBS).

An applicant has the right to apply for Medicaid in any program. If the applicant/enrollee insists on including persons in a program for which they are obviously ineligible, complete the eligibility process and certify only eligible individuals. Notify the applicant of the individuals found ineligible.

Once a program has been selected, determine eligibility in accordance with policy for that program.

H-100.2   Evaluation of Eligibility in Other Programs

Eligibility in other assistance programs must be considered and the applicant/enrollee must be advised of other programs for which he may be eligible if:

- At any point during the application process an applicant is determined ineligible;

- At any point after certification an enrollee is determined ineligible; or

- A new member enters the household.

SD-MNP eligibility must be considered if the applicant/enrollee is

income ineligible for all programs.

Note:
Eligibility for children under age 19 is continuous for twelve (12) months, unless:

- The child moves out of state;

- The child dies;

- A written request for closure is received; or

- The child reaches age 19.

Continuous eligibility begins in the month of application. Refer to H-1900 Continuous Eligibility for more information.

H-100.3   Reserved

H-110   ROLL-DOWN FOR MAGI-RELATED ASSISTANCE

There is a specific order for considering the kinds of assistance for which MAGI-related Medicaid eligibility must be examined.

The order is as follows**:**

- Parent and Caretaker Relatives Group (PCR)**;**

- Former Foster Care (FFC);

    Note:
    If an individual is eligible for both the FFC program and the optional AG program, enroll the individual in FFC.

- Pregnant Women Group (PW);

- Adult Group (AG);

- Children Under Age 19 Group;

    Note:
    If a child under age 19 is eligible for both CHAMP and the PW program, enroll the child in CHAMP.

- Transitional Medical Assistance, Continued Medicaid;

- Regular MNP;

- MAGI-related SD-MNP; and,

- Take Charge Plus (TCP).

  Note:
  Due to the conversion of net income standards to MAGI equivalent income standards, individuals who would have qualified for Regular MAGI-related MNP qualify under the Parent and Caretakers Relatives Group.

H-110.1   MAGI-Related Eligibility Groups

An individual may be considered for MAGI-related MNP only when that individual has been:

- Appropriately included in a MAGI-related eligibility group (PCR, Pregnant Women, a Children under age 19 group, or Continued Medicaid); and

- Denied Medicaid because of income.

  Note:
  Individuals determined income ineligible for the AG are not considered for SD-MNP. An individual must be a parent, a caretaker relative, a pregnant woman, a child under age 19, or in a Continued Medicaid program for eligibility to be considered in MAGI-related SD-MNP.

Applicants can be certified in only one full-benefit MAGI-related eligibility group.

Medicaid enrollees who become ineligible shall be considered for eligibility in all other programs before being closed.

H-110.2   Medically Needy

The Medically Needy Program (MNP) must, by regulation and interpretation, serve persons who are not eligible in a MAGI-related or Non-MAGI-related assistance group because of income. All persons must first be considered for assistance in a MAGI-related or Non-MAGI-related program. Only if the individual is ineligible for assistance because of income can MNP be considered

Only if the applicant does not qualify for coverage because of income under any of the following MAGI-related eligibility groups can eligibility in SD-MNP be considered:

- Parents and Caretaker Relatives Group;

- Pregnant Women Group; and

- Children Under Age 19 Group.

Note:
Individuals determined income ineligible for the AG program are not considered for SD-MNP. An individual must be a parent/caretaker relative, pregnant woman, or a child for eligibility to be considered in MAGI-related SD-MNP.

Refer to H-1021.4 Establish Need, which specifies who is to be included in the medically needy income eligibility standard (MNIES).

H-110.3   Documentation

Document that all full Medicaid coverage programs were considered prior to a SD-MNP Program determination.

H-110.4   Roll-Down Flowchart For MAGI-Related Rejections, Closures, Or Removal Of Ineligible Enrollees

MAGI Groups (non-aged, blind, disabled)		
Non-disabled Adults	Children under age 19	Pregnant women
PCR Income to 24% FPL	**CHAMP** Income to 147% FPL	**CHAMP** Income to 147% FPL
↓	↓	↓
Former Foster Care (age 18 to 26; no income test; If eligible for both FFC and AG programs, enroll the individual in FFC.)	**LaCHIP** Income 148% to 255% FPL	**Medicaid** Citizens & Legal Immigrants Income to 138% FPL
↓		↓
Loses PCR/FITAP coverage due to increased income **Transitional Medicaid** (up to 1 year additional coverage)		**CHIP (Unborn Option)** Citizens & Legal Immigrants Income 139% to 214% FPL
↓		↓
Adult Group **Income to 138 % FPL** (no Medicare coverage)		**Documented/Undocumented Non-immigrants** Income to 214% FPL
↓	↓	↓

If over the income limit for above (except for AG), consider <u>Regular</u> MNP and SD-MNP.
(Non-immigrant pregnant women who fall to MNP can only be covered
for emergency medical services, which include labor and deliver)

↓

TCP
Income to 138% FPL
(family planning coverage only)

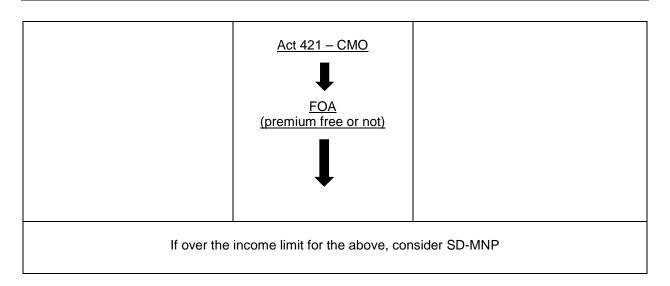## H-120 ROLL-DOWN FLOWCHARTS FOR NON-MAGI-RELATED REJECTIONS, CLOSURES, OR REMOVAL OF INELIGIBLE ENROLLEES

There is also a specific order for considering the kinds of assistance for which Non-MAGI Medicaid eligibility must be examined.

SD-MNP must, by regulation and interpretation, serve persons who are not eligible in another assistance group because of income. All persons must first be considered for assistance in a non-MAGI-related program. Only if the individual is ineligible for assistance because of income can SD-MNP be considered.

H-120.1 Roll-Down Flowchart For Non-MAGI-related (Formerly Aged, Blind, And Disabled Categories) Rejections, Closures, Or Removal Of Ineligible Enrollees

**

NON-MAGI Groups		
ABD Adults (over 19)	Disabled Children under 19	LTC
Provisional Medicaid ⬇ Extended Medicaid Previously had SSI but lost it due to change in income. DAC, D/W/W, E/W/W, Pickle and SGA Disabled W/W/DS ⬇ MPP Age 16-64, disabled and working ⬇	Provisional Medicaid ⬇ Extended Medicaid Previously had SSI but lost it due to change in income. Extended Medicaid Programs: DAC (Age >18) OR Pickle ⬇ MPP Age (16-64) Disabled and working ⬇	Individuals admitted to Nursing Facility or HCBS Waiver ⬇

	Act 421 – CMO ↓ FOA (premium free or not) ↓	
If over the income limit for the above, consider SD-MNP		

H-120.2   Roll-Down Flowchart for Other Rejections, Closures, Or Removal Of Ineligible Enrollees

Other Programs			
Breast & Cervical Health (If not eligible for full benefits under another program)	Emergency Medical Services	Medicare Savings Programs	Tuberculosis
Screened through CDC program and found to be in need of treatment for breast or cervical cancer (No income requirement for Medicaid but must be under 250% FPL to be screened through CDC)	Individuals who otherwise meet criteria for a Medicaid program except for citizenship status. (coverage limited to services needed for treatment of certain emergency situations including labor and delivery)	QMB ⬇ SLMB ⬇ QI ⬇ QDWI	Diagnosed as, or suspected of, being infected with Tuberculosis 160% FPL MAGI-related