

Title of Rule: Revision to the Medical Assistance Eligibility Rules Concerning Section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) at section 8.100.4.G.2  
Rule Number: MSB 15-02-23-A  
Division / Contact / Phone: Eligibility Division / Ana Bordallo / 303-866-3239

## STATEMENT OF BASIS AND PURPOSE

1. Summary of the basis and purpose for the rule or rule change. (State what the rule says or does and explain why the rule or rule change is necessary).

The purpose of the rule change is to make revisions to the current policy regarding lawfully residing children who do not meet the 5-year waiting period. In 2009 Colorado House Bill 09-1353 authorized the Department to remove the 5-year waiting period for all lawfully residing children and pregnant women. Also as part of this revision the definition for "Legal Immigrant" and Legal Prenatal will be updated. Changes to the Colorado Benefits Management System (CBMS) will be made to be in alignment with federal and state regulations effective July 1, 2015.

2. An emergency rule-making is imperatively necessary

to comply with state or federal law or federal regulation and/or

for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

Section 214 of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) which amends section 2107 of the Act, codified at 42 U.S.C 1396b(v)(4)(A).

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2014);  
Colorado House Bill 09-1353, codified as sections 25.5-5-101(2)(b)(II); 25.5-5-201(2)(b); 25.5-8-109(6)

Initial Review **04/10/2015**

Final Adoption **05/08/2015**

Proposed Effective Date **07/01/2015**

Emergency Adoption

**DOCUMENT #02**

AB

Title of Rule: Revision to the Medical Assistance Eligibility Rules Concerning Section 214 of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) at section 8.100.4.G.2

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**REGULATORY ANALYSIS**

1. Describe the classes of persons who will be affected by the proposed rule, including classes that will bear the costs of the proposed rule and classes that will benefit from the proposed rule.

The proposed rule will impact children who are lawfully residing and who have not met 5-year waiting period. The proposed rule will benefit these children by eliminating the 5-year waiting period and making them eligible for Medicaid, as long as all other eligibility criteria are met.

2. To the extent practicable, describe the probable quantitative and qualitative impact of the proposed rule, economic or otherwise, upon affected classes of persons.

The proposed rule will allow lawfully residing children who have not met the 5-year waiting period to be eligible for Medicaid.

3. Discuss the probable costs to the Department and to any other agency of the implementation and enforcement of the proposed rule and any anticipated effect on state revenues.

Eliminating the 5-year waiting period for children that are lawfully residing in the United States for less than 5 years will increase the State's expenditure as this change will expand eligibility for Medicaid. See tables for details on cost estimates. The 5-year waiting period has already been removed for Medicaid eligible pregnant women, this rule needs to be implemented for Medicaid eligible children.

Medicaid Expenditures		
	FFY 2014-15	FFY 2015-16
MAGI Eligible Children	380	1,719
Medical Per Capita	\$1,756.32	\$1,745.21
BH Per Capita	\$236.24	\$238.75
MAGI Eligible Children Expenditure	\$757,173	\$3,410,427
SB 11-008 Eligible Children	45	206
Medical Per Capita	\$1,516.86	\$1,507.80
BH Per Capita	\$236.24	\$238.75
SB 11-008 Eligible Children Expenditure	\$78,890	\$359,789
Total Expenditure	\$836,063	\$3,770,216
State Share	\$400,187	\$1,722,035
Federal Share	\$435,876	\$2,048,181

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4. Compare the probable costs and benefits of the proposed rule to the probable costs and benefits of inaction.

The Department expects an increase in expenditure of \$898,378 total funds in FFY 2014-15 and \$4,056,176 in FFY 2015-16. This rule was approved under HB 09-1353 and was partially implemented. Currently Colorado provides Medicaid coverage to legally residing pregnant women that have not met the 5-year waiting period. This proposed rule change would complete the implementation of HB 09-1353. Inaction would leave Medicaid eligible children who have been lawfully residing in the United States for less than 5 years without medical assistance.

5. Determine whether there are less costly methods or less intrusive methods for achieving the purpose of the proposed rule.

There is not a less costly method to achieve the purpose of this proposed rule.

6. Describe any alternative methods for achieving the purpose for the proposed rule that were seriously considered by the Department and the reasons why they were rejected in favor of the proposed rule.

There are no alternative methods for the proposed rule the Department considered.

## 1 **8.100.1 Definitions**

2 300% Institutionalized Special Income Group is a Medical Assistance category that provides  
3 Long-Term Care Services to aged or disabled individuals.

4 1619b is section 1619b of the Social Security Act which allows individuals who are eligible for  
5 Supplemental Security Income (SSI) to continue to be eligible for Medical Assistance coverage  
6 after they return to work.

7 AB - Aid to the Blind is a program which provides financial assistance to low-income blind  
8 persons.

9 ABD - Aged, Blind and Disabled Medical Assistance is a group of Medical Assistance categories  
10 for individuals that have been deemed to be aged, blind, or disabled by the Social Security  
11 Administration or the Department.

12 Adult MAGI Medical Assistance group provides Medical Assistance to eligible adults from the age  
13 of 19 through the end of the month that the individual turns 65, who do not receive or who are  
14 ineligible for Medicare.

15 AND - Aid to Needy Disabled is a program which provides financial assistance to low-income  
16 persons over age 18 who have a total disability which is expected to last six months or longer and  
17 prevents them from working.

18 AFDC - Aid to Families with Dependent Children is the Title IV federal assistance program in  
19 effect from 1935 to 1997 which was administered by the United States Department of Health and  
20 Human Services. This program provided financial assistance to children whose families had low  
21 or no income.

22 AP-5615 is the form used to determine the patient payment for clients in nursing facilities  
23 receiving Long Term Care.

24 Alien is a person who was not born in the United States and who is not a naturalized citizen.

25 Ambulatory Services is any medical care delivered on an outpatient basis.

26 Annuity is an investment vehicle whereby an individual establishes a right to receive fixed  
27 periodic payments, either for life or a term of years.

28 Applicant is an individual who is seeking an eligibility determination for Medical Assistance  
29 through the submission of an application.

30 Application Date is the date the application is received and date-stamped by the eligibility site or  
31 the date the application was received and date-stamped by an Application Assistance site or  
32 Presumptive Eligibility site. In the absence of a date-stamp, the application date is the date that  
33 the application was signed by the client.

34 Application for Public Assistance is the designated application used to determine eligibility for  
35 financial assistance. It can also be used to determine eligibility for Medical Assistance.

36 Blindness is defined in this volume as the total lack of vision or vision in the better eye of 20/200  
37 or less with the use of a correcting lens and/or tunnel vision to the extent that the field of vision is  
38 no greater than 20 degrees.

- 1 Burial Spaces are burial plots, gravesites, crypts, mausoleums, urns, niches and other customary  
2 and traditional repositories for the deceased's bodily remains provided such spaces are owned by  
3 the individual or are held for his or her use, including necessary and reasonable improvements or  
4 additions to or upon such burial spaces such as: vaults, headstones, markers, plaques, or burial  
5 containers and arrangements for opening and closing the gravesite for burial of the deceased.
- 6 Burial Trusts are irrevocable pre-need funeral agreements with a funeral director or other entity to  
7 meet the expenses associated with burial for Medical Assistance applicants/recipients. The  
8 agreement can include burial spaces as well as the services of the funeral director.
- 9 Caretaker Relative is any relation by blood, marriage or adoption who is within the fifth degree of  
10 kinship to the dependent child, such as: a parent; a brother, sister, uncle, aunt, first cousin, first  
11 cousin once removed, nephew, niece, or persons of preceding generations denoted by prefixes of  
12 grand, great, great great, or great-great-great; a spouse of any person included in the above  
13 groups even after the marriage is terminated by death or divorce; or stepparent, stepbrother,  
14 stepsister, step-aunt, etc.
- 15 Case management services are services provided by community mental health centers, clinics,  
16 community centered boards, and EPSDT case managers to assist in providing services to  
17 Medical Assistance clients in gaining access to needed medical, social, educational and other  
18 services.
- 19 Cash surrender value is the amount the insurer will pay to the owner upon cancellation of the  
20 policy before the death of the insured or before maturity of the policy.
- 21 Categorically eligible means persons who are eligible for Medical Assistance due to their eligibility  
22 for one or more Federal categories of public assistance.
- 23 CBMS - Colorado Benefits Management System is the computer system that determines an  
24 applicant's eligibility for public assistance in the state of Colorado.
- 25 CDHS -Colorado Department of Human Services is the state department responsible for  
26 administering the social service and financial assistance programs for Colorado.
- 27 Children MAGI Medical Assistance group provides Medical Assistance coverage to tax  
28 dependents or otherwise eligible applicants through the end of the month that the individual turns  
29 19 years old.
- 30 Child Support Services is a CDHS program that assures that all children receive financial and  
31 medical support from each parent. This is accomplished by locating each parent, establishing  
32 paternity and support obligations, and enforcing those obligations.
- 33 Citizen is a person who was born in the United States or who has been naturalized.
- 34 Client is a person who is eligible for the Medical Assistance Program. "Client" is used  
35 interchangeably with "recipient" when the person is eligible for the program.
- 36 CMS - Centers for Medicare and Medicaid Services is the Federal agency within the US  
37 Department of Health and Human Services that partners with the states to administer Medicaid  
38 and CHP+ via State Plans in effect for each State. Colorado is in Region VIII.
- 39 CHP+ - Child Health Plan Plus is low-cost health insurance for Colorado's uninsured children and  
40 pregnant women. CHP+ is public health insurance for children and pregnant women who earn too  
41 much to qualify for The Medical Assistance Program, but cannot afford private health insurance.

- 1 COLA - Cost of Living Adjustment is an annual increase in the dollar value of benefits made  
2 automatically by the United States Department of Health and Human Services or the state in  
3 OASDI, SSI and OAP cases to account for rises in the cost of living due to inflation.
- 4 Colorado State Plan is a written statement which describes the purpose, nature, and scope of the  
5 Colorado's Medical Assistance Program. The Plan is submitted to the CMS and assures that the  
6 program is administered consistently within specific requirements set forth in both the Social  
7 Security Act and the Code of Federal Regulations (CFR) in order for a state to be eligible for  
8 Federal Financial Participation (FFP).
- 9 Common Law Marriage is legally recognized as a marriage in the State of Colorado under certain  
10 circumstances even though no legally recognized marriage ceremony is performed or civil  
11 marriage contract is executed. Individuals declaring or publicly holding themselves out as a  
12 married couple through verbal or written methods may be recognized as legally married under  
13 state law. C.R.S. § 14-2-104(3).
- 14 Community Centered Boards are private non-profit organizations designated in statute as the  
15 single entry point into the long-term service and support system for persons with developmental  
16 disabilities.
- 17 Community Spouse is the spouse of an institutionalized spouse.
- 18 Community Spouse Resource Allowance is the amount of resources that the Medical Assistance  
19 regulations permit the spouse staying at home to retain.
- 20 Complete application means an application in which all questions have been answered, which is  
21 signed, and for which all required verifications have been submitted.
- 22 The Department is defined in this volume as the Colorado Department of Health Care Policy and  
23 Financing which is responsible for administering the Colorado Medical Assistance Program and  
24 Child Health Plan Plus programs as well as other State-funded health care programs.
- 25 Dependent child is defined in this volume as a child under the age of 19 residing in the home or  
26 between the ages of 18 and 19 who is a full time student in a secondary school or in the  
27 equivalent level of vocational or technical training and expected to complete the program before  
28 age 19.
- 29 Dependent relative for purposes of this rule is defined as one who is claimed as a dependent by  
30 an applicant for federal income tax purposes.
- 31 Disability means the inability to do any substantial gainful activity (or, in the case of a child,  
32 having marked and severe functional limitations) by reason of a medically determinable physical  
33 or mental impairment(s) which can be expected to result in death or which has lasted or can be  
34 expected to last for a continuous period of 12 months or more.
- 35 Dual eligible clients are Medicare beneficiaries who are also eligible for Medical Assistance.
- 36 Earned Income is defined for purposes of this volume as any compensation from participation in a  
37 business, including wages, salary, tips, commissions and bonuses.
- 38 Earned Income Disregards are the allowable deductions and exclusions subtracted from the  
39 gross earnings. Income disregards vary in amount and type, depending on the category of  
40 assistance.

- 1 Electronic data source is an interface established with a federal or state agency, commercial  
2 entity, or other data sources obtained through data sharing agreements to verify data used in  
3 determining eligibility. The active interfaces are identified in the Department's verification plan  
4 submitted to CMS.
- 5 Eligibility site is defined in this volume as a location outside of the Department that has been  
6 deemed by the Department as eligible to accept applications and determine eligibility for  
7 applicants.
- 8 Employed means that an individual has earned income and is working part time, full time or is  
9 self-employed, and has proof of employment. Volunteer or in-kind work is not considered  
10 employment.
- 11 EPSDT- Early Periodic Screening, Diagnosis and Treatment is the child health component of the  
12 Medical Assistance Program. It is required in every state and is designed to improve the health of  
13 low-income children by financing appropriate, medically necessary services and providing  
14 outreach and case management services for all eligible individuals.
- 15 Equity value is the fair market value of land or other asset less any encumbrances.
- 16 Ex Parte Review is an administrative review of eligibility during a redetermination period in lieu of  
17 performing a redetermination from the client. This administrative review is performed by verifying  
18 current information obtained from another current aid program.
- 19 Face value of a life insurance policy is the basic death benefit of the policy exclusive of dividend  
20 additions or additional amounts payable because of accidental death or other special provisions.
- 21 Fair market value is the average price a similar property will sell for on the open market to a  
22 private individual in the particular geographic area involved. Also, the price at which the property  
23 would change hands between a willing buyer and a willing seller, neither being under any  
24 pressure to buy or to sell and both having reasonable knowledge of relevant facts.
- 25 FBR - The Federal Benefit Rate is the monthly Supplemental Security Income payment amount  
26 for a single individual or a couple. The FBR is used by the Aged, Blind and Disabled Medical  
27 Assistance Programs as the eligibility income limits.
- 28 FFP - Federal Financial Participation as defined in this volume is the amount or percentage of  
29 funds provided by the Federal Government to administer the Colorado Medical Assistance  
30 Program.
- 31 FPL - Federal Poverty Level is a simplified version of the federal poverty thresholds used to  
32 determine financial eligibility for assistance programs. The thresholds are issued each year in the  
33 Federal Register by the Department of Health and Human Services (HHS).
- 34 Good Cause is the client's justification for needing additional time due to extenuating  
35 circumstances, usually used when extending deadlines for submittal of required documentation.
- 36 Good Cause for child support is the specific process and criteria that can be applied when a client  
37 is refusing to cooperate in the establishment of paternity or establishment and enforcement of a  
38 child support order due to extenuating circumstances.
- 39 HCBS are Home and Community Based Services are also referred to as "waiver programs".  
40 HCBS provides services beyond those covered by the Medical Assistance Program that enable  
41 individuals to remain in a community setting rather than being admitted to a Long-Term Care  
42 institution.

- 1 Inpatient is an individual who has been admitted to a medical institution on recommendation of a  
2 physician or dentist and who receives room, board and professional services for 24 hours or  
3 longer, or is expected to receive these services for 24 hours or longer.
- 4 Institution is an establishment that furnishes, in single or multiple facilities, food, shelter and some  
5 treatment or services to four or more persons unrelated to the proprietor.
- 6 Institutionalization is the commitment of a patient to a health care facility for treatment.
- 7 An institutionalized individual is one who is institutionalized in a medical facility, a Long-Term  
8 Care institution, or applying for or receiving Home and Community Based Services (HCBS) or the  
9 Program of All Inclusive Care for the Elderly (PACE).
- 10 Institutionalized Spouse is a Medicaid eligible client who begins a stay in a medical institution or  
11 nursing facility on or after September 30, 1989, or is first enrolled as a Medical Assistance client  
12 in the Program of All Inclusive Care for the Elderly (PACE) on or after October 10, 1997, or  
13 receives Home and Community Based Services (HCBS) on or after July 1, 1999; and is married  
14 to a spouse who is not in a medical institution or nursing facility. An institutionalized spouse does  
15 not include any such individual who is not likely to be in a medical institution or nursing facility or  
16 to receive HCBS or PACE for at least 30 consecutive days. Irrevocable means that the contract,  
17 trust, or other arrangement cannot be terminated, and that the funds cannot be used for any  
18 purpose other than outlined in the document.
- 19 Insurance Affordability Program (IAP) refers to Medicaid, Child Health Plan *Plus* (CHP+), and  
20 premium and cost-sharing assistance for purchasing private health insurance through state  
21 insurance marketplace.
- 22 Legal Immigrant is an individual who is not a United States citizen or national and ~~has been~~  
23 permitted to remain in the United States by the United States Citizenship and Immigration  
24 Services (USCIS) either temporarily or as an actual or prospective permanent resident or whose  
25 extended physical presence in the United States is known to and allowed by USCIS.
- 26 Legal Immigrant Prenatal is a mmedical assistance program that provides medical coverage for  
27 pregnant legal immigrants who have been legal immigrants for less than five years.
- 28 Limited Disability for the Medicaid Buy-In Program for Working Adults with Disabilities means that  
29 an individual has a disability that would meet the definition of disability under SSA without regard  
30 to Substantial Gainful Activity (SGA).
- 31 Long-Term Care is Medical Assistance services that provides nursing-home care, home-health  
32 care, personal or adult day care for individuals aged at least 65 years or with a chronic or  
33 disabling condition.
- 34 Long-Term Care institution means class I nursing facilities, intermediate care facilities for the  
35 mentally retarded (ICF/MR) and swing bed facilities. Long-Term Care institutions can include  
36 hospitals.
- 37 Managed care system is a system for providing health care services which integrates both the  
38 delivery and the financing of health care services in an attempt to provide access to medical  
39 services while containing the cost and use of medical care.
- 40 Medical Assistance is defined as all medical programs administered by the Department of Health  
41 Care Policy and Financing. Medical Assistance/Medicaid joint state/federal health benefits  
42 program for individuals and families with low income and resources. It is an entitlement program

- 1 that is jointly funded by the states and federal government and administered by the state. This  
2 program provides for payment of all or part of the cost of care for medical services.
- 3 Medical Assistance Required Household is defined for purposes of this volume as all parents or  
4 caretaker relatives, spouses, and dependent children residing in the same home.
- 5 Minimal verification is defined in this volume as the minimum amount of information needed to  
6 process an application for benefits. No other verification can be requested from clients unless the  
7 information provided is questionable or inconsistent.
- 8 MMMNA - Minimum Monthly Maintenance Needs Allowance is the calculation used to determine  
9 the amount of institutionalized spouse's income that the community spouse is allowed to retain to  
10 meet their monthly living needs.
- 11 Modified Adjusted Gross Income (MAGI) refers to the methodology by which income and  
12 household composition are determined for the MAGI Medical Assistance groups under the  
13 Affordable Care Act. These MAGI groups include Parents and Caretaker Relatives, Pregnant  
14 Women, Children, and Adults. For a more complete description of the MAGI categories and  
15 pursuant rules, please refer to section 8.100.4.
- 16 MIA - Monthly Income Allowance is the amount of institutionalized spouse's income that the  
17 community spouse is allowed to retain to meet their monthly living needs.
- 18 MSP - Medicare Savings Program is a Medical Assistance Program to assist in the payment of  
19 Medicare premium, coinsurance and deductible amounts. There are four groups that are eligible  
20 for payment or part-payment of Medicare premiums, coinsurance and deductibles: Qualified  
21 Medicare Beneficiaries (QMBs), Specified Low-Income Medicare Beneficiaries (SLIMBs),  
22 Qualified Disabled and Working Individuals (QDWIs), and Qualifying Individuals – 1 (QI-1s).
- 23 Non-Filer is an individual who neither files a tax return nor is claimed as a tax dependent. For a  
24 more complete description of how household composition is determined for the MAGI Medical  
25 Assistance groups, please refer to the MAGI household composition section at 8.100.4.E.
- 26 Nursing Facility is a facility or distinct part of a facility which is maintained primarily for the care  
27 and treatment of inpatients under the direction of a physician. The patients in such a facility  
28 require supportive, therapeutic, or compensating services and the availability of a licensed nurse  
29 for observation or treatment on a twenty-four-hour basis.
- 30 OAP - Old Age Pension is a financial assistance program for low income adults age 60 or older.
- 31 OASDI - Old Age, Survivors and Disability insurance is the official term Social Security uses for  
32 Social Security Act Title II benefits including retirement, survivors, and disability. This does not  
33 include SSI payments.
- 34 Outpatient is a patient who is not hospitalized overnight but who visits a hospital, clinic, or  
35 associated facility for diagnosis or treatment. Is a patient who does not require admittance to a  
36 facility to receive medical services.
- 37 PACE - Program of All-inclusive Care for the Elderly is a unique, capitated managed care benefit  
38 for the frail elderly provided by a not-for-profit or public entity. The PACE program features a  
39 comprehensive medical and social service delivery system using an interdisciplinary team  
40 approach in an adult day health center that is supplemented by in-home and referral services in  
41 accordance with participants' needs.

- 1 Parent and Caretaker Relative is a MAGI Medical Assistance group that provides Medical  
2 Assistance to adults who are parents or Caretaker Relatives of dependent children.
- 3 Patient is an individual who is receiving needed professional services that are directed by a  
4 licensed practitioner of the healing arts toward maintenance, improvement, or protection of  
5 health, or lessening of illness, disability, or pain.
- 6 PEAK – the Colorado Program Eligibility and Application Kit is a web-based portal used to apply  
7 for public assistance benefits in the State of Colorado, including Medical Assistance.
- 8 PNA - Personal Needs Allowance means moneys received by any person admitted to a nursing  
9 care facility or Long-Term Care Institution which are received by said person to purchase  
10 necessary clothing, incidentals, or other personal needs items which are not reimbursed by a  
11 Federal or state program.
- 12 Pregnant Women is a MAGI Medical Assistance group that provides Medical Assistance  
13 coverage to pregnant women whose MAGI-based income calculation is less than 185% FPL,  
14 including women who are 60 days post-partum.
- 15 Premium means the monthly amount an individual pays to participate in a Medicaid Buy-In  
16 Program.
- 17 Provider is any person, public or private institution, agency, or business concern enrolled under  
18 the state Medical Assistance program to provide medical care, services, or goods and holding a  
19 current valid license or certificate to provide such services or to dispense such goods.
- 20 Psychiatric facility is a facility that is licensed as a residential care facility or hospital and that  
21 provides inpatient psychiatric services for individuals under the direction of a licensed physician.
- 22 Public Institution means an institution that is the responsibility of a governmental unit or over  
23 which a governmental unit exercises administrative control.
- 24 Questionable is defined as inconsistent or contradictory tangible information, statements,  
25 documents, or file records.
- 26 Reasonable Compatibility refers to an allowable difference or discrepancy between the income an  
27 applicant self attests and the amount of income reported by an electronic data source. For a more  
28 complete description of how reasonable compatibility is used to determine an applicant's financial  
29 eligibility for Medical Assistance, please refer to the MAGI Income section at 8.100.4.C
- 30 Reasonable Explanation refers to the opportunity afforded an applicant to explain a discrepancy  
31 between self-attested income and income as reported by an electronic data source, when the  
32 difference is above the threshold percentage for reasonable compatibility.
- 33 Recipient is any person who has been determined eligible to receive benefits.
- 34 Resident is any individual who is living within the state and considers the state as their place of  
35 residence. Residents include any unempancipated child whose parent or other person exercising  
36 custody lives within the state.
- 37 RRB - Railroad Retirement Benefits is a benefit program under Federal law 45 U.S.C.A. § 231 et  
38 seq that became effective in 1935. It provides retirement benefits to retired railroad workers and  
39 families from a special fund, which is separate from the social security fund.

- 1 Secondary School is a school or educational program that provides instruction or training towards  
2 a high school diploma or an equivalent degree such as a GED.
- 3 SGA – Substantial Gainful Activity is defined by the Social Security Administration. SGA is the  
4 term used to describe a level of work activity and earnings. Work is “substantial” if it involves  
5 performance of significant physical or mental activities or a combination of both, which are  
6 productive in nature. For work activity to be substantial, it does not need to be performed on a  
7 full-time basis. Work activity performed on a part-time basis may also be substantial gainful  
8 activity. “Gainful” work activity is work performed for pay or profit; or work of a nature generally  
9 performed for pay or profit; or work intended for profit, whether or not a profit is realized.
- 10 Single Entry Point Agency means the organization selected to provide case management  
11 functions for persons in need of Long-Term Care services within a Single Entry Point District.
- 12 Single Streamlined Application or “SSAp” is the general application for health assistance benefits  
13 through which applicants will be screened for Medical Assistance programs including Medicaid,  
14 CHP+, or premium and cost-sharing assistance for purchasing private health insurance through a  
15 state insurance marketplace.
- 16 SISC- Supplemental Income Status Codes are system codes used to distinguish the different  
17 types of state supplementary benefits (such as OAP) a recipient may receive. Supplemental  
18 Income Status Codes determine the FFP for benefits paid on behalf of groups covered under the  
19 Medical Assistance program.
- 20 SSA - Social Security Administration is an agency of the United States federal government that  
21 administers Social Security, a social insurance program consisting of retirement, disability, and  
22 survivors' benefits.
- 23 SSI - Supplemental Security Income is a Federal income supplement program funded by general  
24 tax revenues (not Social Security taxes) that provides income to aged, blind or disabled  
25 individuals with little or no income and resources.
- 26 SSI eligible means eligible to receive Supplemental Security Income under Title XVI of the Social  
27 Security Act, and may or may not be receiving the monetary payment.
- 28 TANF - Temporary assistance to needy families is the Federal assistance program which  
29 provides supportive services and federal benefits to families with little or no income or resources.  
30 The program began on July 1, 1997, and succeeded the Aid to Families with Dependent Children  
31 program. It is the Block Grant that was established under the Personal Responsibility and Work  
32 Opportunity Reconciliation Act in Title IV of the Social Security Act.
- 33 Tax Dependent is anyone expected to be claimed as a dependent by a Tax Filer.
- 34 Tax-Filer is an individual, head of household or married couple who is required to and who files a  
35 personal income tax return.
- 36 Third Party is an individual, institution, corporation, or public or private agency which is or may be  
37 liable to pay all or any part of the medical cost of an injury, a disease, or the disability of an  
38 applicant for or recipient of Medical Assistance.
- 39 Title XIX is the portion of the federal Social Security Act which authorizes a joint federal/state  
40 Medicaid program. Title XIX contains federal regulations governing the Medicaid program.

- 1 TMA - Transitional Medical Assistance is a Medical Assistance category for families that lost
- 2 Medical Assistance coverage due to increased earned income or loss of earned income
- 3 disregards.
  
- 4 ULTC 100.2 is an assessment tool used to determine level of functional limitation and eligibility
- 5 for Long-Term Care services in Colorado.
  
- 6 Unearned income is the gross amount received in cash or kind that is not earned from
- 7 employment or self-employment.
  
- 8 VA - Veterans Affairs is The Department of Veterans Affairs which provides patient care and
- 9 Federal benefits to veterans and their dependents.

DRAFT

**8.100.4.G. MAGI Covered Groups**

1. For MAGI Medical Assistance, any person who is determined to be eligible for Medical Assistance based on MAGI at any time during a calendar month shall be eligible for benefits during the entire month.
2. Children applying for Medical Assistance whose total household income does not exceed 133% of the federal poverty level shall be determined financially eligible for Medical Assistance.
  - a. Medical Assistance eligibility is guaranteed for 12 continuous months from the application month regardless of changes in income or household size.
  - b. A legal immigrant child who has been a legal immigrant for less than five years is eligible for Medical Assistance if all other eligibility requirements are met.
3. Parents and Caretaker Relatives applying for Medical Assistance whose total household income does not exceed 100% of the federal poverty level shall be determined financially eligible for Medical Assistance. Parents or Caretaker Relatives eligible for this category shall have a dependent child in the household receiving Medical Assistance.
  - a. Effective January 1, 2014, Parents and Caretaker Relatives applying for Medical Assistance whose total household income does not exceed 133% of the federal poverty level shall be determined financially eligible for Medical Assistance
4. Effective January 1, 2014, Adults applying for Medical Assistance whose total household income does not exceed 133% of the federal poverty level shall be determined financially eligible for Medical Assistance.
5. Pregnant Women whose household income does not exceed 185% of the federal poverty level are eligible for the Pregnant Women MAGI Medical Assistance program. Medical Assistance shall be provided to a pregnant woman for a period beginning with the date of application for Medical Assistance through the last day of the month following 60 days from the date the pregnancy ends. Once eligibility has been approved, Medical Assistance coverage must be provided regardless of changes in the woman's financial circumstances.
  - ~~6a.~~ A pregnant legal immigrant who has been a legal immigrant for less than five years is eligible for Medical Assistance if ~~she meets the eligibility requirements~~ all other eligibility requirements are met for expectant mothers listed in 8.100.4.G.3. This population is referenced as Legal Immigrant Prenatal.
- 67. A child born to a woman receiving Medical Assistance at the time of the child's birth is continuously eligible for one year. This provision also applies in instances when the woman received Medical Assistance to cover the child's birth through retroactive Medical Assistance. To receive Medical Assistance under this category, the individual need not file an application nor provide a social security number or proof of application for a social security number for the newborn. Anyone can report the birth of the baby verbally or in writing. Information provided shall include the baby's name, date of birth, and mother's name or Medical Assistance number. A newborn can be reported at any time. Once reported, a newborn meeting the above criteria shall be added to the Medical Assistance case according to timelines defined by the Department. Please review the Department User Reference Guide for timeframes. This population is referenced as Eligible Needy Newborn.**

**8.100.4.F. MAGI Category Presumptive Eligibility**

1. A pregnant applicant may apply for presumptive eligibility for ambulatory services through Medical Assistance presumptive eligibility sites. A child under the age of nineteen may apply or have an adult apply on their behalf for presumptive eligibility for State Plan approved medical services through presumptive eligibility sites.
2. To be eligible for presumptive eligibility:
  - a. a pregnant woman shall have an attested pregnancy, declare that her household's income shall not exceed 185% of the federal poverty level and declare that she is a United States citizen or a documented immigrant.
  - b. a child under the age of 19 shall have a declared household income that does not exceed 133% of federal poverty level and declare that the child is a United States citizen or a documented immigrant ~~of at least five years.~~
3. Presumptive eligibility sites shall be certified by the Department to make presumptive eligibility determinations. Sites shall be re-certified by the Department every 2 years to remain approved presumptive eligibility sites.
4. The presumptive eligibility sites shall attempt to obtain all necessary documentation to complete the application within fourteen calendar days of application.
5. The presumptive eligibility site shall forward the application to the county within five business days of being completed. If the application is not completed within fourteen calendar days, on the fifteenth calendar day following application, the presumptive eligibility sites shall forward the application to the appropriate county.
6. The presumptive eligibility period shall be no less than 45 days. The presumptive eligibility period ends on the last day of the month following the completion of the 45 day Presumptive Eligibility period. The county department shall make a Medical Assistance eligibility determination within 45 days from receipt of the application. The effective date of Medical Assistance eligibility shall be the date of application.
7. A presumptive eligible client may not appeal the end of a presumptive eligibility period.
8. Presumptively eligible women and Medical Assistance clients may appeal the county department's failure to act on an application within 45 days from date of application or the denial of an application. Appeal procedures are outlined in the State Hearings section of this volume.