

Title of Rule: Revision to the Medical Assistance Rule Concerning Parents and Caretaker Relatives at Section 8.100.1 & 8.100.4.G  
Rule Number: MSB 16-05-10-A  
Division / Contact / Phone: Health Information Office / Ana Bordallo / 303-866-3558

## 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 proposed rule changes amend 10 CCR 2505-10 §8.100.1 §8.100.4.G. to incorporate changes to the rule mandated by the Patient Protection and Affordable Care Act of 2010 (ACA) as it pertains to parents or other caretaker relatives living with a dependent child under the age of 19 years old, will not be eligible to receive MAGI-Medicaid unless the child is receiving benefits under Medicaid, Child Health Plan Plus or through the Exchange, or otherwise enrolled in minimum essential coverage. Minimum Essential Coverage is defined as qualifying health care coverage which can include most Health First Colorado (Colorado's Medicaid Program), Child Health Plan Plus, private health plans purchased through Connect for Health Colorado, and employer-sponsored health insurance. This policy will be applied to the MAGI Adult expansion category for parents or caretaker relatives ages 19 through 64 with income that ranges from 69% to 133% of the federal poverty level. Among these changes: revision to the current policy regarding the MAGI-Adult categories by adding a requirement to verify if the dependent child living in the household is currently enrolled in minimum essential coverage before enrolling the parent or caretaker in this category. Other revisions include updating language under the Parent and Caretaker Relatives category whose income does not exceed 68% of the federal poverty level, to remove language that states the dependent child in the household needs be receiving Medical Assistance. Lastly, updating definitions under 8.100.1 for a dependent child and adding a new definition for minimum essential coverage.

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:

Patient Protection and Affordable Care Act of 2010 (ACA) and 42 CFR §435.119(c)(1)(2), 42 CFR §435.4, 42 CFR §435.116 section 5000A(f) of subtitle D of the Internal Revenue Code, as added by section 1401 of the Affordable Act.

4. State Authority for the Rule:

Initial Review                      **07/08/16**      Final Adoption                      **08/12/16**  
Proposed Effective Date      **09/30/16**      Emergency Adoption

**DOCUMENT #03**

Title of Rule: Revision to the Medical Assistance Rule Concerning Parents and Caretaker Relatives at Section 8.100.1 & 8.100.4.G

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25.5-1-301 through 25.5-1-303, C.R.S. (2015);

25.5-5-5-101(1)(b), C.R.S, section 25.5.-5-201(1)(m), C.R.S

Initial Review

**07/08/16**

Final Adoption

**08/12/16**

Proposed Effective Date

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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

With this proposed rule parents or other caretakers will not be eligible to receive MAGI-Adult Expansion unless their dependent child is receiving benefits under Medicaid, Child Health Plan Plus, through a private health plan purchased through Connect for Health Colorado, or other minimum essential coverage. The benefit of this rule change is to ensure that all children are receiving benefits and continuity of care which is a positive impact.

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 require parents or caretaker relatives to maintain or enroll children into a health plan to avoid paying fees for being uninsured and to be eligible for Medical Assistance if the child is not enrolled on minimum essential coverage.

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.

The Department anticipates a change in total costs in FY 2016-17 of approximately \$0. Though this change should not affect total funds, it would affect fund splits and this is primarily expected to consist of an increase in State funds and the impact to the State is expected to be approximately \$5,680,538 General Fund and \$369,783 cash funds, with a negative offset to federal funds of \$6,050,321. To arrive at these estimates, the Department assumed that this change would primarily affect clients in the MAGI Adults (without dependent children) expansion category, who have an indicator showing that a child is present in the home and would move to the MAGI Parents/Caretakers to 68% FPL category with this rule change. This assumption was driven by the current methodology that places clients in the MAGI Adults category when no information is known about the child, or when the child does not have Medicaid coverage specifically. For these calculations, the Department assumed that all MAGI Adults with the child indicator would be affected by this rule change. Currently, MAGI Parents/Caretakers 69-133% FPL receive the same federal match as MAGI Adults and also are already transferred manually from MAGI Adults to MAGI Parents/Caretakers 69-133% FPL based on a B% benchmark ID, so these clients should not be significantly affected by this change.

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

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The rule change would result in a cost to the Department and federal savings, for clients who have fallen under the 100% FMAP MAGI Adult eligibility category but would be moved to the standard match MAGI Parents/Caretakers 0-68% FPL eligibility category. The benefit of implementing this rule change would be that the Department would be in compliance with federal rule. Inaction could result in loss of federal match for the affected population, which would be more costly to the Department than this rule change, as the Department would lose federal matching funds. Inaction could also result in repayment of federal funds if the Department remains out of compliance with federal rule.

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

The Department is not aware of less costly methods for achieving the purpose of the proposed rule at this time. This is the only method through which the Department can come into compliance with federal 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 that were 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  
13 age 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.

- 1 Application for Public Assistance is the designated application used to determine eligibility for  
2 financial assistance. It can also be used to determine eligibility for Medical Assistance.
- 3 Blindness is defined in this volume as the total lack of vision or vision in the better eye of 20/200  
4 or less with the use of a correcting lens and/or tunnel vision to the extent that the field of vision is  
5 no greater than 20 degrees.
- 6 Burial Spaces are burial plots, gravesites, crypts, mausoleums, urns, niches and other customary  
7 and traditional repositories for the deceased's bodily remains provided such spaces are owned by  
8 the individual or are held for his or her use, including necessary and reasonable improvements or  
9 additions to or upon such burial spaces such as: vaults, headstones, markers, plaques, or burial  
10 containers and arrangements for opening and closing the gravesite for burial of the deceased.
- 11 Burial Trusts are irrevocable pre-need funeral agreements with a funeral director or other entity to  
12 meet the expenses associated with burial for Medical Assistance applicants/recipients. The  
13 agreement can include burial spaces as well as the services of the funeral director.
- 14 Caretaker Relative is any relation by blood, marriage or adoption who is within the fifth degree of  
15 kinship to the dependent child, such as: a parent; a brother, sister, uncle, aunt, first cousin, first  
16 cousin once removed, nephew, niece, or persons of preceding generations denoted by prefixes of  
17 grand, great, great great, or great-great-great; a spouse of any person included in the above  
18 groups even after the marriage is terminated by death or divorce; or stepparent, stepbrother,  
19 stepsister, step-aunt, etc.
- 20 Case Management Services are services provided by community mental health centers, clinics,  
21 community centered boards, and EPSDT case managers to assist in providing services to  
22 Medical Assistance clients in gaining access to needed medical, social, educational and other  
23 services.
- 24 Cash Surrender Value is the amount the insurer will pay to the owner upon cancellation of the  
25 policy before the death of the insured or before maturity of the policy.
- 26 Categorically Eligible means persons who are eligible for Medical Assistance due to their  
27 eligibility for one or more Federal categories of public assistance.
- 28 CBMS - Colorado Benefits Management System is the computer system that determines an  
29 applicant's eligibility for public assistance in the state of Colorado.
- 30 CDHS -Colorado Department of Human Services is the state department responsible for  
31 administering the social service and financial assistance programs for Colorado.
- 32 Children MAGI Medical Assistance group provides Medical Assistance coverage to tax  
33 dependents or otherwise eligible applicants through the end of the month that the individual turns  
34 19 years old.
- 35 Child Support Services is a CDHS program that assures that all children receive financial and  
36 medical support from each parent. This is accomplished by locating each parent, establishing  
37 paternity and support obligations, and enforcing those obligations.

- 1 Citizen is a person who was born in the United States or who has been naturalized.
- 2 Client is a person who is eligible for the Medical Assistance Program. "Client" is used  
3 interchangeably with "recipient" when the person is eligible for the program.
- 4 CMS - Centers for Medicare and Medicaid Services is the Federal agency within the US  
5 Department of Health and Human Services that partners with the states to administer Medicaid  
6 and CHP+ via State Plans in effect for each State. Colorado is in Region VIII.
- 7 CHP+ - Child Health Plan Plus is low-cost health insurance for Colorado's uninsured children and  
8 pregnant women. CHP+ is public health insurance for children and pregnant women who earn too  
9 much to qualify for The Medical Assistance Program, but cannot afford private health insurance.
- 10 COLA - Cost of Living Adjustment is an annual increase in the dollar value of benefits made  
11 automatically by the United States Department of Health and Human Services or the state in  
12 OASDI, SSI and OAP cases to account for rises in the cost of living due to inflation.
- 13 Colorado State Plan is a written statement which describes the purpose, nature, and scope of the  
14 Colorado's Medical Assistance Program. The Plan is submitted to the CMS and assures that the  
15 program is administered consistently within specific requirements set forth in both the Social  
16 Security Act and the Code of Federal Regulations (CFR) in order for a state to be eligible for  
17 Federal Financial Participation (FFP).
- 18 Common Law Marriage is legally recognized as a marriage in the State of Colorado under certain  
19 circumstances even though no legally recognized marriage ceremony is performed or civil  
20 marriage contract is executed. Individuals declaring or publicly holding themselves out as a  
21 married couple through verbal or written methods may be recognized as legally married under  
22 state law. C.R.S. § 14-2-104(3).
- 23 Community Centered Boards are private non-profit organizations designated in statute as the  
24 single entry point into the long-term service and support system for persons with developmental  
25 disabilities.
- 26 Community Spouse is the spouse of an institutionalized spouse.
- 27 Community Spouse Resource Allowance is the amount of resources that the Medical Assistance  
28 regulations permit the spouse staying at home to retain.
- 29 Complete Application means an application in which all questions have been answered, which is  
30 signed, and for which all required verifications have been submitted.
- 31 The Department is defined in this volume as the Colorado Department of Health Care Policy and  
32 Financing which is responsible for administering the Colorado Medical Assistance Program and  
33 Child Health Plan Plus programs as well as other State-funded health care programs.
- 34 Dependent Child is a child who lives with a parent, legal guardian, caretaker relative or foster  
35 parent and is under the age of [18](#), [or, is age 18 and](#) a full-time student, and expected to  
36 graduate by age 19.

- 1 Dependent Relative for purposes of this rule is defined as one who is claimed as a dependent by  
2 an applicant for federal income tax purposes.
- 3 Difficulty of Care Payments is a payment to an individual as compensation for providing additional  
4 care to an individual who qualifies for foster care and lives in the home of the care provider. This  
5 additional care must be required due to a physical, mental, or emotional handicap suffered by the  
6 foster care individual.
- 7 Disability means the inability to do any substantial gainful activity (or, in the case of a child,  
8 having marked and severe functional limitations) by reason of a medically determinable physical  
9 or mental impairment(s) which can be expected to result in death or which has lasted or can be  
10 expected to last for a continuous period of 12 months or more.
- 11 Dual Eligible clients are Medicare beneficiaries who are also eligible for Medical Assistance.
- 12 Earned Income is defined for purposes of this volume as any compensation from participation in a  
13 business, including wages, salary, tips, commissions and bonuses.
- 14 Earned Income Disregards are the allowable deductions and exclusions subtracted from the  
15 gross earnings. Income disregards vary in amount and type, depending on the category of  
16 assistance.
- 17 Electronic Data Source is an interface established with a federal or state agency, commercial  
18 entity, or other data sources obtained through data sharing agreements to verify data used in  
19 determining eligibility. The active interfaces are identified in the Department's verification plan  
20 submitted to CMS.
- 21 Eligibility Site is defined in this volume as a location outside of the Department that has been  
22 deemed by the Department as eligible to accept applications and determine eligibility for  
23 applicants.
- 24 Employed means that an individual has earned income and is working part time, full time or is  
25 self-employed, and has proof of employment. Volunteer or in-kind work is not considered  
26 employment.
- 27 EPSDT- Early Periodic Screening, Diagnosis and Treatment is the child health component of the  
28 Medical Assistance Program. It is required in every state and is designed to improve the health of  
29 low-income children by financing appropriate, medically necessary services and providing  
30 outreach and case management services for all eligible individuals.
- 31 Equity Value is the fair market value of land or other asset less any encumbrances.
- 32 Ex Parte Review is an administrative review of eligibility during a redetermination period in lieu of  
33 performing a redetermination from the client. This administrative review is performed by verifying  
34 current information obtained from another current aid program.
- 35 Face Value of a Life Insurance Policy is the basic death benefit of the policy exclusive of dividend  
36 additions or additional amounts payable because of accidental death or other special provisions.

- 1 Fair Market Value is the average price a similar property will sell for on the open market to a  
2 private individual in the particular geographic area involved. Also, the price at which the property  
3 would change hands between a willing buyer and a willing seller, neither being under any  
4 pressure to buy or to sell and both having reasonable knowledge of relevant facts.
- 5 FBR - The Federal Benefit Rate is the monthly Supplemental Security Income payment amount  
6 for a single individual or a couple. The FBR is used by the Aged, Blind and Disabled Medical  
7 Assistance Programs as the eligibility income limits.
- 8 FFP - Federal Financial Participation as defined in this volume is the amount or percentage of  
9 funds provided by the Federal Government to administer the Colorado Medical Assistance  
10 Program.
- 11 FPL - Federal Poverty Level is a simplified version of the federal poverty thresholds used to  
12 determine financial eligibility for assistance programs. The thresholds are issued each year in the  
13 Federal Register by the Department of Health and Human Services (HHS).
- 14 Good Cause is the client's justification for needing additional time due to extenuating  
15 circumstances, usually used when extending deadlines for submittal of required documentation.
- 16 Good Cause for Child Support is the specific process and criteria that can be applied when a  
17 client is refusing to cooperate in the establishment of paternity or establishment and enforcement  
18 of a child support order due to extenuating circumstances.
- 19 HCBS are Home and Community Based Services are also referred to as "waiver programs".  
20 HCBS provides services beyond those covered by the Medical Assistance Program that enable  
21 individuals to remain in a community setting rather than being admitted to a Long-Term Care  
22 institution.
- 23 In-Kind Income is income a person receives in a form other than money. It may be received in  
24 exchange for work or service (earned income) or a non-cash gift or contribution (unearned  
25 income).
- 26 Inpatient is an individual who has been admitted to a medical institution on recommendation of a  
27 physician or dentist and who receives room, board and professional services for 24 hours or  
28 longer, or is expected to receive these services for 24 hours or longer.
- 29 Institution is an establishment that furnishes, in single or multiple facilities, food, shelter and some  
30 treatment or services to four or more persons unrelated to the proprietor.
- 31 Institutionalization is the commitment of a patient to a health care facility for treatment.
- 32 Institutionalized Individual is a person who is institutionalized in a medical facility, a Long-Term  
33 Care institution, or applying for or receiving Home and Community Based Services (HCBS) or the  
34 Program of All Inclusive Care for the Elderly (PACE).
- 35 Institutionalized Spouse is a Medicaid eligible client who begins a stay in a medical institution or  
36 nursing facility on or after September 30, 1989, or is first enrolled as a Medical Assistance client

1 in the Program of All Inclusive Care for the Elderly (PACE) on or after October 10, 1997, or  
2 receives Home and Community Based Services (HCBS) on or after July 1, 1999; and is married  
3 to a spouse who is not in a medical institution or nursing facility. An institutionalized spouse does  
4 not include any such individual who is not likely to be in a medical institution or nursing facility or  
5 to receive HCBS or PACE for at least 30 consecutive days. Irrevocable means that the contract,  
6 trust, or other arrangement cannot be terminated, and that the funds cannot be used for any  
7 purpose other than outlined in the document.

8 Insurance Affordability Program (IAP) refers to Medicaid, Child Health Plan *Plus* (CHP+), and  
9 premium and cost-sharing assistance for purchasing private health insurance through state  
10 insurance marketplace.

11 Legal Immigrant is an individual who is not a citizen or national and has been permitted to remain  
12 in the United States by the United States Citizenship and Immigration Services (USCIS) either  
13 temporarily or as an actual or prospective permanent resident or whose extended physical  
14 presence in the United States is known to and allowed by USCIS.

15 Legal Immigrant Prenatal is a medical program that provides medical coverage for pregnant legal  
16 immigrants who have been legal immigrants for less than five years.

17 Limited Disability for the Medicaid Buy-In Program for Working Adults with Disabilities means that  
18 an individual has a disability that would meet the definition of disability under SSA without regard  
19 to Substantial Gainful Activity (SGA).

20 Long-Term Care is Medical Assistance services that provides nursing-home care, home-health  
21 care, personal or adult day care for individuals aged at least 65 years or with a chronic or  
22 disabling condition.

23 Long-Term Care Institution means class I nursing facilities, intermediate care facilities for the  
24 mentally retarded (ICF/MR) and swing bed facilities. Long-Term Care institutions can include  
25 hospitals.

26 Managed care system is a system for providing health care services which integrates both the  
27 delivery and the financing of health care services in an attempt to provide access to medical  
28 services while containing the cost and use of medical care.

29 Medical Assistance is defined as all medical programs administered by the Department of Health  
30 Care Policy and Financing. Medical Assistance/Medicaid is the joint state/federal health benefits  
31 program for individuals and families with low income and resources. It is an entitlement program  
32 that is jointly funded by the states and federal government and administered by the state. This  
33 program provides for payment of all or part of the cost of care for medical services.

34 Medical Assistance Required Household is defined for purposes of this volume as all parents or  
35 caretaker relatives, spouses, and dependent children residing in the same home.

36 Minimal Verification is defined in this volume as the minimum amount of information needed to  
37 process an application for benefits. No other verification can be requested from clients unless the  
38 information provided is questionable or inconsistent.

1 [Minimum Essential Coverage is the type of coverage one must maintain to be in compliance with](#)  
2 [the Affordable Care Act in order to avoid paying a penalty for being uninsured. Minimum essential](#)  
3 [coverage may include but not limited to: Medicaid; CHP+; private health plans through Connect](#)  
4 [for Health Colorado; Medicare; job-based insurance, and certain other coverage.](#)

5  
6 MMMNA - Minimum Monthly Maintenance Needs Allowance is the calculation used to determine  
7 the amount of institutionalized spouse's income that the community spouse is allowed to retain to  
8 meet their monthly living needs.

9 MAGI - Modified Adjusted Gross Income refers to the methodology by which income and  
10 household composition are determined for the MAGI Medical Assistance groups under the  
11 Affordable Care Act. These MAGI groups include Parents and Caretaker Relatives, Pregnant  
12 Women, Children, and Adults. For a more complete description of the MAGI categories and  
13 pursuant rules, please refer to section 8.100.4.

14 MAGI-Equivalent is the resulting standard identified through a process that converts a state's net-  
15 income standard to equivalent MAGI standards.

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.

- 1 PACE - Program of All-inclusive Care for the Elderly is a unique, capitated managed care benefit  
2 for the frail elderly provided by a not-for-profit or public entity. The PACE program features a  
3 comprehensive medical and social service delivery system using an interdisciplinary team  
4 approach in an adult day health center that is supplemented by in-home and referral services in  
5 accordance with participants' needs.
- 6 Parent and Caretaker Relative is a MAGI Medical Assistance group that provides Medical  
7 Assistance to adults who are parents or Caretaker Relatives of dependent children.
- 8 Patient is an individual who is receiving needed professional services that are directed by a  
9 licensed practitioner of the healing arts toward maintenance, improvement, or protection of  
10 health, or lessening of illness, disability, or pain.
- 11 PEAK – the Colorado Program Eligibility and Application Kit is a web-based portal used to apply  
12 for public assistance benefits in the State of Colorado, including Medical Assistance.
- 13 PNA - Personal Needs Allowance means moneys received by any person admitted to a nursing  
14 care facility or Long-Term Care Institution which are received by said person to purchase  
15 necessary clothing, incidentals, or other personal needs items which are not reimbursed by a  
16 Federal or state program.
- 17 Pregnant Women is a MAGI Medical Assistance group that provides Medical Assistance  
18 coverage to pregnant women whose MAGI-based income calculation is less than 185% FPL,  
19 including women who are 60 days post-partum.
- 20 Premium means the monthly amount an individual pays to participate in a Medicaid Buy-In  
21 Program.
- 22 Provider is any person, public or private institution, agency, or business concern enrolled under  
23 the state Medical Assistance program to provide medical care, services, or goods and holding a  
24 current valid license or certificate to provide such services or to dispense such goods.
- 25 Psychiatric Facility is a facility that is licensed as a residential care facility or hospital and that  
26 provides inpatient psychiatric services for individuals under the direction of a licensed physician.
- 27 Public Institution means an institution that is the responsibility of a governmental unit or over  
28 which a governmental unit exercises administrative control.
- 29 Questionable is defined as inconsistent or contradictory tangible information, statements,  
30 documents, or file records.
- 31 Reasonable Compatibility refers to an allowable difference or discrepancy between the income an  
32 applicant self attests and the amount of income reported by an electronic data source. For a more  
33 complete description of how reasonable compatibility is used to determine an applicant's financial  
34 eligibility for Medical Assistance, please refer to the MAGI Income section at 8.100.4.C

- 1 Reasonable Explanation refers to the opportunity afforded an applicant to explain a discrepancy  
2 between self-attested income and income as reported by an electronic data source, when the  
3 difference is above the threshold percentage for reasonable compatibility.
- 4 Recipient is any person who has been determined eligible to receive benefits.
- 5 Resident is any individual who is living within the state and considers the state as their place of  
6 residence. Residents include any unemancipated child whose parent or other person exercising  
7 custody lives within the state.
- 8 RRB - Railroad Retirement Benefits is a benefit program under Federal law 45 U.S.C. § 231 et  
9 seq that became effective in 1935. It provides retirement benefits to retired railroad workers and  
10 families from a special fund, which is separate from the Social Security fund.
- 11 Secondary School is a school or educational program that provides instruction or training towards  
12 a high school diploma or an equivalent degree such as a High School Equivalency Diploma  
13 (HSED).
- 14 SGA – Substantial Gainful Activity is defined by the Social Security Administration. SGA is the  
15 term used to describe a level of work activity and earnings. Work is “substantial” if it involves  
16 performance of significant physical or mental activities or a combination of both, which are  
17 productive in nature. For work activity to be substantial, it does not need to be performed on a  
18 full-time basis. Work activity performed on a part-time basis may also be substantial gainful  
19 activity. “Gainful” work activity is work performed for pay or profit; or work of a nature generally  
20 performed for pay or profit; or work intended for profit, whether or not a profit is realized.
- 21 Single Entry Point Agency means the organization selected to provide case management  
22 functions for persons in need of Long-Term Care services within a Single Entry Point District.
- 23 Single Streamlined Application or “SSAp” is the general application for health assistance benefits  
24 through which applicants will be screened for Medical Assistance programs including Medicaid,  
25 CHP+, or premium and cost-sharing assistance for purchasing private health insurance through a  
26 state insurance marketplace.
- 27 SISC- Supplemental Income Status Codes are system codes used to distinguish the different  
28 types of state supplementary benefits (such as OAP) a recipient may receive. Supplemental  
29 Income Status Codes determine the FFP for benefits paid on behalf of groups covered under the  
30 Medical Assistance program.
- 31 SSA - Social Security Administration is an agency of the United States federal government that  
32 administers Social Security, a social insurance program consisting of retirement, disability, and  
33 survivors' benefits.
- 34 SSI - Supplemental Security Income is a Federal income supplement program funded by general  
35 tax revenues (not Social Security taxes) that provides income to aged, blind or disabled  
36 individuals with little or no income and resources.

- 1 SSI Eligible means an individual who is eligible to receive Supplemental Security Income under  
2 Title XVI of the Social Security Act, and may or may not be receiving the monetary payment.
- 3 TANF - Temporary Assistance to Needy Families is the Federal assistance program which  
4 provides supportive services and federal benefits to families with little or no income or resources.  
5 It is the Block Grant that was established under the Personal Responsibility and Work  
6 Opportunity Reconciliation Act in Title IV of the Social Security Act.
- 7 Tax Dependent is anyone expected to be claimed as a dependent by a Tax-Filer.
- 8 Tax-Filer is an individual, head of household or married couple who is required to and who files a  
9 personal income tax return.
- 10 Third Party is an individual, institution, corporation, or public or private agency which is or may be  
11 liable to pay all or any part of the medical cost of an injury, a disease, or the disability of an  
12 applicant for or recipient of Medical Assistance.
- 13 Title XIX is the portion of the federal Social Security Act which authorizes a joint federal/state  
14 Medicaid program. Title XIX contains federal regulations governing the Medicaid program.
- 15 TMA - Transitional Medical Assistance is a Medical Assistance category for families that lost  
16 Medical Assistance coverage due to increased earned income or loss of earned income  
17 disregards.
- 18 ULTC 100.2 is an assessment tool used to determine level of functional limitation and eligibility  
19 for Long-Term Care services in Colorado.
- 20 Unearned Income is the gross amount received in cash or kind that is not earned from  
21 employment or self-employment.
- 22 VA - Veterans Affairs is The Department of Veterans Affairs which provides patient care and  
23 Federal benefits to veterans and their dependents.  
24

1 **8.100.4.G. MAGI Covered Groups**

- 2 1. For MAGI Medical Assistance, any person who is determined to be eligible for Medical  
3 Assistance based on MAGI at any time during a calendar month shall be eligible for  
4 benefits during the entire month.
- 5 2. Children applying for Medical Assistance whose total household income does not exceed  
6 133% of the federal poverty level (MAGI-equivalent) shall be determined financially  
7 eligible for Medical Assistance. Refer to the MAGI-Medicaid income guidelines chart  
8 available on the Department's website.
- 9 a. Children are eligible for Children's MAGI Medical Assistance through the end of  
10 the month in which they turn 19 years old. After turning 19, the individual may be  
11 eligible for a different Medical Assistance category.
- 12 3. Parents and Caretaker Relatives applying for Medical Assistance whose total household  
13 income does not exceed 60% of the federal poverty level (MAGI-equivalent) shall be  
14 determined financially eligible for Medical Assistance. Parents or Caretaker Relatives  
15 eligible for this category shall have a dependent child in the household ~~receiving Medical~~  
16 ~~Assistance.~~
- 17 a. A dependent child is considered to be living in the home of the parent or  
18 caretaker relative as long as the parent or specified relative exercises  
19 responsibility for the care and control of the child even if:
- 20 i) The child is under the jurisdiction of the court (for example, receiving  
21 probation services);
- 22 ii) Legal custody is held by an agency that does not have physical  
23 possession of the child;
- 24 iii) The child is in regular attendance at a school away from home;
- 25 iv) Either the child or the relative is away from the home to receive medical  
26 treatment;
- 27 v) Either the child or the relative is temporarily absent from the home;
- 28 vi) The child is in voluntary foster care placement for a period not expected  
29 to exceed three months. Should the foster care plan change within the  
30 three months and the placement become court ordered, the child is no  
31 longer considered to be living in the home as of the time the foster care  
32 plan is changed.
- 33 4. Adults applying for Medical Assistance whose total household income does not exceed  
34 133% of the federal poverty level shall be determined financially eligible for Medical  
35 Assistance. This category includes adults who are parents or caretaker relatives of

1 dependent children whose income exceeds the income threshold to qualify for the  
2 Parents and Caretaker Relatives MAGI category and who meet all other eligibility criteria.

3 a. A dependent child living in the household of a parent or caretaker relative shall  
4 have minimum essential coverage, in order for the parent or caretaker relative  
5 to be eligible for Medical Assistance under this category. Refer to section  
6 8.100.4.G.3.a on who is considered a dependent child.

7 5. Pregnant Women whose household income does not exceed 185% of the federal poverty  
8 level (MAGI-equivalent) are eligible for the Pregnant Women MAGI Medical Assistance  
9 program. Medical Assistance shall be provided to a pregnant woman for a period  
10 beginning with the date of application for Medical Assistance through the last day of the  
11 month following 60 days from the date the pregnancy ends. Once eligibility has been  
12 approved, Medical Assistance coverage will be provided regardless of changes in the  
13 woman's financial circumstances.

14 6. A pregnant legal immigrant who has been a legal immigrant for less than five years is  
15 eligible for Medical Assistance if she meets the eligibility requirements for expectant  
16 mothers listed in 8.100.4.G.6. This population is referenced as Legal Immigrant Prenatal.

17 7. A child whose mother is receiving Medical Assistance at the time of the child's birth is  
18 continuously eligible for one year. This population is referred to as "Eligible Needy  
19 Newborn". This coverage also applies in instances where the mother received Medical  
20 Assistance to cover the child's birth through retroactive Medical Assistance. The child is  
21 not required to live with the mother receiving Medical Assistance to qualify as an Eligible  
22 Needy Newborn.

23 a. To receive Medical Assistance under this category, the birth must be reported  
24 verbally or in writing to the County Department of Human Services or eligibility  
25 site. Information provided shall include the baby's name, date of birth, and  
26 mother's name or Medical Assistance number. A newborn can be reported at any  
27 time by any person. Once reported, a newborn meeting the above criteria shall  
28 be added to the mother's Medical Assistance case, or his or her own case if the  
29 newborn does not reside with the mother, according to timelines defined by the  
30 Department. If adopted, the newborn's agent does not need to file an application  
31 or provide a Social Security Number or proof of application for a Social Security  
32 Number for the newborn

33