

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 health care reform law in order to avoid paying a fee for being uninsured. Minimum essential
3 coverage may include: Medicaid; CHP+; private health plans through Connect for Health
4 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 parent or caretaker relatives of the dependent child living in the household
4 shall have minimum essential coverage for the child, in order for the parent or
5 caretaker relatives to be eligible for Medical Assistance under this category.

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

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

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

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

32