

1 **8.100 MEDICAL ASSISTANCE ELIGIBILITY**

2 **8.100.1 Definitions**

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

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

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

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

12 Achieving a Better Life Experience (ABLE) accounts – Special savings accounts that are set up by (or for)
13 certain individuals with disabilities in a qualified ABLE program that are exempt for eligibility. They can be
14 established by any state's qualified ABLE Program. Colorado's ABLE program is administered by the
15 Department of Higher Education.

16 Adjusted Gross Income (AGI)-means" gross income", as defined in federal tax rules, minus certain
17 adjustments prescribed in the federal tax rules to derive the "Adjusted Gross Income" line on the tax
18 return. These -adjustments from gross income are taken before the taxpayer takes his or her Schedule A
19 deductions or Standard Deduction.

20 Adult MAGI Medical Assistance Group provides Medical Assistance to eligible adults from the age of 19
21 through the end of the month that the individual turns 65, who do not receive or who are ineligible for
22 Medicare.

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

26 AFDC - Aid to Families with Dependent Children is the Title IV federal assistance program in effect from
27 1935 to 1997 which was administered by the United States Department of Health and Human Services.
28 This program provided financial assistance to children whose families had low or no income.

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

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

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

- 1 Annuity is an investment vehicle whereby an individual establishes a right to receive fixed periodic
2 payments, either for life or a term of years.
- 3 Applicant is an individual who is seeking an eligibility determination for Medical Assistance through the
4 submission of an application.
- 5 Application Date is the date the application is received and date-stamped by the eligibility site or the date
6 the application was received and date-stamped by an Application Assistance site or Presumptive
7 Eligibility site. In the absence of a date-stamp, the application date is the date that the application was
8 signed by the client.
- 9 Application for Public Assistance is the designated application used to determine eligibility for financial
10 assistance. It can also be used to determine eligibility for Medical Assistance.
- 11 Blindness is defined in this volume as the total lack of vision or vision in the better eye of 20/200 or less
12 with the use of a correcting lens and/or tunnel vision to the extent that the field of vision is no greater than
13 20 degrees.
- 14 Burial Spaces are burial plots, gravesites, crypts, mausoleums, urns, niches and other customary and
15 traditional repositories for the deceased's bodily remains provided such spaces are owned by the
16 individual or are held for his or her use, including necessary and reasonable improvements or additions to
17 or upon such burial spaces such as: vaults, headstones, markers, plaques, or burial containers and
18 arrangements for opening and closing the gravesite for burial of the deceased.
- 19 Burial Trusts are irrevocable pre-need funeral agreements with a funeral director or other entity to meet
20 the expenses associated with burial for Medical Assistance applicants/recipients. The agreement can
21 include burial spaces as well as the services of the funeral director.
- 22 Caretaker Relative is a person who is related to the dependent child or any adult with whom the
23 dependent child is living and who assumes responsibility for the dependent child's care.
- 24 Case Management Services are services provided by community mental health centers, clinics,
25 community centered boards, and EPSDT case managers to assist in providing services to Medical
26 Assistance clients in gaining access to needed medical, social, educational and other services.
- 27 Cash Surrender Value is the amount the insurer will pay to the owner upon cancellation of the policy
28 before the death of the insured or before maturity of the policy.
- 29 Categorically Eligible means persons who are eligible for Medical Assistance due to their eligibility for one
30 or more Federal categories of public assistance.
- 31 CBMS - Colorado Benefits Management System is the computer system that determines an applicant's
32 eligibility for public assistance in the state of Colorado.
- 33 CDHS -Colorado Department of Human Services is the state department responsible for administering
34 the social service and financial assistance programs for Colorado.

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

- 1 The Department is defined in this volume as the Colorado Department of Health Care Policy and
2 Financing which is responsible for administering the Colorado Medical Assistance Program and Child
3 Health Plan Plus programs as well as other State-funded health care programs.
- 4 Dependent Child is a child who lives with a parent, legal guardian, caretaker relative or foster parent and
5 is under the age of 18, or, is age 18 and a full-time student, and expected to graduate by age 19.
- 6 Dependent Relative for purposes of this rule is defined as one who is claimed as a dependent by an
7 applicant for federal income tax purposes.
- 8 Difficulty of Care Payments is a payment to an ~~applicant or member~~individual as compensation for
9 providing ~~live-in home additional~~ care to an individual who qualifies for foster care or Home and
10 Community Based Services (HCBS) waiver program and lives in the home of the care recipient~~provider~~.
11 This additional care must be required due to a physical, mental, or emotional handicap ~~suffered by the~~
12 ~~foster care individual~~.
- 13 Disability means the inability to do any substantial gainful activity (or, in the case of a child, having
14 marked and severe functional limitations) by reason of a medically determinable physical or mental
15 impairment(s) which can be expected to result in death or which has lasted or can be expected to last for
16 a continuous period of 12 months or more.
- 17 Dual Eligible clients are Medicare beneficiaries who are also eligible for Medical Assistance.
- 18 Earned Income is defined for purposes of this volume as any compensation from participation in a
19 business, including wages, salary, tips, commissions and bonuses.
- 20 Earned Income Disregards are the allowable deductions and exclusions subtracted from the gross
21 earnings. Income disregards vary in amount and type, depending on the category of assistance.
- 22 Electronic Data Source is an interface established with a federal or state agency, commercial entity, or
23 other data sources obtained through data sharing agreements to verify data used in determining eligibility.
24 The active interfaces are identified in the Department's verification plan submitted to CMS.
- 25 Eligibility Site is defined in this volume as a location outside of the Department that has been deemed by
26 the Department as eligible to accept applications and determine eligibility for applicants.
- 27 Employed means that an individual has earned income and is working part time, full time or is self-
28 employed, and has proof of employment. Volunteer or in-kind work is not considered employment.
- 29 EPSDT- Early Periodic Screening, Diagnosis and Treatment is the child health component of the Medical
30 Assistance Program. It is required in every state and is designed to improve the health of low-income
31 children by financing appropriate, medically necessary services and providing outreach and case
32 management services for all eligible individuals.
- 33 Equity Value is the fair market value of land or other asset less any encumbrances.

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

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

- 1 Minimal Verification is defined in this volume as the minimum amount of information needed to process
2 an application for benefits. No other verification can be requested from clients unless the information
3 provided is questionable or inconsistent.
- 4 Minimum Essential Coverage is the type of coverage one must maintain to be in compliance with the
5 Affordable Care Act in order to avoid paying a penalty for being uninsured. Minimum essential coverage
6 may include but not limited to: Medicaid; CHP+; private health plans through Connect for Health
7 Colorado; Medicare; job-based insurance, and certain other coverage.
- 8 MMMNA - Minimum Monthly Maintenance Needs Allowance is the calculation used to determine the
9 amount of institutionalized spouse's income that the community spouse is allowed to retain to meet their
10 monthly living needs.
- 11 MAGI - Modified Adjusted Gross Income refers to the methodology by which income and household
12 composition are determined for the MAGI Medical Assistance groups under the Affordable Care Act.
13 These MAGI groups include Parents and Caretaker Relatives, Pregnant Women, Children, and Adults.
14 For a more complete description of the MAGI categories and pursuant rules, please refer to section
15 8.100.4.
- 16 MAGI-Equivalent is the resulting standard identified through a process that converts a state's net-income
17 standard to equivalent MAGI standards.
- 18 MIA - Monthly Income Allowance is the amount of institutionalized spouse's income that the community
19 spouse is allowed to retain to meet their monthly living needs.
- 20 MSP - Medicare Savings Program is a Medical Assistance Program to assist in the payment of Medicare
21 premium, coinsurance and deductible amounts. There are four groups that are eligible for payment or
22 part-payment of Medicare premiums, coinsurance and deductibles: Qualified Medicare Beneficiaries
23 (QMBs), Specified Low-Income Medicare Beneficiaries (SLIMBs), Qualified Disabled and Working
24 Individuals (QDWIs), and Qualifying Individuals – 1 (QI-1s).
- 25 Non-Filer is an individual who neither files a tax return nor is claimed as a tax dependent. For a more
26 complete description of how household composition is determined for the MAGI Medical Assistance
27 groups, please refer to the MAGI household composition section at 8.100.4.E.
- 28 Nursing Facility is a facility or distinct part of a facility which is maintained primarily for the care and
29 treatment of inpatients under the direction of a physician. The patients in such a facility require
30 supportive, therapeutic, or compensating services and the availability of a licensed nurse for observation
31 or treatment on a twenty-four-hour basis.
- 32 OAP - Old Age Pension is a financial assistance program for low income adults age 60 or older.
- 33 OASDI - Old Age, Survivors and Disability Insurance is the official term Social Security uses for Social
34 Security Act Title II benefits including retirement, survivors, and disability. This does not include SSI
35 payments.

- 1 Outpatient is a patient who is not hospitalized overnight but who visits a hospital, clinic, or associated
2 facility for diagnosis or treatment. Is a patient who does not require admittance to a facility to receive
3 medical services.
- 4 PACE - Program of All-inclusive Care for the Elderly is a unique, capitated managed care benefit for the
5 frail elderly provided by a not-for-profit or public entity. The PACE program features a comprehensive
6 medical and social service delivery system using an interdisciplinary team approach in an adult day
7 health center that is supplemented by in-home and referral services in accordance with participants'
8 needs.
- 9 Parent and Caretaker Relative is a MAGI Medical Assistance group that provides Medical Assistance to
10 adults who are parents or Caretaker Relatives of dependent children.
- 11 Patient is an individual who is receiving needed professional services that are directed by a licensed
12 practitioner of the healing arts toward maintenance, improvement, or protection of health, or lessening of
13 illness, disability, or pain.
- 14 PEAK – the Colorado Program Eligibility and Application Kit is a web-based portal used to apply for public
15 assistance benefits in the State of Colorado, including Medical Assistance.
- 16 PNA - Personal Needs Allowance means moneys received by any person admitted to a nursing care
17 facility or Long-Term Care Institution which are received by said person to purchase necessary clothing,
18 incidentals, or other personal needs items which are not reimbursed by a Federal or state program.
- 19 Pregnant Women is a MAGI Medical Assistance group that provides Medical Assistance coverage to
20 pregnant women whose MAGI-based income calculation is less than 185% FPL, including women who
21 are 60 days post-partum.
- 22 Premium means the monthly amount an individual pays to participate in a Medicaid Buy-In Program.
- 23 Provider is any person, public or private institution, agency, or business concern enrolled under the state
24 Medical Assistance program to provide medical care, services, or goods and holding a current valid
25 license or certificate to provide such services or to dispense such goods.
- 26 Psychiatric Facility is a facility that is licensed as a residential care facility or hospital and that provides
27 inpatient psychiatric services for individuals under the direction of a licensed physician.
- 28 Public Institution means an institution that is the responsibility of a governmental unit or over which a
29 governmental unit exercises administrative control.
- 30 Questionable is defined as inconsistent or contradictory tangible information, statements, documents, or
31 file records.
- 32 Reasonable Compatibility refers to an allowable difference or discrepancy between the income an
33 applicant self attests and the amount of income reported by an electronic data source. For a more
34 complete description of how reasonable compatibility is used to determine an applicant's financial
35 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 between
2 self-attested income and income as reported by an electronic data source, when the difference is above
3 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 residence.
6 Residents include any unemancipated child whose parent or other person exercising custody lives within
7 the state.
- 8 RRB - Railroad Retirement Benefits is a benefit program under Federal law 45 U.S.C. § 231 et seq that
9 became effective in 1935. It provides retirement benefits to retired railroad workers and families from a
10 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 a high
12 school diploma or an equivalent degree such as a High School Equivalency Diploma (HSED).
- 13 SGA – Substantial Gainful Activity is defined by the Social Security Administration. SGA is the term used
14 to describe a level of work activity and earnings. Work is “substantial” if it involves performance of
15 significant physical or mental activities or a combination of both, which are productive in nature. For work
16 activity to be substantial, it does not need to be performed on a full-time basis. Work activity performed on
17 a part-time basis may also be substantial gainful activity. “Gainful” work activity is work performed for pay
18 or profit; or work of a nature generally performed for pay or profit; or work intended for profit, whether or
19 not a profit is realized.
- 20 Single Entry Point Agency means the organization selected to provide case management functions for
21 persons in need of Long-Term Care services within a Single Entry Point District.
- 22 Single Streamlined Application or “SSAp” is the general application for health assistance benefits through
23 which applicants will be screened for Medical Assistance programs including Medicaid, CHP+, or
24 premium and cost-sharing assistance for purchasing private health insurance through a state insurance
25 marketplace.
- 26 SISC- Supplemental Income Status Codes are system codes used to distinguish the different types of
27 state supplementary benefits (such as OAP) a recipient may receive. Supplemental Income Status Codes
28 determine the FFP for benefits paid on behalf of groups covered under the Medical Assistance program.
- 29 SSA - Social Security Administration is an agency of the United States federal government that
30 administers Social Security, a social insurance program consisting of retirement, disability, and survivors'
31 benefits.
- 32 SSI - Supplemental Security Income is a Federal income supplement program funded by general tax
33 revenues (not Social Security taxes) that provides income to aged, blind or disabled individuals with little
34 or no income and resources.
- 35 SSI Eligible means an individual who is eligible to receive Supplemental Security Income under Title XVI
36 of the Social Security Act, and may or may not be receiving the monetary payment.

1 TANF - Temporary Assistance to Needy Families is the Federal assistance program which provides
2 supportive services and federal benefits to families with little or no income or resources. It is the Block
3 Grant that was established under the Personal Responsibility and Work Opportunity Reconciliation Act in
4 Title IV of the Social Security Act.

5 Tax Dependent is anyone expected to be claimed as a dependent by a Tax-Filer.

6 Tax-Filer is an individual, head of household or married couple who is required to and who files a
7 personal income tax return.

8 Third Party is an individual, institution, corporation, or public or private agency which is or may be liable to
9 pay all or any part of the medical cost of an injury, a disease, or the disability of an applicant for or
10 recipient of Medical Assistance.

11 Title XIX is the portion of the federal Social Security Act which authorizes a joint federal/state Medicaid
12 program. Title XIX contains federal regulations governing the Medicaid program.

13 TMA - Transitional Medical Assistance is a Medical Assistance category for families that lost Medical
14 Assistance coverage due to increased earned income or loss of earned income disregards.

15 ULTC 100.2 is an assessment tool used to determine level of functional limitation and eligibility for Long-
16 Term Care services in Colorado.

17 Unearned Income is the gross amount received in cash or kind that is not earned from employment or
18 self-employment.

19 VA - Veterans Affairs is The Department of Veterans Affairs which provides patient care and Federal
20 benefits to veterans and their dependents.

21

22

23

24 **8.100.3. Medical Assistance General Eligibility Requirements**

25

26

27 **8.100.3.K. Consideration of Income**

28 1. Income or resources of an alien sponsor or an alien sponsor's spouse shall be countable to the
29 sponsored alien effective December 19, 1997. Forms used prior to December 19, 1997, including
30 but not limited to forms I-134 or I-136 are legally unenforceable affidavits of support. The
31 attribution of the income and resources of the sponsor and the sponsor's spouse to the alien will
32 continue until the alien becomes a U.S. citizen or has worked or can be credited with 40

1 qualifying quarters of work, provided that an alien crediting the quarters to the applicant/client has
 2 not received any public benefit during any creditable quarter for any period after December 31,
 3 1996.

4 a. Exception: When the sponsored alien is a pregnant woman or a child the income or
 5 resources of an alien sponsor or an alien sponsor's spouse will not be countable to the
 6 sponsored alien.

7 2. Income, in general, is the receipt by an individual of a gain or benefit in cash or in kind during a
 8 calendar month. Income means any cash, payments, wages, in-kind receipt, inheritance, gift,
 9 prize, rents, dividends, interest, etc., that are received by an individual or family.

10 3. Earned income is payment in cash or in kind for services performed as an employee or from self-
 11 employment.

12 4. Earned in kind income shall be income produced as a result of the performance of services by the
 13 applicant/client, for which he/she is compensated in shelter or other items in lieu of wages.

14 5. Received means "actually" received or legally becomes available, whichever occurs first; the
 15 point at which the income first is available to the individual for use. For example, interest income
 16 on a savings account is counted when it is credited to the account.

17 6. All Home Care Allowance (HCA) income paid to a Medical Assistance applicant or /member/client
 18 by the HCA recipient to provide home care services is countable earned income.

19 ~~a. Exception: When a HCA recipient lives in the home of the Medical Assistance~~
 20 ~~applicant/client, HCA payments made to the Medical Assistance applicant/client for~~
 21 ~~providing home care services to the HCA recipient is not countable income for the~~
 22 ~~purpose of calculating the Medical Assistance applicant/client's MAGI-based income.~~

23 7. An applicant or /member who is a live-in home care provider to a care recipient receiving a
 24 Difficulty of Care Payment and are being determined for a MAGI Medical Assistance program,
 25 the following must be met to exclude this Difficulty of Care payment as countable income:

26 a. The care provider receiving payments for personal care /or supportive services to a care
 27 recipient must live full-time in the same home with the care recipient.

28 b. The care recipient receiving personal care /or supportive services must be enrolled in
 29 Long Term Service Supports (LTSS), with additional services through a Home-Based
 30 Services (HCBS) waiver program or;

31 c. The care recipient must be enrolled in the Buy-In Program for Working Adults with
 32 Disabilities, and receive additional services through the Home and Community Based
 33 Services (HCBS) waiver program.

34 d. Exception:-Difficulty of care payments are not excluded if the payments are for
 35 more than 10 qualified foster individuals under the age 19 or 5 qualified foster individuals
 36 who are over the age 19.
 37
 38

- 1
- 2 **87.** Participation in the Workforce Investment Act (WIA) affects eligibility for Medical Assistance as
- 3 follows:
- 4 a. Wages derived from participation in a program carried out under WIA (work experience or
- 5 on-the-job training) and paid to a caretaker relative is considered countable earned
- 6 income.
- 7 b. Training allowances granted by WIA to a dependent child or a caretaker relative of a
- 8 dependent child to participate in a training program is exempt.
- 9 c. Wages derived from participation in a program carried out the under Workforce
- 10 Investment Act (WIA) and paid to any dependent child who is applying for or receiving
- 11 Medical Assistance are exempt in determining eligibility for a period not to exceed six
- 12 months in each calendar year.
- 13 **98.** An individual involved in a profit making activity as a sole proprietor, partner in a partnership,
- 14 independent contractor, or consultant shall be classified as self-employed.
- 15 a. To determine the net profit of a self-employed applicant/client deduct the cost of doing
- 16 business from the gross income. These business expenses include, but are not limited to:
- 17 i) the rent of business premises,
- 18 ii) wholesale cost of merchandise,
- 19 iii) utilities,
- 20 iv) taxes,
- 21 v) labor, and
- 22 vi) upkeep of necessary equipment.
- 23 b. The following are not allowed as business expenses:
- 24 i) Depreciation of equipment;
- 25 1) Exception: For the purpose of calculating MAGI-based income,
- 26 depreciation of equipment is an allowable business expense if the
- 27 equipment is not used for capital improvements.
- 28 ii) The cost of and payment on the principal of loans for capital asset or durable
- 29 goods;
- 30 iii) Personal expenses such as personal income tax payments, lunches, and
- 31 transportation to and from work.

- 1
- 2 c. Appropriate allowances for cost of doing business for Medical Assistance clients who are
3 licensed, certified or approved day care providers are (1) \$ 55 for the first child for whom
4 day care is provided, and (2) \$ 22 for each additional child. If the client can document a
5 cost of doing business which is greater than the amounts above set forth, the procedure
6 described in A, shall be used.
- 7 d. When determining self employment expenses and distinguishing personal expenses from
8 business expenses it is a requirement to only allow the percentage of the expense that is
9 business related.
- 10 109. Self-employment income includes, but is not limited to, the following:
- 11 a. Farm income - shall be considered as income in the month it is received. When an
12 individual ceases to farm the land, the self-employment deductions are no longer
13 allowable.
- 14 b. Rental income - shall be considered as self-employment income only if the Medical
15 Assistance client actively manages the property at least an average of 20 hours per
16 week.
- 17 c. Board (to provide a person with regular meals only) payment shall be considered earned
18 income in the month received to the extent that the board payment exceeds the
19 maximum food stamp allotment for one-person household per boarder and other
20 documentable expenses directly related to the provision of board.
- 21 d. Room (to provide a person with lodging only) payments shall be considered earned
22 income in the month received to the extent that the room payment exceeds
23 documentable expenses directly related to the provision of the room.
- 24 e. Room and board payments shall be considered earned income in the month received to
25 the extent that the payment for room and board exceeds the food stamp allotment for a
26 one-person household per room and boarder and documentable expenses directly
27 related to the provision of room and board.
- 28 110. Unearned income is the gross amount received in cash or kind that is not earned from
29 employment or self-employment. Unearned income includes, but is not limited to, the following:
- 30 a. Pensions and other period payments, such as:
- 31 i) Private pensions or disability benefits
- 32 1) Exception: Refer to section 8.100.4 for treatment of private disability
33 benefits for MAGI Medical Assistance.
- 34 ii) Social Security benefits (Retirement, survivors, and disability)

- 1 iii) Workers' Compensation payments
- 2 iv) Railroad retirement annuities
- 3 v) Unemployment insurance payments
- 4 vi) Veterans benefits other than Aid and Attendance (A&A) and Unusual Medical
- 5 Expenses (UME).
- 6 vii) Alimony and support payments
- 7 viii) Interest, dividends and certain royalties on countable resources

12 **8.100.4 MAGI Medical Assistance Eligibility [Eff. 01/01/2014]**

13 **8.100.4.A. MAGI Application Requirements**

- 14 1. Persons requesting a MAGI Medical Assistance category need only to complete the Single
- 15 Streamlined Application.

- 16 2. Parents and Caretaker Relatives, Pregnant Women, Children, and Adults may apply for Medical
- 17 Assistance at sites other than the County Department of Social Services, including eligibility sites
- 18 and Certified Application Assistance Sites (CAAS). The Department shall approve these sites to
- 19 receive and initially process these applications. The application used shall be the Single
- 20 Streamlined Application. The eligibility site shall determine eligibility.

- 21 3. The eligibility sites shall refer Medical Assistance clients who are pregnant and/or age 20 and
- 22 under to EPSDT offices (designated by the Department) by:
 - 23 a. Copying the page of the Single Streamlined Application that includes the EPSDT benefit
 - 24 questions. The eligibility site will then forward this page to the EPSDT office within five
 - 25 working days from the date of application approval; or by:

 - 26 b. Means of secure, electronic data transfer approved by the Department

27

28 **8.100.4.B. MAGI Category Verification Requirements**

- 1 1. Minimal Verification – At minimum, applicants seeking Medical Assistance shall provide all of the
2 following:
 - 3 a. Social Security Number: Each individual requesting assistance on the application shall
4 provide a Social Security Number (SSN), or each shall submit proof of an application to
5 obtain an SSN, unless they qualify for an exception listed in 8.100.3.I.1.b. Individuals who
6 qualify for an exception must not be required to provide an SSN.
 - 7 b. Verification of citizenship and identity as outlined in section 8.100.3.H under Citizenship
8 and Identity Documentation Requirements.
 - 9 c. Earned Income: Income shall be self-attested by an applicant and verified through an
10 electronic data source. Individuals who provide self-attestation of income must also
11 provide a Social Security Number for wage verification purposes.

12 If earned income is not or cannot be self-attested, it shall be verified by wage stubs, tax
13 documents, written documentation from the employer stating the employee's gross
14 income or a telephone call to an employer. Applicants may request that communication
15 with their employers be made in writing.

16 Estimated earned income shall be used to determine eligibility if the applicant/client
17 provides less than a full calendar month of wage stubs for the application month. A single
18 recent wage stub shall be sufficient if the applicant's income is expected to be the same
19 amount for the month of application. Verification of earned income received during the
20 month prior to the month of application shall be acceptable if the application month
21 verification is not yet available. Actual earned income shall be used to determine eligibility
22 if the client provides verification for the full calendar month.
 - 23 d. Unearned income: Unearned income can be self-attested by an applicant. Certain types
24 of unearned income, such as unemployment and survivor benefits may be verified
25 through electronic data sources.
 - 26 e. Verification of Legal Immigrant Status: Immigration status can be self-declared by an
27 applicant applying for Medical Assistance, to determine eligibility for full Medical
28 Assistance benefits. This declaration of legal immigration status will be verified through
29 the Verify Lawful Presence (VLP) interface. The VLP interface connects to the
30 Systematic Alien Verification for Entitlements (SAVE) program to verify legal immigration
31 status. See section 8.100.3.G for a description of the VLP interface. If status cannot be
32 verified, or if the applicant does not provide the necessary documents within the
33 reasonable opportunity period, then the applicant's Medical Assistance application shall
34 be terminated.
- 35 2. Additional Verification: No other verification shall be required of the client unless information is
36 found to be questionable on the basis of fact.
- 37 3. The determination that information is questionable shall be documented in the applicant's case
38 file and CBMS case comments.

- 1 4. Information that exists in another case record or in CBMS shall be used by the eligibility site to
2 verify those factors that are not subject to change, if the information is reasonably accessible.
- 3 5. The criteria of age and relationship can be declared by the client unless questionable. If
4 questionable, these criteria can be established with information provided from:
 - 5 a. official papers such as: a birth certificate, order of adoption, marriage license, immigration
6 or naturalization papers; or
 - 7 b. records or statements from sources such as: a court, school, government agency,
8 hospital, or physician.
- 9 6. Establishing that a dependent child meets the eligibility criteria of:
 - 10 a. age, if questionable requires (1) viewing the birth certificate or comparably reliable
11 document at eligibility site discretion, and (2) documenting the source of verification in the
12 case file and CBMS case comments;
 - 13 b. living in the home of the caretaker relative, if questionable requires (1) viewing the
14 appropriate documents which identify the relationship, (2) documenting these sources of
15 verification in the case file and CBMS case comments.

16 **8.100.4.C. MAGI Methodology for Income Calculation**

- 17 1. For an in depth treatment of gross income, refer to 26 U.S.C. § 61, which is hereby incorporated
18 by reference. The incorporation of 26 U.S.C. § 61 (2014) excludes later amendments to, or
19 editions of, the referenced material. Pursuant to § 24-4-103(12.5), C.R.S., the Department
20 maintains copies of this incorporated text in its entirety, available for public inspection during
21 regular business hours at: Colorado Department of Health Care Policy and Financing, 1570 Grant
22 Street, Denver CO 80203. Certified copies of incorporated materials are provided at cost upon
23 request. Except as otherwise provided, pursuant to 26 U.S.C. § 61 gross income means all
24 income from all derived sources, The Modified Adjusted Gross Income calculation for the
25 purposes of determining a household's financial eligibility for Medical Assistance shall consist of,
26 but is not limited to, the following:
 - 27 a. Earned Income:
 - 28 i) Wages, salaries, tips;
 - 29 ii) Gross income derived from business;
 - 30 iii) Gains derived from dealings in property;
 - 31 iv) Distributive share of partnership gross income (not a limited partner);
 - 32 v) Compensation for services, including fees, commissions, fringe benefits and
33 similar items; and

- 1 vi) Taxable private disability income.
- 2 b. Unearned Income:
- 3 i) Interest (includes tax exempt interest);
- 4 ii) Rents;
- 5 iii) Royalties;
- 6 iv) Dividends;
- 7 v) Alimony payments ~~received will continue to count if the divorce or legal~~
- 8 ~~separation is executed on or before December 31, 2018. This payment will not~~
- 9 ~~be countable income if the divorce or legal separation was modified on or after~~
- 10 ~~January 1, 2019, made directly to the household from a non-household member~~
- 11 ~~and separate maintenance payments;~~
- 12 vi) Pensions and annuities;
- 13 vii) Income from life insurance and endowment contracts;
- 14 viii) Income from discharge of indebtedness;
- 15 ix) Income in respect of a decedent; and
- 16 x) Income from an interest in an estate or trust.
- 17 xi) Social Security (SSA) income
- 18 xii) Distributive share of partnership gross income (limited partner)
- 19 c. Additional Income: In addition to the types of income identified in section 8.100.4.C.1.a-
- 20 b., the following income is included in the MAGI calculation.
- 21 i) Any tax exempt interest income
- 22 ii) Untaxed foreign wages and salaries
- 23 iii) Social Security Title II Benefits (Old Age, Disability and Survivor's benefits)
- 24 d. The following are Income exclusions:
- 25 i) An amount received as a lump sum is counted as income only in the month
- 26 received.
- 27 ii) Scholarships, awards, or fellowship grants used for educational purposes and not
- 28 for living expenses.

- 1 iii) Child support received
- 2 iv) Worker's Compensation
- 3 v) Supplemental Security Income (SSI)
- 4 vi) Veteran's Benefits
- 5 vii) American Indian/Alaskan Native income exceptions listed at 42 C.F.R. §
6 435.603(e) (2012) is hereby incorporated by reference. The incorporation of 42
7 C.F.R. § 435.603(e) (2012) excludes later amendments to, or editions of, the
8 referenced material. Pursuant to § 24-4-103(12.5), C.R.S., the Department
9 maintains copies of this incorporated text in its entirety, available for public
10 inspection during regular business hours at: Colorado Department of Health Care
11 Policy and Financing, 1570 Grant Street, Denver, CO 80203. Certified copies of
12 incorporated materials are provided at cost upon request.
- 13
- 14
- 15 e. Allowable Deductions: For an in depth treatment of allowable deductions from gross
16 income, please refer to 26 U.S.C. 62, which is hereby incorporated by reference. The
17 incorporation of 26 U.S.C. 62 (2014) excludes later amendments to, or editions of, the
18 referenced material. Pursuant to § 24-4-103(12.5), C.R.S., the Department maintains
19 copies of this incorporated text in its entirety, available for public inspection during regular
20 business hours at: Colorado Department of Health Care Policy and Financing, 1570
21 Grant Street, Denver CO 80203. Certified copies of incorporated materials are provided
22 at cost upon request.
- 23 The following deductions ~~are allowed to can~~ be subtracted from an individual's taxable
24 gross income, in order to calculate the Adjusted Gross Income (AGI) including (but not
25 limited to):
- 26 i) Student loan interest deductions
- 27 ii) Certain Self- employment expenses (SEP, SIMPLE and qualified plans, and
28 health insurance deductions)
- 29 iii) Deductible part of self-employment tax
- 30 iv) Health savings account deduction
- 31 v) Certain ~~b~~Business expenses of reservists, performing artist, and fee-basis
32 government officials

- 1 vi) Certain Reimbursed expenses of employees: Expenses paid or incurred by the
 2 taxpayer in connection with the performance of services as an employee under a
 3 reimbursement or other expense allowance arrangement with their employer.
- 4 vii) Moving expenses: -Only if active duty military who were ordered to move or
 5 change duty station.
- 6
- 7 viii) IRA deduction: Regular IRA Retirement account contributions claimed on a
 8 federal income tax return and who meet the IRA contributions limits.
- 9 ix) Penalty on early withdrawal of savings
- 10 x) Domestic production activities deduction
- 11 xi) Alimony paid: Deduct only if the divorce or separation is executed on or before
 12 12/December 31, /2018. Not a deduction for any divorce or legal separation
 13 modified on or after 4/January 1, /20019. -outside the home
- 14 xii) Educator expense
- 15 xiii) Certain pre-tax contributions: Flexible Spending Account
- 16 f. Income of children and tax dependents:
- 17 i) The income of a child who is included in the household of their natural, adopted,
 18 or step parent will not be included in the household income unless that child has
 19 income above the tax filing threshold sufficient to require that the child file a tax
 20 return.
- 21 1) Income from Title II Social Security benefits and Tier I Railroad benefits
 22 are excluded when determining if a child is required to file taxes.
- 23 ii) The income of a person, other than a child or spouse, who expects to be claimed
 24 as a tax dependent will not be included in the household income of the taxpayer
 25 unless that tax dependent has income abovesufficient the tax filing thresholdto
 26 require that the tax dependent file a tax return.
- 27 1) Income from Title II Social Security benefits and Tier I Railroad benefits
 28 are excluded when determining if a tax dependent is required to file
 29 taxes.
- 30 ii) The income of a child or tax dependent who does not live with their natural,
 31 adopted, or step parent will always count towards the determination of their own
 32 eligibility, even if the child's or tax dependent's income is below the tax filing
 33 threshold.

- 1 2. Income verifications: When discrepancies arise between self-attested income and electronic data
2 source results, the applicant shall receive every reasonable opportunity to establish his/her
3 financial eligibility through the test for reasonable compatibility, by providing a reasonable
4 explanation of the discrepancy, or by providing paper documentation in accordance with this
5 section. For Reasonable Opportunity Period please see section 8.100.3.H.9.
- 6 a. Income information obtained through an electronic data source shall be considered
7 reasonably compatible with income information provided by or on behalf of an applicant
8 in the following circumstances:
- 9 i) If the amount attested by the applicant and the amount reported by an electronic
10 data source are both below the applicable income standard for the requested
11 program, that income shall be determined reasonably compatible and the
12 applicant shall be determined eligible.
- 13 ii) If the amount attested by the applicant is below the applicable income standard
14 for that program, but the amount reported by the electronic data source is above,
15 and the difference is within the reasonable compatibility threshold percentage of
16 10%, the income shall be determined reasonably compatible and the applicant
17 shall be determined eligible.
- 18 iii) If both amounts are above the applicable income standard for that program, the
19 income shall be determined reasonably compatible, and the applicant shall be
20 determined ineligible due to income.
- 21 b. If income information provided by or on behalf of an applicant is not determined
22 reasonably compatible with income information obtained through an electronic data
23 source, a reasonable explanation of the discrepancy shall be requested. If the applicant
24 is unable to provide a reasonable explanation, paper documentation shall be requested.
- 25 i) The Department may request paper documentation only if the Department does
26 not find income to be reasonably compatible and if the applicant does not provide
27 a reasonable explanation or if electronic data are not available.
- 28 3. Self-Employment – If the applicant is self-employed the ledger included in the Single Streamlined
29 Application shall be sufficient verification of earnings, unless questionable.
- 30 4. Budget Periods for MAGI-based Income determination – The financial eligibility of applicants for
31 Medical Assistance shall be determined based on current or previous monthly household income
32 and family size.
- 33 a. Applicants who are found financially ineligible based on current or previous monthly
34 household income and family size, and whose household has earned income from self-
35 employment, seasonal employment, and/or commission-based employment, shall have
36 their financial eligibility determined using annualized self-employment, seasonal
37 employment, and commission-based employment income.

- 1 5. If an applicant does not meet the financial eligibility requirements for Medical Assistance based
2 on MAGI, but meets all other eligibility requirements, the applicant shall be found eligible for
3 MAGI Medical Assistance if the applicant's income, as calculated using the methodology for
4 determining eligibility for Advanced Premium Tax Credits or Cost Sharing Reductions through the
5 marketplace, is below 100% of the federal poverty level.

6
7 **8.100.4.D. Income Disregard**

- 8 1. An income disregard equivalent to five percentage points of the Federal Poverty Level for the
9 applicable family size will be subtracted from MAGI-based income.
- 10 a. If an individual's MAGI-based countable income is above the income threshold for the
11 applicable MAGI program under title XIX (Medicaid) or title XXI (CHP+) of the Social
12 Security Act, the five percent (5%) disregard will be applied for each qualifying MAGI
13 program as the last step to determine eligibility.
- 14 b. If the countable income is below the income threshold for the applicable MAGI program,
15 the individual is income eligible and the five percent (5%) disregard will not be applied to
16 determine eligibility.

17 **8.100.4.E. Determining MAGI Household Composition.**

- 18 1. MAGI household composition is similar to, but not necessarily the same as a tax household. To
19 determine MAGI household composition, the individual's relationship to the tax filer must be
20 established as declared on the Single Streamlined Application.
- 21 a. In the case of an applicant who expects to file a tax return for the taxable year in which
22 an initial determination or renewal of eligibility is being made, and does not expect to be
23 claimed as a tax dependent by anyone else, then the applicant's MAGI household shall
24 consist of the following:
- 25 i) The Tax-Filer;
- 26 ii) The Tax-Filer's spouse if living in the home;
- 27 iii) All persons whom the Tax-Filer expects to claim as a tax dependent on their
28 personal income tax return
- 29 b. In the case of an applicant who expects to be claimed as a tax dependent by another
30 taxpayer for the taxable year in which an initial determination or renewal of eligibility is
31 being made, the applicant's MAGI household shall be:
- 32 i) The Tax Dependent;
- 33 ii) The Tax-Filer and their spouse if living in the home;

- 1 iii) The Tax-Filer's other tax dependents;
- 2 iv) The Tax Dependent's spouse, if living with the Tax Dependent.
- 3 c. The MAGI household of an applicant who expects to be claimed as a tax dependent is as
4 outlined in 8.100.4.E.b above, except in the following circumstances:
- 5 i) The applicant expects to be claimed as a tax dependent by someone other than
6 a spouse, biological, adoptive or step parent.
- 7 ii) The applicant is a child under 19 who is expected to be claimed by one parent as
8 a tax dependent and is living with both parents, but the parents do not expect to
9 file a joint tax return.
- 10 iii) The applicant is a child under 19 and who expects to be claimed as a tax
11 dependent by anon-custodial parent.
- 12 d. If the applicant meets one of the exceptions in 8.100.4.E.c above or is a non-filer,
13 household composition shall be determined using the following non-filer rules and the
14 applicant's household shall consist of the following:
- 15 i) The applicant;
- 16 ii) The applicant's spouse who lives in the household;
- 17 iii) The applicant's natural, adopted, and step children under the age of 19, who live
18 in the household; and
- 19 iv) In the case of applicants under the age of 19, the applicant's natural, adoptive,
20 and step parents and natural, adoptive, and step siblings under age 19, who live
21 in the household.
- 22 2. When a household includes a pregnant woman, regardless of the Medical Assistance category,
23 the pregnant woman is counted as herself plus the number of children she is expected to deliver.
- 24 3. Married couples living together will each be included in the other's MAGI household regardless of
25 whether or not they expect to file taxes jointly, separately or if one expects to be claimed as a tax
26 dependent of the other.
- 27 4. If a child is claimed as a tax dependent by both parents who are married and who will file taxes
28 jointly but one parent lives outside of the household due to separation or pending divorce, the
29 child's household composition is determined by non-filer rules. The parent living outside of the
30 household will not be counted as part of the household.
- 31 5. An individual who is both a tax dependent and a tax filer will be considered a tax dependent for
32 the purpose of determining eligibility for Medical Assistance.

33 **8.100.4.F. MAGI Category Presumptive Eligibility**

- 1 1. A pregnant applicant may apply for presumptive eligibility for ambulatory services through
2 Medical Assistance presumptive eligibility sites. A child under the age of 19 may apply or have an
3 adult apply on their behalf for presumptive eligibility for State Plan approved medical services
4 through presumptive eligibility sites.
- 5 2. To be eligible for presumptive eligibility:
 - 6 a. a pregnant woman shall have an attested pregnancy, declare that her household's
7 income shall not exceed 185% of the federal poverty level (MAGI-equivalent) and declare
8 that she is a United States citizen or a documented immigrant. Refer to the MAGI-
9 Medicaid income guidelines chart available on the Department's website
 - 10 b. a child under the age of 19 shall have a declared household income that does not exceed
11 133% of federal poverty level (MAGI-equivalent) and declare that the child is a United
12 States citizen or a documented immigrant.
- 13 3. Presumptive eligibility sites shall be certified by the Department to make presumptive eligibility
14 determinations. Sites shall be re-certified by the Department every 2 years to remain approved
15 presumptive eligibility sites.
- 16 4. The presumptive eligibility site shall forward the application to the county within five business
17 days.
- 18 5. The presumptive eligibility period begins on the date the applicant is determined eligible and ends
19 with the earlier of:
 - 20 a. The day an eligibility determination for Medical Assistance is made for the applicant(s); or
 - 21 b. The last day of the month following the month in which a determination for presumptive
22 eligibility was made.
- 23 6. A presumptive eligible client may not appeal the end of a presumptive eligibility period.
- 24 7. Presumptively eligible women and Medical Assistance clients may appeal the county
25 department's failure to act on an application within 45 days from date of application or the denial
26 of an application. Appeal procedures are outlined in the State Hearings section of this volume.

27 **8.100.4.G. MAGI Covered Groups**

- 28 1. For MAGI Medical Assistance, any person who is determined to be eligible for Medical
29 Assistance based on MAGI at any time during a calendar month shall be eligible for benefits
30 during the entire month.
- 31 2. Children applying for Medical Assistance whose total household income does not exceed 133%
32 of the federal poverty level (MAGI-equivalent) shall be determined financially eligible for Medical
33 Assistance. Refer to the MAGI-Medicaid income guidelines chart available on the Department's
34 website.

- 1 a. Children are eligible for Children's MAGI Medical Assistance through the end of the
2 month in which they turn 19 years old. After turning 19, the individual may be eligible for a
3 different Medical Assistance category.
- 4 3. Parents and Caretaker Relatives applying for Medical Assistance whose total household income
5 does not exceed 60% of the federal poverty level (MAGI-equivalent) shall be determined
6 financially eligible for Medical Assistance. Parents or Caretaker Relatives eligible for this category
7 shall have a dependent child in the household.
- 8 a. A dependent child is considered to be living in the home of the parent or caretaker
9 relative as long as the parent or specified relative exercises responsibility for the care and
10 control of the child even if:
- 11 i) The child is under the jurisdiction of the court (for example, receiving probation
12 services);
- 13 ii) Legal custody is held by an agency that does not have physical possession of
14 the child;
- 15 iii) The child is in regular attendance at a school away from home;
- 16 iv) Either the child or the relative is away from the home to receive medical
17 treatment;
- 18 v) Either the child or the relative is temporarily absent from the home;
- 19 vi) The child is in voluntary foster care placement for a period not expected to
20 exceed three months. Should the foster care plan change within the three
21 months and the placement become court ordered, the child is no longer
22 considered to be living in the home as of the time the foster care plan is changed.
- 23 4. Adults applying for Medical Assistance whose total household income does not exceed 133% of
24 the federal poverty level shall be determined financially eligible for Medical Assistance. This
25 category includes adults who are parents or caretaker relatives of dependent children whose
26 income exceeds the income threshold to qualify for the Parents and Caretaker Relatives MAGI
27 category and who meet all other eligibility criteria.
- 28 a. A dependent child living in the household of a parent or caretaker relative shall have
29 minimum essential coverage, in order for the parent or caretaker relative to be eligible for
30 Medical Assistance under this category. Refer to section 8.100.4.G.3.a on who is
31 considered a dependent child.
- 32 5. Pregnant Women whose household income does not exceed 185% of the federal poverty level
33 (MAGI-equivalent) are eligible for the Pregnant Women MAGI Medical Assistance program.
34 Medical Assistance shall be provided to a pregnant woman for a period beginning with the date of
35 application for Medical Assistance through the last day of the month following 60 days from the
36 date the pregnancy ends. Once eligibility has been approved, Medical Assistance coverage will

1 be provided regardless of changes in the woman's financial circumstances once the income
2 verification requirements are met.

3 a. A pregnant women's eligibility period will end effective the earliest possible month, if the
4 following occurs:

5 i) Fails to provide a reasonable explanation or paper documentation when self-
6 attested income is not reasonably compatible with income information from an
7 electronic data source, by the end of the 90 day reasonable opportunity period.
8 This exception only applies the first-time income is verified following an initial
9 eligibility determination or an annual redetermination.

10 6. A lawfully admitted non-citizen who is pregnant and who has been in the United States for less
11 than five years is eligible for Medical Assistance if she meets all of the other eligibility
12 requirements specified at 8.100.4.G.5 and fits into one of the immigration categories listed in
13 8.100.3.G.1.g.iii.1-5 and 8.100.3.G.1.g.vi.1-15. This population is referenced as Legal Immigrant
14 Prenatal.

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

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

29 **8.100.4.H. Needy Persons**

30 1. Medical Assistance shall be provided to certain needy persons under 21 years of age, including
31 the following:

32 a. Those receiving care in a Long Term Care Institution eligible for Medical Assistance
33 reimbursement or receiving active treatment as inpatients in a psychiatric facility eligible
34 for Medical Assistance reimbursement and whose household income is less than the
35 MAGI needs standard for his/her family size when the client applies for assistance.
36 Clients that are receiving benefits under this category and are still receiving active
37 inpatient treatment in the facility at age 21 shall be eligible to age 22. This population is
38 referenced as Psych <21.

- 1 b. Those for whom the Department of Human Services is assuming full or partial financial
2 responsibility and who are in foster care, in homes or private institutions or in subsidized
3 adoptive homes. A child shall be the responsibility of the county, even if the child may be
4 in a medical institution at that time. See Colorado Department of Human Services "Social
5 Services Staff Manual" section 7 for specific eligibility requirements (12 CCR § 2509-1).
6 12 CCR § 2509-1 (2013) is hereby incorporated by reference. The incorporation of 12
7 CCR § 2509-1 excludes later amendments to, or editions of, the referenced material.
8 Pursuant to § 24-4-103(12.5), C.R.S., the Department maintains copies of this
9 incorporated text in its entirety, available for public inspection during regular business
10 hours at: Colorado Department of Health Care Policy and Financing, 1570 Grant Street,
11 Denver CO 80203. Certified copies of incorporated materials are provided at cost upon
12 request.
- 13 c. Those for whom the Department of Human Services is assuming full or partial financial
14 responsibility and who are in independent living situations subsequent to being in foster
15 care.
- 16 d. Those for whom the Department of Human Services is assuming full or partial
17 responsibility and who are receiving services under the state's Alternatives to Foster
18 Care Program and would be in foster care except for this program and whose household
19 income is less than the MAGI needs standard for his/her family size.
- 20 e. Those for whom the Department of Human Services is assuming full or partial
21 responsibility and who are removed from their home either with or without (court ordered)
22 parental consent, placed in the custody of the county and residing in a county approved
23 foster home.
- 24 f. Those for whom the Department of Human Services is assuming full or partial
25 responsibility and who are receiving services under the state's subsidized adoption
26 program, including a clause in the subsidized adoption agreement to provide Medical
27 Assistance for the child.
- 28 g. Those for whom the Department of Human Services is assuming full or partial financial
29 responsibility on their 18th birthday or at the time of emancipation. These individuals also
30 must have received foster care maintenance payments or subsidized adoption payments
31 from the State of Colorado pursuant to article 7 of title 26, C.R.S. immediately prior to the
32 date the individual attained 18 years of age or was emancipated. Eligibility shall be
33 extended until the individual's 21st birthday for these individuals with the exception of
34 those receiving subsidized adoption payments.
- 35 2. Medical Assistance shall be extended to certain needy persons until the end of the month of the
36 individual's 26th birthday, including the following:
- 37 a. Those individuals that were formerly in foster care under the responsibility of the State or
38 Tribe on their 18th, 19th, 20th or up to their 21st birthday and were receiving Medical
39 Assistance.

- 1 i) This extension does not apply to youth that are receiving subsidized adoption
2 payments or
- 3 ii) To youth that are enrolled in mandatory Medical Assistance.
- 4 b) Former Foster Care youth are not subject to either an income or resource test.
- 5 c) Former Foster Care youth's newborn shall be considered a needy newborn.

6 **8.100.4.I. Transitional Medical Assistance and 4 Month Extended Medical Assistance**

7 1. Eligibility for Transitional Medical Assistance shall be granted for twelve months (beginning with
8 the first month of ineligibility) to individuals who are no longer eligible for the Parent/Caretaker
9 Relative category due to a change in income.

10 The extension shall be applied to individuals who:

- 11 a. Were eligible for the Parent/Caretaker Relative category in at least three of the six
12 months preceding the month in which the individual would have become ineligible, and
- 13 b. Are no longer eligible for coverage under the Parent/Caretaker Relative category
14 because of new or increased income from employment or hours of employment
- 15 i) At least one Parent/Caretaker Relative must continue to be employed and cannot
16 terminate employment without good cause. This does not need to be the same
17 person for the whole period the family is receiving Transitional Medical
18 Assistance.

19 2. Any dependent child or Parent/Caretaker Relative who was or becomes part of the Medical
20 Assistance household after the individual has begun receiving Transitional Medical Assistance is
21 eligible for the remaining months of Transitional Medical Assistance.

- 22 a. A dependent child in the household who received Medical Assistance through continuous
23 eligibility, but is no longer eligible for Medical Assistance based on a redetermination, is
24 eligible for the family's remaining months of Transitional Medical Assistance.
- 25 b. An individual in the household who received Medical Assistance, but is no longer eligible
26 for Medical Assistance based on a redetermination, is eligible for the family's remaining
27 months of Transitional Medical Assistance

28 3. To become or remain eligible for Transitional Medical Assistance:

- 29 a. The household must include a dependent child. If it is determined that the household no
30 longer has a child living in the home, Transitional Medicaid Assistance shall discontinue
31 at the end of the month in which the household does not include a dependent child.
- 32 b. If health insurance is available from the employer to the employee, at no cost to the
33 Medical Assistance recipient, the client shall enroll in the insurance program.

1 4. When Transitional Medical Assistance ends the case will be reassessed for all other categories of
2 Medical Assistance for which the family members may be eligible. A new application shall not be
3 required for this process.

4 5. Eligibility for Medical Assistance shall be extended for four months (beginning with the first month
5 of ineligibility) for certain families who become ineligible for Medical Assistance due solely or
6 partially to the receipt of support income, such as alimony. The extension shall be applied for a
7 family which receives assistance under Medical Assistance in at least three of the six months
8 immediately preceding the month in which the family becomes ineligible for assistance. To be
9 eligible for the four month Medical Assistance extension, the family shall meet all other eligibility
10 criteria for Medical Assistance before the alimony income is applied-.

11 a. Alimony payments received will continue to count if the divorce or legal separation is
12 executed on or before December 31, 2018. This payment will not be countable income if
13 the divorce or legal separation was modified on or after January 1, 2019.

14 **8.100.4.J. Express Lane Eligibility**

15 Express Lane Eligibility shall allow for automatic initiation of Medical Assistance enrollment by using
16 available data and findings from other programs as listed below.

17 1. Free/Reduced Lunch Program

18 a. Recipients of the Free/Reduced Lunch Program who have submitted a Free/Reduced
19 Lunch application at a participating school district-

20 i) Families shall be given the option to opt into Medical Assistance coverage for
21 their potentially eligible child.

22 ii) Children who meet all necessary eligibility requirements as outlined in this
23 volume shall be automatically enrolled.

24 iii) Children who meet all necessary eligibility requirements except verification of
25 U.S. citizenship and identity shall receive 90days of eligibility while awaiting this
26 verification.

27 iv) Any additionally required verification shall be requested from the client through
28 CBMS prior to being automatically enrolled.

29 v) Eligibility is based on income declared on the Free/Reduced Lunch application as
30 well as eligibility requirements outlined in this volume.

31 vi) If it would be found that a child does not satisfy an eligibility requirement for
32 Medical Assistance, the child's eligibility will be evaluated using the Single
33 Streamlined Application for Medical Assistance.

34 b. Recipients of the Free/Reduced Lunch Program who were not required to submit a
35 Free/Reduced Lunch application at a participating school district-

1 i) Families who are automatically enrolled Free/Reduced Lunch recipient children
2 shall not be forwarded to the Department for Express Lane Eligibility in
3 compliance USDA confidentiality guidelines.

4 ii) These families must apply for Medical Assistance in order to give consent for
5 request of benefits.

6 2. Direct Certification

7 a. Individuals who have submitted a Food Assistance or Colorado Works application

8 i) Families shall be given the option to opt into Medical Assistance coverage for
9 their potentially eligible child.

10 ii) Children who meet all necessary eligibility requirements as outlined throughout
11 8.100.4 shall be automatically enrolled

12 iii) Children who meet all necessary eligibility requirements except verification of
13 U.S. citizenship and identity will receive 90 days of eligibility while awaiting this
14 verification.

15 iv) Any additionally required verification shall be requested from the client through
16 CBMS prior to being automatically enrolled.

17 v) Eligibility is based on income declared on the Food Assistance or Colorado
18 Works application as well as eligibility requirements outlined throughout this
19 volume.

20 vi) If it would be found that a child does not satisfy an eligibility requirement for
21 Medical Assistance, the child's eligibility shall be evaluated using the Single
22 Streamlined Application for Medical Assistance.

23 vii) Individuals whose eligibility is not determined through Express Lane Eligibility
24 can also submit a separate Single Streamlined Application for Medical
25 Assistance to determine eligibility.

26