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**SECRETARY OF STATE
RULES ACTION SUMMARY AND FILING INSTRUCTIONS**

SUMMARY OF ACTION ON RULE(S)

1. Department / Agency Name: Health Care Policy and Financing / Medical Services Board
2. Title of Rule: MSB 12-03-15-A, Revision to the Medical Assistance Eligibility Rule Concerning Increase in Resource Limits for Medicare Savings Plan Programs
3. This action is an adoption of: new rules
4. Rule sections affected in this action (if existing rule, also give Code of Regulations number and page numbers affected):

Sections(s) 8.100.5.M.1, Colorado Department of Health Care Policy and Financing, Staff Manual Volume 8, Medical Assistance (10 CCR 2505-10).
5. Does this action involve any temporary or emergency rule(s)? No
If yes, state effective date:
Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

Please replace the new text provided at §8.100.M.1 with the new text provided. All other text in the section remains as is. This revision is effective 08/30/2012.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Medical Assistance Eligibility Rule Concerning Increase in Resource Limits for Medicare Savings Plan Programs

Rule Number: MSB 12-03-15-A

Division / Contact / Phone: Eligibility / Shawn Bodiker / 3584

STATEMENT OF BASIS AND PURPOSE

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

The proposed rule changes 10 CCR 2505-10, Section 8.100.5.M.1. to add language to the resource limits for Medicare Savings Programs due to an expected yearly increase. The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), P.L. 110-275, allows for the resource limit to be adjusted on January 1 of each year, based upon the change in the annual consumer price index (CPI) for Qualified Medicare Beneficiaries (QMB), Special Low-Income Medicare Beneficiaries (SLMB), and Qualified Individuals (QI1). This change in resource limit does not apply to Qualified Disabled Working Individuals (QDWI). Due to the expectation that resource limits will be increased yearly, the proposed rule allows the Department to alleviate the need for yearly updates.

2. An emergency rule-making is imperatively necessary

- to comply with state or federal law or federal regulation and/or
- for the preservation of public health, safety and welfare.

Explain:

3. Federal authority for the Rule, if any:

Medicare Improvements for Patients and Providers Act 2008, P.L. 110-275, section 112

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2011);

Initial Review

05/11/2012

Final Adoption

07/13/2012

Proposed Effective Date

08/30/2012

Emergency Adoption

DOCUMENT #02

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Medical Assistance Eligibility Rule Concerning Increase in Resource Limits for Medicare Savings Plan Programs

Rule Number: MSB 12-03-15-A

Division / Contact / Phone: Eligibility / Shawn Bodiker / 3584

REGULATORY ANALYSIS

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

The proposed rule is administrative in nature, and would alleviate the need for the Department to revise regulations annually with the new resource limit set at the federal level for Medicare Savings Programs.

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

The qualitative impact of the proposed rule positively impacts individuals with higher resources. The proposed rule allows for an increase in the resource limit for Medicare Savings Programs to account for Consumer Price Index (CPI) to ensure that individuals do not lose eligibility for the Medicare Savings Programs due to inflationary increases in the value of resources. Due to the expectation that resource limits will be increased yearly, the proposed rule allows the Department to alleviate the need for yearly updates.

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

There would be no costs or savings to the Department. The proposed rule is administrative in nature and would alleviate the need for the Department to revise regulations annually with the new resource limit set at the federal level for Medicare Saving Programs.

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

Not applicable. The rules are necessary to be in conformity with current federal law.

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

Not applicable. The rules are necessary to be in conformity with current federal law.

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

Not applicable. The rules are necessary to be in conformity with current federal law.

8.100.5.M. Resource Requirements

1. Consideration of resources: Resources are defined as cash or other assets or any real or personal property that an individual or spouse owns. The resource limit for an individual is \$2,000. ~~The resource limits for the QMB, SLMB, and QI programs are \$8,180 for a single individual and \$13,020 for a married individual living with a spouse and no other dependents.~~ For a married couple, the resource limit is \$3,000. If one spouse is institutionalized, refer to Spousal Protection-Treatment of Income and Resources for Institutionalized Spouses. Effective January 1, 2011, the resource limits for the QMB, SLMB, and QI programs are \$8,180 for a single individual and \$13,020 for a married individual living with a spouse and no other dependents. The resource limits for the QMB, SLMB, and QI programs shall be adjusted annually by the Centers for Medicare and Medicaid Services on January 1 of each year. These resource limits are based upon the change in the annual consumer price index (CPI) as of September of the previous year. Resources are not counted for the Medicaid Buy-In Program for Working Adults with Disabilities or AwDC.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Medical Assistance Rule Concerning the Technical Correction to the Adults without Dependent Children (AwDC) Rule, Section 8.100.

Rule Number: MSB 12 -05 -02 -A

Division / Contact / Phone: Eligibility / Marivel Guadarrama / 3926

**SECRETARY OF STATE
RULES ACTION SUMMARY AND FILING INSTRUCTIONS**

SUMMARY OF ACTION ON RULE(S)

1. Department / Agency Name: Health Care Policy and Financing / Medical Services Board
2. Title of Rule: MSB 12 -05 -02 -A, Revision to the Medical Assistance Rule Concerning the Technical Correction to the Adults without Dependent Children (AwDC) Rule, Section 8.100.
3. This action is an adoption of: an amendment
4. Rule sections affected in this action (if existing rule, also give Code of Regulations number and page numbers affected):

Sections(s) 8.100.1, 8.100.3.F, 8.100.3.H, 8.100.3.J, 8.100.3.M, 8.100.3.N, 8.100.5.H, 8.100.5.M, and 8.100.6, Colorado Department of Health Care Policy and Financing, Staff Manual Volume 8, Medical Assistance (10 CCR 2505-10).
5. Does this action involve any temporary or emergency rule(s)? No
If yes, state effective date:
Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

§8.100.1

At §8.100.1 Definitions please make the revisions as follows:

- Unnumbered paragraph 1 that reads “*300% Institutionalized Special Income Group is a Medical Assistance category that provides Long-Term Care Services to aged or disabled individuals.*” should remain in the CCR.
- Unnumbered paragraphs 2 “*1619b is section 1619b of the Social Security Act which allows individuals who are eligible for Supplemental Security Income (SSI) to continue to be eligible for Medical Assistance coverage after they return to work.*” through unnumbered paragraph 33 “*Colorado Medical Assistance application is the designated application for Medical Assistance Programs and the CHP+ Program.*” should be replaced with the text provided in this filing.

THIS PAGE NOT FOR PUBLICATION

- The current unnumbered paragraph #10 that begins “*Annuity is an investment vehicle whereby an individual*” is replaced with the new paragraph provided that deletes the word “for.”
- All text from unnumbered paragraph 34 “*COLA - Cost of Living Adjustment is an annual increase in the dollar value of benefits made automatically by the United States Department of Health and Human Services or the state in OASDI, SSI and OAP cases to account for rises in the cost of living due to inflation.*” through the end of the section should remain as is.

§8.100.3.F

The new text provided at §8.100.3.F.1.m should be inserted immediately following the current text in the CCR at §8.100.3.F.1.1. Paragraph 8.100.3.F.1.1 should be left in the CCR even though it is not included in this filing. Text provided in this filing from §8.100.3.F “*Groups Assisted Under the Program*” through §8.100.3.F.1.k is for clarification purposes only.

§8.100.3.H

Even though it is not included in this filing, current text in the CCR at §8.100.3.H “*Citizenship and Identity Documentation Requirements*” through §8.100.3.H.8.c should remain as is. The text provided in this filing from §8.100.H.9 “*Reasonable Opportunity Period*” through the end of the table at §8.100.3.H.9.c is included for clarification purposes only and should not be changed.

The last item in the table at §8.100.3.H.9.c should be the new text provided “*Adults without Dependent Children (AwDC) -- 8.100.6.P*”. Even though the text in the table that reads as follows:

Medicaid Buy-In Program for Working Adults with Disabilities	8.100.6.O
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is not included in this filing it should remain in the CCR and be just before the new text provided in this filing.

§8.100.3.J

The title line at §8.100.3.J.that reads “*Supplemental Security Income (SSI) And Aid To The Needy Disabled (AND) Recipients*” is to be replaced by the text in the filing. Even though it is not provided in this filing, the text from §8.100.3.J.1 through §8.100.3.J.3 should not be changed in the CCR. The new paragraph provided at §8.100.3.J.4 should replace the current paragraph in the CCR.

§8.100.3.M

THIS PAGE NOT FOR PUBLICATION

Please replace the current paragraph at §8.100.3.M.1. with the paragraph provided in this filing.

§8.100.3.N

Please insert the new paragraph provided in this filing at §8.100.3.N.2.d immediately following paragraph §8.110.3.N.2.c. Text included in this filing at §8.100.3.N through §8.100.3.N.2.c is for clarification only and should not be changed. Text at §8.100.3.N.2.e is not included in this filing but should remain in the CCR as is.

§8.100.5.H

Please replace the current paragraph in the CCR at §8.100.5.H.1 with the paragraph provided in this filing. The text in this filing from §8.100.5.H.2 through §8.100.5.H.2.h is for clarification purposes only and should not be changed in the CCR.

§8.100.5.M

Please replace the current paragraph in the CCR at §8.100.5.M.1 with the paragraph provided in this filing. No other text should be changed in the section.

§8.100.6.P

Please replace the current text in the CCR from §8.100.6.P “*Adults without Dependent Children*” through the end of §8.100.6.P.4.d with the text provided in the filing.

These changes are effective 08/30/2012.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Medical Assistance Rule Concerning the Technical Correction to the Adults without Dependent Children (AwDC) Rule, Section 8.100.

Rule Number: MSB 12 -05 -02 -A

Division / Contact / Phone: Eligibility / Marivel Guadarrama / 3926

STATEMENT OF BASIS AND PURPOSE

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

The proposed rule amends 10 CCR 2505-10, Section 8.100 to provide a technical correction to the Adults without Dependent Children (AwDC) program, sections 8.100.1, 8.100.1, 8.100.3.F, 8.100.3.H, 8.100.3.J, 8.100.3.M, 8.100.3.N, 8.100.5.H, 8.100.5.M, and 8.100.6. The technical correction incorporates revisions to the rule that were previously approved but were not incorporated. No other changes are being made.

2. An emergency rule-making is imperatively necessary

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

for the preservation of public health, safety and welfare.

Explain:

The currently published rules exclude portions that were previously approved. Due to this, the current rules are at risk for annulment and must be corrected immediately.

3. Federal authority for the Rule, if any:

AwDC: Section 1902(k)(2) of the Social Security Act

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2011);
25.5-4-402.3(4)(b)(IV)(C), C.R.S. (2011)

Initial Review

Final Adoption

07/13/2012

Proposed Effective Date

08/30/2012

Emergency Adoption

DOCUMENT #03

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Medical Assistance Rule Concerning the Technical Correction to the Adults without Dependent Children (AwDC) Rule, Section 8.100.

Rule Number: MSB 12 -05 -02 -A

Division / Contact / Phone: Eligibility / Marivel Guadarrama / 3926

REGULATORY ANALYSIS

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

The rule expands Medical Assistance through the Adults without Dependent Children program. This covers individuals aged 19 to 64 without Medicaid eligible dependent children living in their home who have income at or below 10% of the Federal Poverty Level.

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

This rule will not cause an impact due to it being a technical correction.

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

There are no additional costs to the Department or any other agencies for this rule.

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

The Department must implement the proposed rule in order to be compliant with rule regulations.

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

N/A

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

None

8.100 MEDICAL ASSISTANCE ELIGIBILITY

8.100.1 Definitions

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

1931 Medical Assistance is a Medical Assistance category for families, qualified pregnant women and children with limited income provided under section 1931 of Title XIX of the Social Security Act.

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

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

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

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

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

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

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

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

Applicant is a person who has submitted an application for public benefits.

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

Application for Assistance is the designated application used to determine eligibility for financial assistance. It can also be used to determine eligibility for medical assistance.

[AwDC - Adults without Dependent Children is a category of Medical Assistance for adults who are at least age 19 but less than 65 years without Medicaid eligible dependent children living in the client's household.](#)

[AwDC Randomized Member Selection Process is the process to randomly select clients on the AwDC waitlist to be enrolled within the AwDC program.](#)

[AwDC Waitlist - Adults without Dependent Children Waitlist is a list of persons who have been determined eligible for the Adults without Dependent Children category of Medical Assistance but who cannot be approved for the category as the maximum limit for enrollment has been reached.](#)

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

Burial Spaces are burial plots, gravesites, crypts, mausoleums, urns, niches and other customary and traditional repositories for the deceased's bodily remains provided such spaces are owned by the individual or are held for his or her use, including necessary and reasonable improvements or additions to or upon such burial spaces such as: vaults, headstones, markers, plaques, or burial containers and arrangements for opening and closing the gravesite for burial of the deceased.

Burial Trusts are irrevocable pre-need funeral agreements with a funeral director or other entity to meet the expenses associated with burial for Medical Assistance applicants/recipients. The agreement can include burial spaces as well as the services of the funeral director.

Caretaker Relative is any relation by blood, marriage or adoption who is within the fifth degree of kinship to the dependent child, such as: a parent; a brother, sister, uncle, aunt, first cousin, first cousin once removed, nephew, niece, or persons of preceding generations denoted by prefixes of grand, great, great great, or great-great-great; a spouse of any person included in the above groups even after the marriage is terminated by death or divorce; or stepparent, stepbrother, stepsister, step-aunt, etc.

Case management services are services provided by community mental health centers, clinics, community centered boards, and EPSDT case managers to assist in providing services to Medical Assistance clients in gaining access to needed medical, social, educational and other services.

Cash surrender value is the amount the insurer will pay to the owner upon cancellation of the policy before the death of the insured or before maturity of the policy.

Categorically eligible means persons who are eligible for Medical Assistance due to their eligibility for one or more Federal categories of public assistance.

CBMS - Colorado Benefits Management System is the computer system that determines an applicant's eligibility for public assistance in the state of Colorado.

CDHS -Colorado Department of Human Services is the state department responsible for administering the social service and financial assistance programs for Colorado.

Child Support Services is a CDHS program that assures that all children receive financial and medical support from each parent. This is accomplished by locating each parent, establishing paternity and support obligations, and enforcing those obligations.

Citizen is a person who was born in the United States or who has been naturalized.

Client is a person who is eligible for the Medical Assistance Program. "Client" is used interchangeably with "recipient" when the person is eligible for the program.

CMS - Centers for Medicare and Medicaid Services is the Federal agency within the US Department of Health and Human Services that partners with the states to administer Medicaid and CHP+ via State Plans in effect for each State. Colorado is in Region VIII.

CHP+ - Child Health Plan Plus is low-cost health insurance for Colorado's uninsured children and pregnant women. CHP+ is public health insurance for children and pregnant women who earn too much to qualify for The Medical Assistance Program, but cannot afford private health insurance.

Colorado Medical Assistance application is the designated application for Medical Assistance Programs and the CHP+ Program.

8.100.3.F. Groups Assisted Under the Program

1. The Medical Assistance Program provides benefits to the following persons who meet the federal definition of categorically needy at the time they apply for benefits:
 - a. Families and children as defined under the Family and Children's Medical Assistance section 8.100.4.
 - b. Persons who meet legal immigrant requirements as outlined in this volume, who were or would have been eligible for SSI but for their alien status, if such persons meet the resource, income and disability requirements for SSI eligibility.
 - c. Persons who are receiving financial assistance; and who are eligible for a SISC Code of A or B. See section 8.100.3.N for more information on SISC Codes.
 - d. Persons who are eligible for financial assistance under Old Age Pension (OAP) and SSI, but are not receiving the money payment.
 - e. Persons who would be eligible for financial assistance from OAP or SSI, except for the receipt of Social Security Cost of Living Adjustment (COLA) increases, or other retirement, survivors, or disability benefit increases to their own or a spouse's income. This group also includes persons who lost OAP or SSI due to the receipt of Social Security Benefits and who would still be eligible for the Medical Assistance Program except for the cost of living adjustments (COLA's) received. These populations are referenced as Pickle and Disabled Widow(er)s.
 - f. Persons who are blind, disabled, or aged individuals residing in the medical institution or Long Term Care Institution whose income does not exceed 300% of SSI.
 - g. Persons who are blind, disabled or aged receiving HCBS whose income does not exceed 300% of the SSI benefit level and who, except for the level of their income, would be eligible for an SSI payment.
 - h. A disabled adult child who is at least 18 years of age and who was receiving SSI as a disabled child prior to the age of 22, and for whom SSI was discontinued on or after May 1, 1987, due to having received of OASDI drawn from a parent(s) Social Security Number, and who would continue to be eligible for SSI if the above OASDI and all subsequent cost of living adjustments were disregarded. This population is referenced as Disabled Adult Child (DAC).
 - i. Children age 18 and under who would otherwise require institutionalization in an Long Term Care Institution, Nursing Facility (NF), or a hospital but for which it is appropriate to provide care outside of an institution as described in 1902(e)(3) of the Act Public Law No. 97-248 (Section 134).

j. Persons receiving OAP-A, OAP-B, and OAP Refugees who do not meet SSI eligibility criteria but do meet the state eligibility criteria for the OAP State Only Medical Assistance Program. These persons qualify for a SISC Code C.

k. Persons who apply for and meet the criteria for one of the categorical Medical Assistance programs, but do not meet the criteria of citizenship shall receive Medical Assistance benefits for emergencies only.

m. Persons who are at least age 19 but less than 65 years without Medicaid eligible dependent children living in the person's household regardless of resources and with income at or below 10% of the Federal Poverty Level (FPL) adjusted for the person's household size.

8.100.3.H. Citizenship and Identity Documentation Requirements

9. Reasonable Opportunity Period

- a. If a Medical Assistance applicant or recipient does not have the required documentation, he or she must be given a reasonable opportunity period to provide the required documentation. If the applicant or recipient does not provide the required documentation within the reasonable opportunity period, then:
 - i) the applicant's Medical Assistance application shall be denied, or
 - ii) the recipient's Medical Assistance benefits shall be terminated.
- b. The reasonable opportunity period for Family Programs covered under 8.100.3.H is 14 calendar days. For the purpose of this section, Family Programs are defined as the following:

<u>Commonly Used Program Name</u>	<u>Rule Citation</u>
1931 Medical Assistance	8.100.4.G.2
Transitional Medical Assistance	8.100.4.I.1-7
Four Month Extended Medical Assistance	8.100.4.I.8
Institutionalized under age 21	8.100.4.H.1.a
Parents Plus Program	8.100.4.G.8
Qualified Child	8.100.4.G.6
Expanded Child	8.100.4.G.6
Ribicoff Child	8.100.4.G.7
Qualified Pregnant	8.100.4.G.9
Expanded Pregnant	8.100.4.G.9

- c. The reasonable opportunity period for Adult Programs covered under 8.100.3.F. is 70 calendar days. For the purpose of this rule, Adult Programs are defined as the following:

<u>Commonly Used Program</u> <u>Name</u>	<u>Rule Citation</u>
Old Age Pension A (OAP-A)	8.100.3.F.1.c
Old Age Pension B (OAP-B)	8.100.3.F.1.c
Qualified Disabled Widow/Widower	8.100.3.F.1.e
Pickle	8.100.3.F.1.e
Long-Term Care Breast and Cervical Cancer Program (BCCP)	8.100.3.F.1.f-h 8.715
<u>Adults without Dependent Children (AwDC)</u>	<u>8.100.6.P</u>

8.100.3.J. Supplemental Security Income (SSI) And Aid To The Needy Disabled (AND) Recipients

4. An individual receiving AND may also receive assistance under the AwDC program. An AND recipient shall be eligible for AwDC, if the recipient meets all the requirements of AwDC. For these individuals, the applicant's AND payment shall not be included as income for determining eligibility.

8.100.3.M. Consideration of Resources

1. Resources are counted in determining eligibility for the Aged, Blind and Disabled, and Long Term Care institutionalized and Home and Community Based Services categories of Medical Assistance. Resources are not counted in determining eligibility for the Family and Children's Medical Assistance programs, [the Medicaid Buy-In Program for Working Adults with Disabilities, or AwDC](#). See section 8.100.5 for rules regarding consideration of resources.

8.100.3.N. Federal Financial Participation (FFP)

1. The state is entitled to claim federal financial participation (FFP) for benefits paid on behalf of groups covered under the Colorado Medical Assistance Program and also for the Medicare supplementary medical insurance benefits (SMIB) premium payments made on behalf of certain groups of categorically needy persons.
2. The SISC codes are as follows:
 - a. Code A - for institutionalized persons whose income is under 300% of the SSI benefit level and who, except for the level of their income, would be eligible for an SSI payment; and non-institutionalized persons receiving Home and Community Based Services, whose income does not exceed 300% of the SSI benefit level and who, except for the level of their income, would be eligible for an SSI payment; code A signifies that FFP is available in expenditures for medical care and services which are benefits of the Medical Assistance program but not for SMIB premium payments;
 - b. Code B - for persons eligible to receive financial assistance under SSI; persons eligible to receive financial assistance under OAP "A" who, except for the level of their income, would be eligible for an SSI payment; persons who are receiving mandatory State supplementary payments; and persons who continue to be eligible for Medical Assistance after disregarding certain Social Security increases; code B signifies that FFP is available in expenditures for medical care and services which are benefits of the Medical Assistance program and also for SMIB premium payments;
 - c. Code C - for persons eligible to receive assistance under OAP "A", OAP "B", or OAP Refugee Assistance for financial assistance only; who do not receive SSI payment and do not otherwise qualify under SISC code B as described in item B. above; code C signifies that no FFP is available in Medical Assistance program expenditures.
 - [d. Code D1 – for persons eligible to receive assistance under AwDC from program implementation through 12/31/2013; Code D1 signifies 50% FFP is available in expenditures for medical care and services which are benefits of the Medical Assistance program.](#)
3. Recipients of financial assistance under State AND, State AB, or OAP "C" are not [automatically](#) eligible for Medical Assistance and the SISC code which shall be entered on the eligibility reporting form is C.

8.100.5.H. Income Disregards

1. The following income disregards are only applicable to SSI related, OAP, and Medicare Savings Programs (MSP), [and the Medicaid Buy-In Program for Working Adults with Disabilities. Only the unearned income disregard is applicable to AwDC.](#) These disregards are not applicable to the HCBS waivers or the LTC programs.
2. The gross amount of earned and unearned income is countable toward eligibility with the following exclusions:
 - a. the first \$20 of total available unearned income (except for SSI income) must be disregarded;
 - b. an additional \$65 plus 1/2 of the remainder of earned income must be disregarded;
 - c. income of spouses living together is considered mutually available and must be compared to the current SSI benefit level for a couple; net income of a non recipient spouse must be reduced by an amount up to one half the individual SSI benefit level for unmet needs of each non recipient child in the family;
 - d. income of single persons must be compared to the current SSI benefit level for an individual (a one third reduction applies to a person living in the household of another);
 - e. unemancipated children are not subject to a one-third reduction, an amount of parental income equal to the individual or couple SSI benefit level must be allowed for the needs of the parent or parents, up to one half the individual SSI benefit level must be allowed for the unmet needs of each non recipient child in the family, and the remainder must be considered as income available to the applicant or recipient child. For the purposes of this rule, "unemancipated child" means (1) a child under age 18 who is living in the same household with a parent or spouse of a parent, or (2) a child under age 21 who is living in the same household with a parent or spouse of a parent, if the child is regularly attending a school, college, or university, or is receiving technical training designed to prepare the child for gainful employment;
 - f. one third of child support for the applicant/recipient child from an absent parent must be disregarded;
 - g. the first \$400 of gross monthly earnings, not to exceed \$1620 in a calendar year, shall be exempt from consideration as earned income of a disabled or blind child who is a student regularly attending school.
 - h. any other applicable exemptions in 20 CFR 416.1112. 20 CFR 416.1112 is incorporated herein by reference. No amendments or later editions are incorporated. Copies are available for inspection from the following person at the following address: Custodian of Records, Colorado Department of Health Care Policy and Financing, 1570 Grant Street, Denver,

CO 80203. Any material that has been incorporated by reference in this rule may be examined at any state publications repository library.

8.100.5.M. Resource Requirements

1. Consideration of resources: Resources are defined as cash or other assets or any real or personal property that an individual or spouse owns. The resource limit for an individual is \$2,000. The resource limits for the QMB, SLMB, and QI programs are \$8,180 for a single individual and \$13,020 for a married individual living with a spouse and no other dependents. For a married couple, the resource limit is \$3,000. If one spouse is institutionalized, refer to Spousal Protection-Treatment of Income and Resources for Institutionalized Spouses. [Resources are not counted for the Medicaid Buy-In Program for Working Adults with Disabilities or AwDC.](#)

8.100.6.P Adults without Dependent Children

1. To be eligible for Adults without Dependent Children:

- a. Applicants must be at least age 19 but less than 65 years of age.
- b. Income must be at or below 10% Federal Poverty Level for the household size.
 - i. Earned income will be calculated according to the rules found at 8.100.3.K Consideration of Income, 8.100.3.L General Income Exemptions, and 8.100.4.E Family and Children's Income Disregards.
 - ii. Unearned income will be calculated according to the rules found at 8.100.5.F.3 Income Requirements and 8.100.5.H Income Disregards.
 - iii. The income of the head of household and of the spouse in the home will be used in determining eligibility.
 - iv. The AND payment to AND recipients shall not be used in determining eligibility.
- c. Household size will be determined according to the rules at 8.100.4.C, with the exception of the following:
 - i. Medical Assistance is available to the father of an unborn child.
- d. Resources are not counted in determining eligibility.
- e. Individuals cannot have a Medicaid eligible dependent child in the household.
- f. Individuals cannot be eligible for or enrolled in Medicare Part A or Part B.
- g. Individuals cannot be pregnant.

2. Retroactive Medical Assistance coverage is not available for any individuals that are determined eligible and enrolled in AwDC.

3. AwDC Verification Requirements will follow the Family and Children's Minimal Verification Requirements found at 8.100.4.B.

4. All persons determined eligible for AwDC will be placed on the AwDC Waitlist and enrolled in the AwDC program through the AwDC Randomized Member Selection Process. The AwDC Randomized Member Selection Process will randomly select individuals to be enrolled into the AwDC program. Those individuals not selected will continue to be on the waitlist. The AwDC Randomized Member Selection Process will be held every month to fill positions within the AwDC program that may become available. The following rules apply to the AwDC Waitlist:

- a. Persons shall be moved from the AwDC Waitlist to the AwDC program as a position becomes available and if they are selected through the Randomized Member Selection Process.

- b. Persons must be eligible for AwDC at the time they are moved from the AwDC Waitlist.
- c. Eligibility for persons moved from the AwDC Waitlist to AwDC shall begin on the first day of the month that the open position is available and offered to the client.
- d. Persons cannot appeal the specific action of being placed on the AwDC Waitlist.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Medical Assistance Rule Concerning Medicaid Buy-In Program for Children with Disabilities §8.100.

Rule Number: MSB 12-03-26-A

Division / Contact / Phone: Eligibility / Marivel Guadarrama / 3926

**SECRETARY OF STATE
RULES ACTION SUMMARY AND FILING INSTRUCTIONS**

SUMMARY OF ACTION ON RULE(S)

1. Department / Agency Name: Health Care Policy and Financing / Medical Services Board
2. Title of Rule: MSB 12-03-26-A, Revision to the Medical Assistance Rule Concerning Medicaid Buy-In Program for Children with Disabilities §8.100.
3. This action is an adoption of: new rules
4. Rule sections affected in this action (if existing rule, also give Code of Regulations number and page numbers affected):
Sections(s) 8.100.3, 8.100.5, and 8.100.6, Colorado Department of Health Care Policy and Financing, Staff Manual Volume 8, Medical Assistance (10 CCR 2505-10).
5. Does this action involve any temporary or emergency rule(s)? No
If yes, state effective date:
Is rule to be made permanent? (If yes, please attach notice of hearing). Yes

PUBLICATION INSTRUCTIONS*

OF NOTE: Document MSB 12-05-02-A should be published prior to this filing.

Please insert new paragraph provided at §8.100.3.F.n. All other text provided from §8.100.3.F. “*Groups Assisted Under the Program*” through §8.100.3.F.1.m is for clarification purposes only and should not be changed. Note: text at §8.100.3.F.m is contained in the filing for MSB 12-05-02-A.

Please insert the new text provided “*Medicaid Buy-In Program for Children with Disabilities 8.100.6.Q*” in the last line table at §8.100.3.H.9.c. This text should follow immediately after the text that reads “*Adults without Dependent Children 8.100.6.P*” (Note: this text is included in the filing for MSB 12-05-02-A.) All other text provided in this filing from §8.100.3.H.9 “Reasonable Opportunity Period”, through §8.100.3.H.9.c (end of table) is for clarification purposes only and should not be changed.

THIS PAGE NOT FOR PUBLICATION

Please replace the current paragraph at §8.100.3.M.1. with the new text provided at in this filing.

Please insert the new text provided in this filing “*as well as for children eligible to receive assistance under the Medicaid Buy-In Program for Children with Disabilities and whose household income is less than or equal to 300% of FPL after income disregards.*” at the appropriate location as defined into the current paragraph at §8.100.3.N.2.e. (Paragraph e. is not currently in the CCR, but is to be corrected by SOS.) All other text in this section included in this filing is for clarification purposes only and should not be changed.

Please insert the new text provided in this filing “*or the Medicaid Buy-In Program for Children with Disabilities*” at the appropriate location as defined into the current paragraph at §8.100.5.A.1.a. All other text in this section included in this filing is for clarification purposes only and should not be changed.

Please insert the new text provided in this filing “*For the Medicaid Buy-In Program for Children with Disabilities, any child who is determined to be eligible for Medical Assistance at any time during a calendar month shall be eligible for benefits during the entire month.*” at the appropriate location as defined into the current paragraph at §8.100.5.C.1. All other text in this section included in this filing is for clarification purposes only and should not be changed.

Please insert the new text provided in this filing “*the Medicaid Buy-In Program for Children with Disabilities,*” at the appropriate location as defined into the current paragraph at §8.100.5.M.1 (immediately before “AwDC at the end of the sentence.) All other text in this section included in this filing is for clarification purposes only and should not be changed. (Some text in this paragraph is included in the filing for MSB 12-05-02-A.

Please insert the entire new section from §8.100.6.Q through the end of §8.100.6.Q.3 provided in this filing directly after §8.100.6.P. (§8.100.6.P is included in the filing for MSB 12-05-02-A.)

This change is effective 08/30/2012.

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Medical Assistance Rule Concerning Medicaid Buy-In Program for Children with Disabilities §8.100.
Rule Number: MSB 12-03-26-A
Division / Contact / Phone: Eligibility / Marivel Guadarrama / 3926

STATEMENT OF BASIS AND PURPOSE

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

The proposed rule amends 10 CCR 2505-10, Sections 8.100.3, 8.100.5 and 8.100.6 to allow children with disabilities, whose household income or resources are too high to qualify for other Medicaid programs, to receive Medicaid by paying a premium based on their household income. These individuals must be age 18 or younger and have household income less than or equal to 300% of Federal Poverty Level after income disregards.

2. An emergency rule-making is imperatively necessary

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

for the preservation of public health, safety and welfare.

Explain:

The Department is implementing the proposed rule pursuant to the Colorado Health Care Affordability Act (HB 09-1293) to provide health care services to eligible children with disabilities. The Colorado Benefits Management System will be available to determine eligibility for this program on July 1, 2012.

3. Federal authority for the Rule, if any:

The federal authority for this rule is located in Section 6062 of the Deficit Reduction Act of 2005, Public Law 109-171.

4. State Authority for the Rule:

25.5-1-301 through 25.5-1-303, C.R.S. (2011);
25.5-4-402.3(4)(b)(IV)(D), C.R.S. (2011);
25.5-5-206, C.R.S.(2011)

Initial Review

Final Adoption

07/13/2012

Proposed Effective Date

08/30/2012

Emergency Adoption

DOCUMENT #04

THIS PAGE NOT FOR PUBLICATION

Title of Rule: Revision to the Medical Assistance Rule Concerning Medicaid Buy-In Program for Children with Disabilities §8.100.

Rule Number: MSB 12-03-26-A

Division / Contact / Phone: Eligibility / Marivel Guadarrama / 3926

REGULATORY ANALYSIS

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

The rule will affect children with disabilities who are age 18 or younger with household income less than or equal to 300% of FPL after income disregards regardless of resources.

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

The proposed rule impacts children with disabilities whose household income or resources are above the amounts allowable for other Medicaid programs. The rule will allow these persons to buy-in to the Medicaid Buy-In Program for Children with Disabilities and receive Medicaid benefits. Anticipated caseload is 448 for fiscal year 2012-2013 and 1,529 for fiscal year 2013-2014.

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

Probable costs to the Department and other agencies due to the implementation and enforcement of the proposed rule are approximately \$562,600 in fiscal year 2011-2012, \$6,902,000 in fiscal year 2012-2013, and \$23,208,000 in fiscal year 2013-2014. These are total fund costs, and will be paid for exclusively from cash funds collected from hospital provider fees and buy-in premiums, along with federal matching funds. No General Fund will be required.

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

The Department is implementing the proposed rule pursuant to the Colorado Health Care Affordability Act (HB 09-1293).

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

N/A

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

None

Medicaid Buy-In Program for Children with Disabilities Rules

8.100 MEDICAL ASSISTANCE ELIGIBILITY

8.100.3.F. Groups Assisted Under the Program

1. The Medical Assistance Program provides benefits to the following persons who meet the federal definition of categorically needy at the time they apply for benefits:
 - a. Families and children as defined under the Family and Children's Medical Assistance section 8.100.4.
 - b. Persons who meet legal immigrant requirements as outlined in this volume, who were or would have been eligible for SSI but for their alien status, if such persons meet the resource, income and disability requirements for SSI eligibility.
 - c. Persons who are receiving financial assistance; and who are eligible for a SISC Code of A or B. See section 8.100.3.N for more information on SISC Codes.
 - d. Persons who are eligible for financial assistance under Old Age Pension (OAP) and SSI, but are not receiving the money payment.
 - e. Persons who would be eligible for financial assistance from OAP or SSI, except for the receipt of Social Security Cost of Living Adjustment (COLA) increases, or other retirement, survivors, or disability benefit increases to their own or a spouse's income. This group also includes persons who lost OAP or SSI due to the receipt of Social Security Benefits and who would still be eligible for the Medical Assistance Program except for the cost of living adjustments (COLA's) received. These populations are referenced as Pickle and Disabled Widow(er)s.
 - f. Persons who are blind, disabled, or aged individuals residing in the medical institution or Long-Term Care Institution whose income does not exceed 300% of SSI.
 - g. Persons who are blind, disabled or aged receiving HCBS whose income does not exceed 300% of the SSI benefit level and who, except for the level of their income, would be eligible for an SSI payment.
 - h. A disabled adult child who is at least 18 years of age and who was receiving SSI as a disabled child prior to the age of 22, and for whom SSI was discontinued on or after May 1, 1987, due to having received of OASDI drawn from a parent(s) Social Security Number, and who would continue to be eligible for SSI if the above OASDI and all subsequent cost of living adjustments were disregarded. This population is referenced as Disabled Adult Child (DAC).

- i. Children age 18 and under who would otherwise require institutionalization in an Long-Term Care Institution, Nursing Facility (NF), or a hospital but for which it is appropriate to provide care outside of an institution as described in 1902(e)(3) of the Act Public Law No. 97-248 (Section 134).
- j. Persons receiving OAP-A, OAP-B, and OAP Refugees who do not meet SSI eligibility criteria but do meet the state eligibility criteria for the OAP State Only Medical Assistance Program. These persons qualify for a SISC Code C.
- k. Persons who apply for and meet the criteria for one of the categorical Medical Assistance programs, but do not meet the criteria of citizenship shall receive Medical Assistance benefits for emergencies only.
- l. Persons with a disability or limited disability who are at least 16 but less than 65 years of age, with income less than or equal to 450% of FPL after income disregards, regardless of resources, and who are employed.
- m. Persons who are at least age 19 but less than 65 years without Medicaid eligible dependent children living in the person's household regardless of resources and with income at or below 10% of the Federal Poverty Level (FPL) adjusted for the person's household size.
- n. Children with a disability who are age 18 and under, with household income less than or equal to 300% of FPL after income disregards, regardless of resources.

8.100.3.H. Citizenship and Identity Documentation Requirements

9. Reasonable Opportunity Period

a. If a Medical Assistance applicant or recipient does not have the required documentation, he or she must be given a reasonable opportunity period to provide the required documentation. If the applicant or recipient does not provide the required documentation within the reasonable opportunity period, then:

i) the applicant's Medical Assistance application shall be denied, or

ii) the recipient's Medical Assistance benefits shall be terminated.

b. The reasonable opportunity period for Family Programs covered under 8.100.3.H is 14 calendar days. For the purpose of this section, Family Programs are defined as the following:

<u>Commonly Used Program Name</u>	<u>Rule Citation</u>
1931 Medical Assistance_____	8.100.4.G.2
Transitional Medical Assistance_____	8.100.4.I.1-7
Four Month Extended Medical Assistance_____	8.100.4.I.8
Institutionalized under age 21_____	8.100.4.H.1.a
Parents Plus Program _____	8.100.4.G.8
Qualified Child_____	8.100.4.G.6
Expanded Child_____	8.100.4.G.6
Ribicoff Child_____	8.100.4.G.7
Qualified Pregnant_____	8.100.4.G.9
Expanded Pregnant _____	8.100.4.G.9

c. The reasonable opportunity period for Adult Programs covered under 8.100.3.H.3.f. is 70 calendar days. For the purpose of this rule, Adult Programs are defined as the following:

<u>Commonly Used Program Name</u>	<u>Rule Citation</u>
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Old Age Pension A (OAP-A)	8.100.3.F.1.c
Old Age Pension B (OAP-B)	8.100.3.F.1.c
Qualified Disabled Widow/Widower	8.100.3.F.1.e
Pickle	8.100.3.F.1.e
Long-Term Care	8.100.3.F.1.f-h
Breast and Cervical Cancer Program (BCCP)	8.715
Medicaid Buy-In Program for Working Adults with Disabilities	8.100.6.O
Adults without Dependent Children	8.100.6.P
<u>Medicaid Buy-In Program for Children with Disabilities</u>	<u>8.100.6.Q</u>

8.100.3.M. Consideration of Resources

1. Resources are counted in determining eligibility for the Aged, Blind and Disabled, and Long-Term Care institutionalized and Home and Community Based Services categories of Medical Assistance. Resources are not counted in determining eligibility for the Family and Children's Medical Assistance programs, the Medicaid Buy-in Program for Working Adults with Disabilities, [the Medicaid Buy-In Program for Children with Disabilities](#), or AwDC. See section 8.100.5 for rules regarding consideration of resources.

8.100.3.N. Federal Financial Participation (FFP)

1. The state is entitled to claim federal financial participation (FFP) for benefits paid on behalf of groups covered under the Colorado Medical Assistance Program and also for the Medicare supplementary medical insurance benefits (SMIB) premium payments made on behalf of certain groups of categorically needy persons.
2. The SISC codes are as follows:
 - a. Code A - for institutionalized persons whose income is under 300% of the SSI benefit level and who, except for the level of their income, would be eligible for an SSI payment; and non-institutionalized persons receiving Home and Community Based Services, whose income does not exceed 300% of the SSI benefit level and who, except for the level of their income, would be eligible for an SSI payment; code A signifies that FFP is available in expenditures for medical care and services which are benefits of the Medical Assistance program but not for SMIB premium payments;
 - b. Code B - for persons eligible to receive financial assistance under SSI; persons eligible to receive financial assistance under OAP "A" who, except for the level of their income, would be eligible for an SSI payment; persons who are receiving mandatory State supplementary payments; and persons who continue to be eligible for Medical Assistance after disregarding certain Social Security increases; code B signifies that FFP is available in expenditures for medical care and services which are benefits of the Medical Assistance program and also for SMIB premium payments;
 - c. Code C - for persons eligible to receive assistance under OAP "A", OAP "B", or OAP Refugee Assistance for financial assistance only; who do not receive SSI payment and do not otherwise qualify under SISC code B as described in item B. above; code C signifies that no FFP is available in Medical Assistance program expenditures.
 - d. Code D1 – for persons eligible to receive assistance under AwDC from program implementation through 12/31/2013; Code D1 signifies 50% FFP is available in expenditures for medical care and services which are benefits of the Medical Assistance program.
 - e. Code E1 - for persons eligible to receive assistance under the Medicaid Buy-In Program for Working Adults with Disabilities and whose annual adjusted gross income, as defined under IRS statute, is less than or equal to 450% of FPL – after SSI earned income deductions; [as well as for children eligible to receive assistance under the Medicaid Buy-In Program for Children with Disabilities and whose household income is less than or equal to 300% of FPL after income disregards](#). Code E1 signifies that FFP is available in expenditures for medical care and services which are benefits of the Medical Assistance program but not for SMIB premium payments.

3. Recipients of financial assistance under State AND, State AB, or OAP "C" are not automatically eligible for Medical Assistance and the SISC code which shall be entered on the eligibility reporting form is C.

8.100.5 Aged, Blind, and Disabled Medical Assistance General Eligibility

8.100.5.A. Application Requirements

1. When an individual applies for Medical Assistance on the basis of disability or blindness, the eligibility sites shall take the application and determine whether the individual is eligible for Long-Term Care or any of the categories of assistance described in section 8.100.6 under Qualified Disabled and Working Individuals. If the applicant does not qualify for Medical Assistance on one of those bases, he/she shall be referred to the local Social Security office to apply for SSI.
 - a. Applicants who apply for Long-Term Care Medical Assistance on the basis of disability or blindness, or who apply for the Medicaid Buy-In Program for Working Adults with Disabilities or the Medicaid Buy-In Program for Children with Disabilities without a current disability determination, shall complete a Medical Assistance disability determination application in addition to the required Medical Assistance application. The disability determination application is not required for individuals that have already been determined disabled by the Social Security Administration.
 - b. The Medical Assistance disability determination application shall be collected by a designated eligibility site representative and shall be forwarded to the state disability determination contractor upon completion. The state disability determination contractor shall conduct a client disability determination and shall forward the determination to the designated eligibility site representative.
 - c. For the Medicaid Buy-In Program for Working Adults with Disabilities, if an individual does not meet the Social Security Administration definition of disability, the state disability determination contractor can review the individual's circumstances to determine if the individual meets limited disability.
2. Persons requesting Aged, Blind, and Disabled Medical Assistance need only to complete the Colorado Medical Assistance application.

8.100.5.C. Effective Date Of Eligibility

1. Medical Assistance shall be approved effective as of the date of application for Medical Assistance, or as of the date the person becomes eligible for Medical Assistance, whichever is later. For the Medicaid Buy-In Program for Children with Disabilities, any child who is determined to be eligible for Medical Assistance at any time during a calendar month shall be eligible for benefits during the entire month. Individuals held in correctional facilities or who are held in community corrections programs that are determined eligible for Medical Assistance shall be approved effective as of the individual's date of release.
2. Clients applying for Medical Assistance under the Aged, Blind and Disabled category shall be reviewed for retroactive eligibility as described at 8.100.3.E. When reviewing for retroactive eligibility for an individual who is SSI eligible or applied and became SSI eligible in each of the retroactive months, the applicant must:
 - a. Be aged at least 65 years, or;
 - b. Meet the Social Security Administration definition of disability by;
 - i. approved as eligible to receive either SSI or SSDI, on or prior to the date of a medical service, or
 - ii. having a disability onset date determined on or prior to the date of a medical service,
 - c. and meet the financial requirements as described at 8.100.5.E.

8.100.5.M. Resource Requirements

1. Consideration of resources: Resources are defined as cash or other assets or any real or personal property that an individual or individual's spouse owns. The resource limit for an individual is \$2,000. The resource limits for the QMB, SLMB, and QI programs are \$8,180 for a single individual and \$13,020 for a married individual living with a spouse and no other dependents. For a married couple, the resource limit is \$3,000. If one spouse is institutionalized, refer to Spousal Protection-Treatment of Income and Resources for Institutionalized Spouses. Resources are not counted for the Medicaid Buy-In Program for Working Adults with Disabilities, [the Medicaid Buy-In Program for Children with Disabilities](#), or AwDC.

8.100.6 Aged, Blind, and Disabled Medical Assistance Eligibility

8.100.6.Q Medicaid Buy-In Program for Children with Disabilities

1. To be eligible for the Medicaid Buy-In Program for Children with Disabilities:
 - a. Applicants must be age 18 or younger.
 - b. Household income will be considered and must be less than or equal to 300% of FPL after income disregards. The following rules apply:
 - i) 8.100.4.C - Family and Children's Household Requirements
 - ii) 8.100.3.K - Consideration of Income
 - iii) 8.100.3.L - General Income Exemptions
 - iv) 8.100.4.E - Family and Children's Disregards
 1. An additional disregard of a 33% (.3333) reduction will be applied to the household's net income (after the disregards at 8.100.4.E have been applied).
 - c. Resources are not counted in determining eligibility.
 - d. Individuals must have a disability as defined by Social Security Administration medical listing.
 - e. Children age 16 through 18 cannot be employed. If employed, children age 16 through 18 shall be determined for eligibility through the Medicaid Buy-In Program for Working Adults with Disabilities.
 - f. Families will be required to pay monthly premiums on a sliding scale based on household size and income.

- i) For families whose income does not exceed 200% of FPL, the amount of premiums and cost-sharing charges cannot exceed 5% of the family's adjusted gross income. For families whose income exceeds 200% of FPL but does not exceed 300% of FPL, the amount of premiums and cost-sharing charges cannot exceed 7.5% of the family's adjusted gross income.
- ii) Premiums are waived for the first month of eligibility and any retroactive period.
- iii) For households with two or more children eligible for the Medicaid Buy-In Program for Children with Disabilities, the total premium shall be the amount due for one eligible child.
- iv) Premium amounts are as follows:
 - 1) There is no monthly premium for households with income at or below 133% of FPL.
 - 2) A monthly premium of \$70 is applied to households with income above 133% of FPL but at or below 185% of FPL.
 - 3) A monthly premium of \$90 is applied to individuals with income above 185% of FPL but at or below 250% of FPL.
 - 4) A monthly premium of \$120 is applied to individuals with income above 250% of FPL but at or below 300% of FPL.
- v) The premium amounts will be updated at the beginning of each State fiscal year based on the annually revised FPL if the revised FPL would cause the premium amount (based on percentage of income) to increase by \$10 or more.
- vi) A change in household net income may impact the monthly premium amount due. Failure to pay premium payments in full within 60 days from the premium due date will result in client's assistance being terminated prospectively. The effective date of the termination will be the last day of the month following the 60 days from the date on which the premium became past due.

2. Retroactive coverage is available according to 8.100.3.E, however is not available prior to program implementation.

3. Verification requirements will follow the Family and Children's Minimal Verification Requirements found at 8.100.4.B.