



# Other Updates: Proposed Rules

## **“Proposed Rules”**

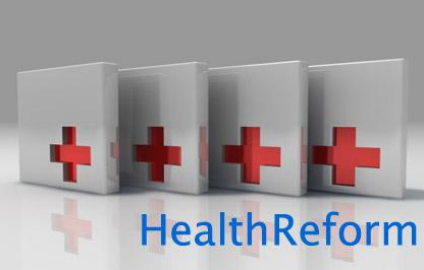
***Presentation by Danielle Lewis, MPA***

**Acting Associate Director  
Division of Eligibility Policy  
Health Care Policy and Research Administration  
Department of Health Care Finance**



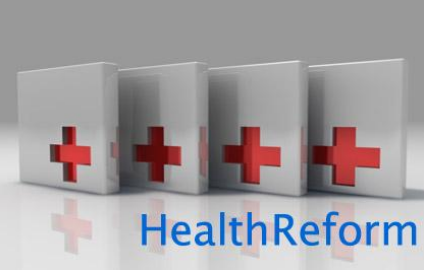
# Medicaid Notice of Proposed Rule Making(NPRM)

- ❑ Medicaid proposed rule was published on January 22, 2013
- ❑ Proposed rule provides guidance on the following:
  - Appeals
  - Coordinated eligibility notices
  - Application assistors and authorized representatives
  - Modernizes and streamlines existing rules
  - Updates provisions to reflect Medicaid eligibility pathways
  - New Former Foster Care Youth Eligibility Group
- ❑ Comments were due back to CMS on February 21, 2013



# Notices

- ❑ Content of Notices: The rule proposes basic content and accessibility standards for all eligibility notices. *Model notices will be forthcoming*. Exchange Notice rules will mirror Medicaid rules.
- ❑ Eligibility Notices must be written in plain language and be accessible to individuals who are limited English proficient and individuals with disabilities.
- ❑ Eligibility Notices must include a plain language description of non-MAGI eligibility such as disability, long-term care services need, or incurred medical expenses for medically needy coverage and how to request a non-MAGI determination.



# Notices Cont..

- ❑ Combined Notices: Where possible, state Medicaid agencies and the Exchange should produce a single combined notice after all MAGI-based eligibility determinations have been made. A single notice will not be required for in the following circumstances:
  - Non-MAGI individuals;
  - Individuals who are enrolled in another insurance affordability program; and
  - Where different members of the same household are eligible for different programs.
- ❑ E-Notices: In addition, to the existing requirement for paper-based written notices, the rule requires states to offer electronic notices.
- ❑ E-notices may be posted via electronic account, text message, email and other designated electronic communication.
- ❑ Implementation date for combined notices is January 1, 2015.



# Certified Application Assistors and Authorized Representatives

- ❑ Certified Application Assistors.
  - At State option, the agency may certify staff and volunteers of State-designated organizations to act as application assistors, authorized to provide assistance to applicants and beneficiaries with the application process and during renewal of eligibility. To be certified, application assistors must be—
    - Authorized and registered by the agency to provide assistance at application and renewal
    - Effectively trained in the eligibility and benefits rules and regulations governing all insurance affordability programs operated in the State.
- ❑ Authorized Representative

Proposes standards and procedures to ensure applicants and beneficiaries can authorize a representative to act on their behalf during and between the application and renewal process.



## Verification: Citizenship Documentation

- ❑ Proposes to simplify and consolidate the tiers and the types of acceptable documents that can be used to provide evidence of citizenship and identity for Medicaid and CHIP eligibility when paper documentation is required.



## Verification Documentation: Special Circumstances

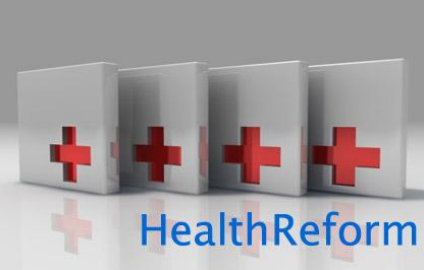
- ❑ Proposes to align Medicaid and Exchange policy by permitting self-attestation on a case-by-case basis in special circumstances for individuals who do not have access to documentation (e.g. individuals who have experienced domestic violence or a natural disaster, or homeless individuals).
- ❑ The exception would not apply if documentation is specifically required under statute or regulation, such as in the case of verifying citizenship and immigration status.



## Eligibility Pathway: Transitional Medicaid Assistance

- ❑ Increased Earnings- If Transitional Medical Assistance under section 1925 of the Act is not available or applicable, the extended eligibility period is for 4 months.
- ❑ Spousal Support-Proposes to revise for consistency with MAGI the current 4-month Medicaid extension for low-income families who would otherwise lose coverage due to increased income from collection of child or spousal support. The proposed rule would limit this requirement to spousal support because child support will not be counted as income under MAGI.





## Eligibility Pathway: Deemed Newborns

- Proposed rule revises existing provision on deemed newborn eligibility.
- Newborns remain eligible until the child's first birthday regardless of whether the mother would remain eligible if still pregnant, and whether the infant is in the mother's household.
- Applies to both Medicaid and CHIP.



## Eligibility Pathway: Hospital Based Presumptive Eligibility

- ❑ The Affordable Care Act gives hospitals the option to determine, on the basis of preliminary information and according to policies and procedures established by the state Medicaid agency, eligibility for Medicaid.
- ❑ Presumptive eligibility period is 60 days.
- ❑ Proposes requirements for hospitals that choose to do presumptive eligibility and permits states to limit the types of presumptive eligibility that hospitals can perform.



## New Former Foster Care Group

- The ACA expands Medicaid coverage to individuals under age 26 who were receiving Medicaid when they aged out of foster care.
- To be eligible individuals have to be in foster care and receive Medicaid upon reaching the age of 18 or the higher age at which the state's or tribe's foster care assistance ends.
- Propose rule gives states the option to only coverage former foster children in their state who received Medicaid or at the relevant point in time in any state.



## **Discussion:**

**Former Foster Care Youth & Expanded Medicaid Eligibility**

# **Discussion**

Former Foster Care Youth

Expanded Medicaid Eligibility to Age 26