



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

A1-Designation and Authority RU PRA document

Version 1.0

08/09/2017

Document Number: 162-QSSI-MACPro-PRA-A1-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. A1- Designation and Authority Screenshots

1.1 Section A. Single State Agency and Section B. Attorney General Certification

The screenshot displays the 'Medicaid State Plan Administration' interface. At the top, there is a navigation bar with tabs: News, Tasks, Records, Reports, and Actions. A user profile icon labeled 'Applan' is in the top right. Below the navigation bar, the page title 'Medicaid State Plan Administration' is followed by the 'Organization' section, specifically 'Designation and Authority'. A breadcrumb trail reads 'MEDICAID | Medicaid State Plan | Administration | NV2017MS00250'. A 'Request System Help' link is on the right. A progress bar shows three stages: 'Not Started' (active), 'In Progress', and 'Complete'. Below this is the 'Package Header' section with fields: Package ID (NV2017MS00250), Submission Type (Official), Approval Date (N/A), Superseded SPA ID (N/A), SPA ID (N/A), Initial Submission Date (N/A), and Effective Date (N/A). A 'View Implementation Guide' link and a 'VIEW ALL RESPONSES' button are on the right. Section A, 'Single State Agency', includes a list of items with item 1 selected. Item 1 is 'State Name: Nevada'. Item 2 is a checkbox for a condition of receipt of Federal funds. Item 3 is a text input field for the 'Name of single state agency'. Item 4 is a text area for the agency's role. Section B, 'Attorney General Certification:', includes a checkbox for a certification signed by the state Attorney General. Below this is the 'Saved Documents' section, which lists document details (Name, Date Created, Type) and shows 'No items available'. An 'UPLOAD' button with a file icon is on the left, and 'DELETE DOCUMENT(S)' and 'SAVE DOCUMENT(S)' buttons are on the right.

News Tasks Records Reports **Actions** Applan

Medicaid State Plan Administration

Organization
Designation and Authority
 MEDICAID | Medicaid State Plan | Administration | NV2017MS00250

Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID NV2017MS00250 SPA ID N/A
 Submission Type Official Initial Submission Date N/A
 Approval Date N/A Effective Date N/A
 Superseded SPA ID N/A

View Implementation Guide
 VIEW ALL RESPONSES

A. Single State Agency

1. State Name: Nevada
☐ 2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Centers for Medicare and Medicaid Services (CMS).
 3. Name of single state agency:

 4. This agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

B. Attorney General Certification:

☐ The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; pptx

Name	Date Created	Type
No items available		

UPLOAD

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

Figure 1: Section A and B

1.2 Section C. Administration of the Medicaid Program and D. Additional information (optional)

C. Administration of the Medicaid Program

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

☐ 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.

☒ 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.

☐ a. The single state agency supervises the administration through counties or local government entities.

☐ b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.

☐ c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

D. Additional information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes
 ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

~ Select Reviewable Unit ~

Not Started

In Progress

Complete

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EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 2: Section C and D



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**A2-Intergovernmental Cooperation Act Waivers
RU PRA document**

**Version 1.0
08/11/2017**

Document Number: 163-QSSI-MACPro-PRA-A2-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. A2- Intergovernmental Cooperation Act Waivers Screenshots

1.1 Section A. Intergovernmental Cooperation Act Waivers

Records / Submission Packages

NV - Submission Package - NV2017MS0025O

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Administration

Organization
Intergovernmental Cooperation Act Waivers
 MEDICAID | Medicaid State Plan | Administration | NV2017MS0025O

CMS-10434 OMB 0938-1188

Request System Help

Not Started In Progress Complete

Package Header

Package ID NV2017MS0025O	SPA ID N/A
Submission Type Official	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

View Implementation Guide

VIEW ALL RESPONSES

A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

☐ State Agency	↑ Delegated Responsibility	Date Waiver Granted	Date of Termination	Status	Validation
No items available					

ADD

Figure 1: Section A

1.2 Add Waiver

News
Tasks
Records
Reports
Actions

Applan

Records / Submission Packages
NV - Submission Package - NV2017MS0025O

Summary
Reviewable Units
News
Related Actions

Add Waiver
Request System Help
View Implementation Guide

CMS-10434 OMB 0938-1188

1. Name of state agency to which responsibility is delegated:

2. Date waiver granted:

mm/dd/yyyy

3. The type of responsibility delegated is (check all that apply):

☐ a. Conducting fair hearings

☒ b. Other

Name of other type:	Description:	Delete
No items available		

ADD

Name of other type: *

Description: *

CLOSE SAVE

4. The scope of the delegation (i.e. all fair hearings) includes:

Character count: 0/4000

5. Methods for coordinating responsibilities between the agencies include:

☐ a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.

☐ d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.

☒ e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:

☐ i. A written agreement between the agencies.

☒ ii. State statutory and/or regulatory provisions.

Statutory/regulatory citation(s):

7. Additional methods for coordinating responsibilities among the agencies (optional):

Character count: 0/4000

Validation

Would you like to validate the data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

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BACK TO RU SUMMARY SAVE

Figure 2: Add Waiver

1.3 Section B. Additional Information (optional)

B. Additional information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started In Progress Complete

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EXIT SAVE REVIEWABLE UNIT GO TO SELECTED REVIEWABLE UNIT

Figure 3: Section B



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**A3-Eligibility Determinations and Fair Hearings
RU PRA document**

Version 1.0

08/21/2017

Document Number: 235-QSSI-MACPro-PRA-A3-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. A3- Eligibility Determinations and Fair Hearings Screenshots

1.1 Section A. Eligibility Determinations (including any delegations)

News
Tasks
Records
Reports
Actions

Medicaid State Plan Administration

Organization
Eligibility Determinations and Fair Hearings
MEDICAID | Medicaid State Plan | Administration | FL2017MS00060

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CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID

FL2017MS00060

Submission Type

Official

Approval Date

N/A

Superseded SPA ID

N/A

SPA ID

N/A

Initial Submission Date

N/A

Effective Date

N/A

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[VIEW ALL RESPONSES](#)

A. Eligibility Determinations (including any delegations)

+/-

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

☐ a. The Medicaid agency
☒ b. Delegated governmental agency

☐ i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
☐ ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
☒ iii. Other

Name of entity:	↑	Delete
Test1234		×

ADD

Figure 1: Section A Screenshot 1

2. The entity or entities that conduct determinations of eligibility based on age, blindness, and disability are:

- ☐ a. The Medicaid agency
☒ b. Delegated governmental agency

- ☐ i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
☐ ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
☐ iii. The Social Security Administration determines Medicaid eligibility for SSI beneficiaries
☒ iv. Other

Name of entity:	Delete
Test5678	X

ADD

- ☐ c. Local governmental entities

3. Assurances:

- ☐ a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
☐ b. There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).
☐ c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
☐ d. The delegated entity is capable of performing the delegated functions.

Figure 2: Section A Screenshot 2

1.2 Section B. Fair Hearings (including any delegations)

B. Fair Hearings (including any delegations)

+/-

- ☐ The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
☐ The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- ☒ a. Medicaid agency
☐ b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
☐ c. Local governmental entities
☒ d. Delegated governmental agency

- ☒ i. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

(1) The Medicaid agency has established a review process whereby it reviews appeals decisions made by the Exchange or Exchange appeals entity, but only with respect to conclusions of law, including interpretations of state or federal policies.

- ☒ Yes
☐ No

☐ (2) The Medicaid agency only reviews appeals decisions with respect to the proper application of federal and state law, regulations and policies and that the review process is conducted by an impartial official not involved in the initial determination.

- ☒ ii. An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

(1) Name of entity:

(2) The Medicaid agency has established a review process whereby it reviews appeals decisions made by the Exchange or Exchange appeals entity, but only with respect to conclusions of law, including interpretations of state or federal policies.

- ☒ Yes
☐ No

☐ (3) The Medicaid agency only reviews appeals decisions with respect to the proper application of federal and state law, regulations and policies and that the review process is conducted by an impartial official not involved in the initial determination.

2. The state must assure the following with respect to delegations of authority to conduct fair hearings regarding eligibility based on applicable modified adjusted gross income (MAGI):

- ☐ a. There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
☐ b. When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.
☐ c. The Medicaid agency does not delegate authority to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.
☐ d. The delegated entity is capable of performing the delegated functions.

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- ☐ All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

Figure 3: Section B

1.3 Section C. Evidentiary Hearings and Section D. Additional information (optional)

C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

☒ Yes
☐ No

D. Additional information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

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Figure 4: Section C and D



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**A4-Organization and Administration RU PRA
document**

Version 1.0

08/21/2017

Document Number: 242-QSSI-MACPro-PRA-A4-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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No table of figures entries found.

1. A4-Organization and Administration Screenshots

1.1 Section A. Description of the Organization and Functions of the Single State Agency

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | FL2017MS00060

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID FL2017MS00060

SPA ID N/A

Submission Type Official

Initial Submission Date N/A

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

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[VIEW ALL RESPONSES](#)

A. Description of the Organization and Functions of the Single State Agency

+/-

1. The single state agency is:

- ☐ a. A stand-alone agency, separate from every other state agency
- ☐ b. Also the Title IV-A (TANF) agency
- ☐ c. Also the state health department
- ☒ d. Other:

Description:

Figure 1: Section A Screenshot 1

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

Character count: 0/4000

b. Fair Hearings (including expedited fair hearings)

Character count: 0/4000

c. Health Care Delivery, including benefits and services, managed care (if applicable)

Character count: 0/4000

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

Character count: 0/4000

e. Administration, including budget, legal counsel

Character count: 0/4000

f. Financial management, including processing of provider claims and other health care financing

Character count: 0/4000

g. Systems administration, including MMIS, eligibility systems

Character count: 0/4000

h. Other functions, e.g., TPL, utilization management (optional)

Character count: 0/4000

3. An organizational chart of the Medicaid agency has been uploaded:

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	Type
No items available			



DELETE DOCUMENT(S) SAVE DOCUMENT(S)

Figure 2: Section A Screenshot 2

1.2 Section B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency +/-

Title An Exchange that is a government agency	Description of the functions the delegated entity performs in carrying out its responsibilities: Character count: 0/4000
Title An Exchange appeals entity	Description of the functions the delegated entity performs in carrying out its responsibilities: Character count: 0/4000
Title Test5678	Description of the functions the delegated entity performs in carrying out its responsibilities: Character count: 0/4000
Title Test1234	Description of the functions the delegated entity performs in carrying out its responsibilities: Character count: 0/4000

Figure 3: Section B

1.3 Section C. Supervision of the Administration of the State Plan through a State Agency Other Than the Medicaid Agency and Section D. Supervision of the Administration of the State Plan through Local Government Entities

C. Supervision of the Administration of the State Plan through a State Agency Other Than the Medicaid Agency

+/-

The following state agencies administer the state plan under the supervision of the Medicaid agency:

Name of other state agency:

Description of the functions the staff of the state agency and counties or local entities perform in carrying out their responsibilities:

☐ Eligibility Determinations

☐ Fair Hearings

☒ Other

Character count: 0/4000

[Delete](#)

[+ Add State Agency](#)

D. Supervision of the Administration of the State Plan through Local Government Entities

+/-

1. The types of the local government entities that administer the state plan under the supervision of the Medicaid agency are:

☐ a. Counties

☐ b. Parishes

☒ c. Other

Type of local government entity:

c. Other

2. Are all of the local government entities selected used to administer the state plan? *

☒ Yes

☐ No

3. The number used to administer the state plan is: *

4. The functions staff perform in carrying out the entity's responsibilities are described below:

☐ a. Eligibility Determinations

☐ b. Fair Hearings

☒ c. Other

Character count: 0/4000

Figure 4: Section C and D

1.4 Section E. Coordination with Other Executive Agencies and Section F. Additional information (optional)

E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):

☒ Yes
☐ No

Name of agency:	Description of the Medicaid functions or activities conducted or coordinated with another executive agency:	Delete
No items available		

ADD

Name of agency: *

Description of the Medicaid functions or activities conducted or coordinated with another executive agency: *

Character count: 0/4000

CLOSE

SAVE

F. Additional information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

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EXIT

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Figure 5: Section E and F



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**A5-Single State Agency Assurances RU PRA
document**

Version 1.0

08/21/2017

Document Number: 240-QSSI-MACPro-PRA-A5-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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List of Tables

No table of figures entries found.

1. A5-Single State Agency Assurances Screenshots

1.1 Section A. Assurances and Section B. Additional Information (optional)

[illegible]

Figure 1: Section A and Section B



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

HH1 - Health Homes Intro RU PRA document

Version 1.0

08/10/2017

Document Number: 167-QSSI-MACPro-PRA-HH1-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. HH1 – Health Homes Intro Screenshots

1.1 “Executive Summary” and “General Assurances” Sections

News
Tasks (1)
Records
Reports
Actions

Appian

Health Homes Intro

MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0007D | Health Homes Program

Request System Help

CMS-10434 OMB 0938-1188

Not Started
In Progress
Complete

Package Header

Package ID CA2017MS0007D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

View Implementation Guide

VIEW ALL RESPONSES

Program Authority

+/-

Executive Summary

+/-

Provide an executive summary of this Health Homes program including the goals and objectives of the program, the population, providers, services and service delivery model used *

Character count: 0/4000

General Assurances

+/-

- ☐ The state provides assurance that eligible individuals will be given a free choice of Health Homes providers.
- ☐ The states provides assurance that it will not prevent individuals who are dually eligible for Medicare and Medicaid from receiving Health Homes services.
- ☐ The state provides assurance that hospitals participating under the state plan or a waiver of such plan will be instructed to establish procedures for referring eligible individuals with chronic conditions who seek or need treatment in a hospital emergency department to designated Health Homes providers.
- ☐ The state provides assurance that FMAP for Health Homes services shall be 90% for the first eight fiscal quarters from the effective date of the SPA. After the first eight quarters, expenditures will be claimed at the regular matching rate.
- ☐ The state provides assurance that it will have the systems in place so that only one 8-quarter period of enhanced FMAP for each health homes enrollee will be claimed.
- ☐ The state provides assurance that there will be no duplication of services and payment for similar services provided under other Medicaid authorities.

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started
In Progress
Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT **GO TO SELECTED REVIEWABLE UNIT**

Figure 1: Executive Summary and General Assurances



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

HH2 - Population and Enrollment PRA document

Version 1.0

08/10/2017

Document Number: 168-QSSI-MACPro-PRA-HH2-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. HH2 – Population and Enrollment Screenshots

1.1 “Categories of Individuals and Populations Provided Health Homes Services” Section

Health Homes Population and Enrollment Criteria

MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0007D | Health Homes Program

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CMS-10434 OMB 0938-1188

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Package Header

Package ID

CA2017MS0007D

SPA ID

N/A

Submission Type

Draft

Initial Submission Date

N/A

Approval Date

N/A

Effective Date

N/A

Superseded SPA ID

N/A

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Categories of Individuals and Populations Provided Health Homes Services

[+/-](#)

The state will make Health Homes services available to the following categories of Medicaid participants

☒ Categorically Needy (Mandatory and Options for Coverage) Eligibility Groups
☒ Medically Needy Eligibility Groups

Mandatory Medically Needy

☒ Medically Needy Pregnant Women
☒ Medically Needy Children under Age 18

Optional Medically Needy (select the groups included in the population)

Families and Adults

☐ Medically Needy Children Age 18 through 20
☐ Medically Needy Parents and Other Caretaker Relatives

Aged, Blind and Disabled

☐ Medically Needy Aged, Blind or Disabled
☐ Medically Needy Blind or Disabled Individuals Eligible in 1973

Figure 1: Categories of Individuals and Populations Provided Health Homes Services

1.2 “Population Criteria” Section

Population Criteria

[+/-](#)

The state elects to offer Health Homes services to individuals with

☐ Two or more chronic conditions
☐ One chronic condition and the risk of developing another
☐ One serious and persistent mental health condition

Figure 2: Population Criteria

1.3 “Population Criteria” Section – Path 1

Population Criteria +/-

The state elects to offer Health Homes services to individuals with

☒ Two or more chronic conditions

Specify the conditions included

☐ Mental Health Condition

☐ Substance Use Disorder

☐ Asthma

☐ Diabetes

☐ Heart Disease

☐ BMI over 25

☒ Other (specify)

Name	Description

×

[+ Add other specification](#)

Figure 3: Population Criteria - 1

1.4 “Population Criteria” Section – Path 2

☒ One chronic condition and the risk of developing another

Specify the conditions included

☐ Mental Health Condition

☐ Substance Use Disorder

☐ Asthma

☐ Diabetes

☐ Heart Disease

☐ BMI over 25

☒ Other (specify)

Name	Description

×

[+ Add other specification](#)

Specify the criteria for at risk of developing another chronic condition *

Figure 4: Population Criteria - 2

1.5 “Population Criteria” Section – Path 3

☒ One serious and persistent mental health condition

Specify the criteria for a serious and persistent mental health condition *

Character count: 0/4000

Figure 5: Population Criteria - 3

1.6 “Enrollment of Participants” Section – Path 1

Enrollment of Participants

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home *

- ☒ Opt-In to Health Homes provider
☐ Referral and assignment to Health Homes provider with opt-out
☐ Other (describe)

Describe the process used *

Character count: 0/4000

Figure 6: Enrollment of Participants - 1

1.7 “Enrollment of Participants” Section – Path 2

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home *

- ☐ Opt-In to Health Homes provider
☒ Referral and assignment to Health Homes provider with opt-out
☐ Other (describe)

Describe the process used *

Character count: 0/4000

- ☐ The state provides assurance that it will clearly communicate the individual's right to opt out of the Health Homes benefit or to change Health Homes providers at any time and agrees to submit to CMS a copy of any letter or communication used to inform the individuals of the Health Homes benefit and their rights to choose or change Health Homes providers or to elect not to receive the benefit

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	Type
No items available			

A document is required



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Figure 7: Enrollment of Participants - 2

1.8 “Enrollment of Participants” Section – Path 3

Participation in a Health Homes is voluntary. Indicate the method the state will use to enroll eligible Medicaid individuals into a Health Home *

- ☐ Opt-In to Health Homes provider
☐ Referral and assignment to Health Homes provider with opt-out
☒ Other (describe)

Name *

Description *

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

- ☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

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Figure 8: Enrollment of Participants - 3



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

HH3 – Geographic Limitations RU PRA document

Version 1.0

08/10/2017

Document Number: 172-QSSI-MACPro-PRA-HH3-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. HH3 – Geographic Limitations Screenshots

1.1 Geographic Limitations – Path 1

Health Homes Geographic Limitations

MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0007D | Health Homes Program

CMS-10434 OMB 0938-1188

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Package ID	CA2017MS0007D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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☐ Health Homes services will be available statewide
☒ Health Homes services will be limited to the following geographic areas
☐ Health Homes services will be provided in a geographic phased-in approach

Specify the geographic limitations of the program *

☒ By county
☐ By region
☐ By city/municipality
☐ Other geographic area

* Specify which counties:

Figure 1: Geographic Limitations - 1

1.2 Geographic Limitations – Path 2

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☐ Health Homes services will be available statewide
☒ Health Homes services will be limited to the following geographic areas
☐ Health Homes services will be provided in a geographic phased-in approach

Specify the geographic limitations of the program *

☐ By county
☒ By region
☐ By city/municipality
☐ Other geographic area

* Specify which regions:

Character count: 0/4000

Figure 2: Geographic Limitations - 2

1.3 Geographic Limitations – Path 3

☐ Health Homes services will be available statewide
☒ Health Homes services will be limited to the following geographic areas
☐ Health Homes services will be provided in a geographic phased-in approach

Specify the geographic limitations of the program *

☐ By county
☐ By region
☒ By city/municipality
☐ Other geographic area

* Specify which cities/municipalities:

Character count: 0/4000

Figure 3: Geographic Limitations – 3

1.4 Geographic Limitations – Path 4

☐ Health Homes services will be available statewide
☒ Health Homes services will be limited to the following geographic areas
☐ Health Homes services will be provided in a geographic phased-in approach

Specify the geographic limitations of the program *

☐ By county
☐ By region
☐ By city/municipality
☒ Other geographic area

* Describe the area(s):

Character count: 0/4000

Figure 4: Geographic Limitations – 4

1.5 Geographic Limitations – Path 5

☐ Health Homes services will be available statewide
☐ Health Homes services will be limited to the following geographic areas
☒ Health Homes services will be provided in a geographic phased-in approach

Title of phase	Geographic Area	Implementation Date
No items available		

You must enter at least one phase

[ADD PHASE](#)

Validation & Navigation

Would you like to validate the reviewable unit data?
☐ Yes ☒ No

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Figure 5: Geographic Limitations - 5

2. Geographic Limitations Add or Edit Phase Screenshots

2.1 Geographic Limitations - Add or Edit Phase – Path 1

Geographic Limitations - Add or Edit Phase

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CMS-10434 OMB 0938-1188

Title of phase
Phase 1

Implementation Date *

Phase-in will be done by the following geographic area *

☒ By county
☐ By region
☐ By city/municipality
☐ Other geographic area

Specify which counties: *

Figure 6: Geographic Limitations - Add or Edit Phase -1

2.2 Geographic Limitations - Add or Edit Phase – Path 2

Phase-in will be done by the following geographic area *

☐ By county
☒ By region
☐ By city/municipality
☐ Other geographic area

Specify which regions: *

Character count: 0/4000

Figure 7: Geographic Limitations - Add or Edit Phase – 2

2.3 Geographic Limitations - Add or Edit Phase – Path 3

Phase-in will be done by the following geographic area *

☐ By county
☐ By region
☒ By city/municipality
☐ Other geographic area

Specify which cities/ municipalities: *

Character count: 0/4000

Figure 8: Geographic Limitations - Add or Edit Phase – 3

2.4 Geographic Limitations - Add or Edit Phase – Path 4

Phase-in will be done by the following geographic area *

☐ By county
☐ By region
☐ By city/municipality
☒ Other geographic area

Describe the area(s): *

Character count: 0/4000

Figure 9: Geographic Limitations - Add or Edit Phase - 4

2.5 Geographic Limitations - Add or Edit Phase

Health Homes services are now available state-wide *

☒ Yes
☐ No

Effective date of state-wide service implementation *

mm/dd/yyyy

Enter any additional narrative necessary to fully describe this phase

Character count: 0/4000

Saved Documents

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CANCEL

SAVE PHASE

Figure 11: Geographic Limitations - Add or Edit Phase - 6



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

HH4 – Health Homes Services RU PRA document

Version 1.0

08/11/2017

Document Number: 165-QSSI-MACPro-PRA-HH4-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. HH4 – Health Homes Services Screenshots

1.1 “Service Definitions” Section – Comprehensive Care Management

Health Homes Services

MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0007D | Health Homes Program

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Submission Type

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Superseded SPA ID

N/A

SPA ID

N/A

Initial Submission Date

N/A

Effective Date

N/A

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Service Definitions

+/-

Provide the state's definitions of the following Health Homes services and the specific activities performed under each service

Comprehensive Care Management

Definition *

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum *

Figure 1: Service Definitions - 1

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum *

Character count: 0/4000

Figure 2: Service Definitions - 2

Scope of service

The service can be provided by the following provider types
Must check one or more

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☐ Other (specify)

Figure 3: Service Definitions - 3

Scope of service

The service can be provided by the following provider types
Must check one or more

- ☒ Behavioral Health Professionals or Specialists
- ☒ Nurse Practitioner
- ☒ Nurse Care Coordinators
- ☒ Nurses

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Figure 4: Service Definitions - 4

☒ Medical Specialists	Description * Character count: 0/4000
☒ Physicians	Description * Character count: 0/4000
☒ Physician's Assistants	Description * Character count: 0/4000
☒ Pharmacists	Description * Character count: 0/4000

Figure 5: Service Definitions - 5

☒ Social Workers	Description * Character count: 0/4000
☒ Doctors of Chiropractic	Description * Character count: 0/4000
☒ Licensed Complementary and alternative Medicine Practitioners	Description * Character count: 0/4000
☒ Dietitians	Description * Character count: 0/4000

Figure 6: Service Definitions - 6

☒ Nutritionists

Description *

Character count: 0/4000

☒ Other (specify)

Provider Type	Description

+ Add Provider Type

Figure 7: Service Definitions - 7

1.2 “Service Definitions” Section – Care Coordination

Care Coordination

Definition *

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum *

Character count: 0/4000

Figure 8: Service Definitions - 8

Scope of service

The service can be provided by the following provider types

Must check one or more

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☐ Other (specify)

Figure 9: Service Definitions - 9

Scope of service

The service can be provided by the following provider types
Must check one or more

☒ Behavioral Health Professionals or Specialists

☒ Nurse Practitioner

☒ Nurse Care Coordinators

☒ Nurses

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Figure 10: Service Definitions - 10

☒ Medical Specialists

Description *

Character count: 0/4000

☒ Physicians

Description *

Character count: 0/4000

☒ Physician's Assistants

Description *

Character count: 0/4000

☒ Pharmacists

Description *

Character count: 0/4000

Figure 11: Service Definitions - 11

☒ Social Workers	Description * Character count: 0/4000
☒ Doctors of Chiropractic	Description * Character count: 0/4000
☒ Licensed Complementary and alternative Medicine Practitioners	Description * Character count: 0/4000
☒ Dieticians	Description * Character count: 0/4000

Figure 12: Service Definitions - 12

☒ Nutritionists	Description * Character count: 0/4000				
☒ Other (specify)	<table border="1"> <thead> <tr> <th>Provider Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> + Add Provider Type	Provider Type	Description		
Provider Type	Description				

Figure 13: Service Definitions - 13

1.3 “Service Definitions” Section – Health Promotion

Health Promotion Definition *
Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum * Character count: 0/4000

Figure 14: Service Definitions - 14

Scope of service

The service can be provided by the following provider types
Must check one or more

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☐ Other (specify)

Figure 15: Service Definitions - 15

Scope of service

The service can be provided by the following provider types
Must check one or more

- ☒ Behavioral Health Professionals or Specialists
- ☒ Nurse Practitioner
- ☒ Nurse Care Coordinators
- ☒ Nurses

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Figure 16: Service Definitions - 16

☒ Medical Specialists	Description * Character count: 0/4000
☒ Physicians	Description * Character count: 0/4000
☒ Physician's Assistants	Description * Character count: 0/4000
☒ Pharmacists	Description * Character count: 0/4000

Figure 17: Service Definitions - 17

☒ Social Workers	Description * Character count: 0/4000
☒ Doctors of Chiropractic	Description * Character count: 0/4000
☒ Licensed Complementary and alternative Medicine Practitioners	Description * Character count: 0/4000
☒ Dieticians	Description * Character count: 0/4000

Figure 18: Service Definitions - 18

☒ Nutritionists

Description *

Character count: 0/4000

☒ Other (specify)

Provider Type	Description

+ Add Provider Type

Figure 19: Service Definitions - 19

1.4 “Service Definitions” Section – Comprehensive Transitional Care from Inpatient to Other Settings

Comprehensive Transitional Care from Inpatient to Other Settings (including appropriate follow-up)

Definition *

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum *

Character count: 0/4000

Figure 20: Service Definitions - 20

Scope of service

The service can be provided by the following provider types

Must check one or more

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☐ Other (specify)

Figure 21: Service Definitions - 21

Scope of service

The service can be provided by the following provider types
Must check one or more

☒ Behavioral Health Professionals or Specialists

☒ Nurse Practitioner

☒ Nurse Care Coordinators

☒ Nurses

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Figure 22: Service Definitions - 22

☒ Medical Specialists

Description *

Character count: 0/4000

☒ Physicians

Description *

Character count: 0/4000

☒ Physician's Assistants

Description *

Character count: 0/4000

☒ Pharmacists

Description *

Character count: 0/4000

Figure 23: Service Definitions - 23

☒ Social Workers	Description * Character count: 0/4000
☒ Doctors of Chiropractic	Description * Character count: 0/4000
☒ Licensed Complementary and alternative Medicine Practitioners	Description * Character count: 0/4000
☒ Dieticians	Description * Character count: 0/4000

Figure 24: Service Definitions - 24

☒ Nutritionists	Description * Character count: 0/4000				
☒ Other (specify)	<table border="1"> <thead> <tr> <th>Provider Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table> + Add Provider Type	Provider Type	Description		
Provider Type	Description				

Figure 25: Service Definitions - 25

1.5 “Service Definitions” Section – Individual and Family Support

Individual and Family Support (which includes authorized representatives)

Definition *

Character count: 0/4000

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum *

Character count: 0/4000

Figure 26: Service Definitions - 26

Scope of service

The service can be provided by the following provider types
Must check one or more

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☐ Other (specify)

Figure 27: Service Definitions - 27

Scope of service

The service can be provided by the following provider types
Must check one or more

- ☒ Behavioral Health Professionals or Specialists
- ☒ Nurse Practitioner
- ☒ Nurse Care Coordinators
- ☒ Nurses

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Figure 28: Service Definitions - 28

☒ Medical Specialists	Description * Character count: 0/4000
☒ Physicians	Description * Character count: 0/4000
☒ Physician's Assistants	Description * Character count: 0/4000
☒ Pharmacists	Description * Character count: 0/4000

Figure 29: Service Definitions - 29

☒ Social Workers	Description * Character count: 0/4000
☒ Doctors of Chiropractic	Description * Character count: 0/4000
☒ Licensed Complementary and alternative Medicine Practitioners	Description * Character count: 0/4000
☒ Dietitians	Description * Character count: 0/4000

Figure 30: Service Definitions - 30

☒ Nutritionists

Description *

Character count: 0/4000

☒ Other (specify)

Provider Type	Description

+ Add Provider Type

Figure 31: Service Definitions - 31

1.6 “Service Definitions” Section – Referral to Community and Social Support Services

Referral to Community and Social Support Services

Definition *

Describe how Health Information Technology will be used to link this service in a comprehensive approach across the care continuum *

Character count: 0/4000

Figure 32: Service Definitions - 32

Scope of service

The service can be provided by the following provider types

Must check one or more

- ☐ Behavioral Health Professionals or Specialists
- ☐ Nurse Practitioner
- ☐ Nurse Care Coordinators
- ☐ Nurses
- ☐ Medical Specialists
- ☐ Physicians
- ☐ Physician's Assistants
- ☐ Pharmacists
- ☐ Social Workers
- ☐ Doctors of Chiropractic
- ☐ Licensed Complementary and alternative Medicine Practitioners
- ☐ Dieticians
- ☐ Nutritionists
- ☐ Other (specify)

Figure 33: Service Definitions - 33

Scope of service

The service can be provided by the following provider types
Must check one or more

☒ Behavioral Health Professionals or Specialists

☒ Nurse Practitioner

☒ Nurse Care Coordinators

☒ Nurses

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Description *

Character count: 0/4000

Figure 34: Service Definitions - 34

☒ Medical Specialists

Description *

Character count: 0/4000

☒ Physicians

Description *

Character count: 0/4000

☒ Physician's Assistants

Description *

Character count: 0/4000

☒ Pharmacists

Description *

Character count: 0/4000

Figure 35: Service Definitions - 35

☒ Social Workers	Description * Character count: 0/4000
☒ Doctors of Chiropractic	Description * Character count: 0/4000
☒ Licensed Complementary and alternative Medicine Practitioners	Description * Character count: 0/4000
☒ Dieticians	Description * Character count: 0/4000

Figure 36: Service Definitions - 36

☒ Nutritionists	Description * Character count: 0/4000				
☒ Other (specify)					
<table border="1"> <thead> <tr> <th>Provider Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	Provider Type	Description			
Provider Type	Description				

+ Add Provider Type

Figure 37: Service Definitions - 37

1.7 “Health Homes Patient Flow” Section

Health Homes Patient Flow

Describe the patient flow through the state's Health Homes system. Submit with the state plan amendment flow-charts of the typical process a Health Homes individual would encounter*

Character count: 0/4000

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Figure 38: Health Homes Patient Flow

HH4 – Health Homes Services RU PRA document Version 1.0

17

08/11/2017



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

HH5-Health Homes Providers RU PRA document

Version 1.0

08/11/2017

Document Number: 164-QSSI_MACPro-PRA-HH5-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. HH5 – Health Homes Providers Screenshots

1.1 “Types of Health Homes Providers” Section

Health Homes Providers
 MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0007D | Health Homes Program

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Types of Health Homes Providers

+/-

☐ Designated Providers
☐ Teams of Health Care Professionals
☐ Health Teams

Figure 1: Types of Health Homes Providers -1

1.2 “Types of Health Homes Providers” Section – Path 1

Types of Health Homes Providers

+/-

☒ Designated Providers

Indicate the Health Homes Designated Providers the state includes in its program and the provider qualifications and standards

☐ Physicians
☐ Clinical Practices or Clinical Group Practices
☐ Rural Health Clinics
☐ Community Health Centers
☐ Community Mental Health Centers
☐ Home Health Agencies
☐ Case Management Agencies
☐ Community/Behavioral Health Agencies
☐ Federally Qualified Health Centers (FQHC)
☐ Other (Specify)

Figure 2: Types of Health Homes Providers -2

☒ Designated Providers

Indicate the Health Homes Designated Providers the state includes in its program and the provider qualifications and standards

☒ Physicians

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Clinical Practices or Clinical Group Practices

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Rural Health Clinics

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 3: Types of Health Homes Providers -3

☒ Community Health Centers

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Community Mental Health Centers

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Home Health Agencies

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 4: Types of Health Homes Providers -4

☒ Case Management Agencies

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Community/Behavioral Health Agencies

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Federally Qualified Health Centers (FQHC)

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Other (Specify)

Provider Type	Describe the Provider Qualifications and Standards

+ Add provider types

Figure 5: Types of Health Homes Providers -5

1.3 “Types of Health Homes Providers” Section – Path 2

☒ Teams of Health Care Professionals

Indicate the composition of the Health Homes Teams of Health Care Professionals the state includes in its program. For each type of provider indicate the required qualifications and standards

☐ Physicians

☐ Nurse Practitioners

☐ Nurse Care Coordinators

☐ Nutritionists

☐ Social Workers

☐ Behavioral Health Professionals

☐ Other (Specify)

Figure 6: Types of Health Homes Providers -6

☒ Teams of Health Care Professionals

Indicate the composition of the Health Homes Teams of Health Care Professionals the state includes in its program. For each type of provider indicate the required qualifications and standards

☒ Physicians

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Nurse Practitioners

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Nurse Care Coordinators

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Nutritionists

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 7: Types of Health Homes Providers -7

☒ Social Workers

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Behavioral Health Professionals

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Other (Specify)

Provider Type	Describe the Provider Qualifications and Standards

+ Add provider types

Figure 8: Types of Health Homes Providers -8

1.4 “Types of Health Homes Providers” Section – Path 3

☒ Health Teams

Indicate the composition of the Health Homes Health Team providers the state includes in its program, pursuant to Section 3502 of the Affordable Care Act, and provider qualifications and standards

☐ Medical Specialists
☐ Nurses
☐ Pharmacists
☐ Nutritionists
☐ Dieticians
☐ Social Workers
☐ Behavioral Health Specialists
☐ Doctors of Chiropractic
☐ Licensed Complementary and Alternative Medicine Practitioners
☐ Physicians' Assistants

☐ The state provides assurance that it will align the quality measure reporting requirements within section 3502 of the Affordable Care Act and section 1945 of the Social Security Act

Figure 9: Types of Health Homes Providers -9

☒ Health Teams

Indicate the composition of the Health Homes Health Team providers the state includes in its program, pursuant to Section 3502 of the Affordable Care Act, and provider qualifications and standards

☒ Medical Specialists

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Nurses

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Pharmacists

Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Nutritionists

Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 10: Types of Health Homes Providers -10

☒ Dietitians
Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Social Workers
Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Behavioral Health Specialists
Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Doctors of Chiropractic
Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 11: Types of Health Homes Providers -11

☒ Licensed Complementary and Alternative Medicine Practitioners
Describe the Provider Qualifications and Standards *

Character count: 0/4000

☒ Physicians' Assistants
Describe the Provider Qualifications and Standards *

Character count: 0/4000

Figure 12: Types of Health Homes Providers -12

1.5 “Provider Infrastructure” and “Supports for Health Homes Providers” Sections

Provider Infrastructure

Describe the infrastructure of provider arrangements for Health Home Services *

Supports for Health Homes Providers

Describe the methods by which the state will support providers of Health Homes services in addressing the following components

1. Provide quality-driven, cost-effective, culturally appropriate, and person- and family- centered Health Homes services
2. Coordinate and provide access to high quality health care services informed by evidence-based clinical practice guidelines
3. Coordinate and provide access to preventive and health promotion services, including prevention of mental illness and substance use disorders
4. Coordinate and provide access to mental health and substance abuse services
5. Coordinate and provide access to comprehensive care management, care coordination, and transitional care across settings. Transitional care includes appropriate follow-up from inpatient to other settings, such as participation in discharge planning and facilitating transfer from a pediatric to an adult system of health care
6. Coordinate and provide access to chronic disease management, including self-management support to individuals and their families
7. Coordinate and provide access to individual and family supports, including referral to community, social support, and recovery services
8. Coordinate and provide access to long-term care supports and services
9. Develop a person-centered care plan for each individual that coordinates and integrates all of his or her clinical and non-clinical health-care related needs and services
10. Demonstrate a capacity to use health information technology to link services, facilitate communication among team members and between the health team and individual and family caregivers, and provide feedback to practices, as feasible and appropriate
11. Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level

Description *

Figure 13: Provider Infrastructure and Supports for Health Homes Providers

1.6 “Other Health Homes Provider Standards” Section

Other Health Homes Provider Standards

The state's requirements and expectations for Health Homes providers are as follows *

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Figure 14: Other Health Homes Provider Standards



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Medicaid and CHIP Program (MACPro)
HH6-Health Homes Delivery Systems PRA
document

Version 1.0

08/16/2017

Document Number: 184-QSSI-MACPro-PRAHH6-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. HH6-Health Homes Service Delivery Systems – Screenshots

1.1 Health Homes Service Delivery Systems

Health Homes Service Delivery Systems
 MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0007D | Health Homes Program

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Identify the service delivery system(s) that will be used for individuals receiving Health Homes services

☐ Fee for Service
☐ PCCM
☐ Risk Based Managed Care
☐ Other Service Delivery System

Validation & Navigation

Would you like to validate the reviewable unit data?
☐ Yes ☒ No

Navigate to Reviewable Unit
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Figure 1 : Health Homes Service Delivery - 1

1.2 Health Homes Service Delivery Systems – Path 1

☒ PCCM

The PCCMs will be a Designated Provider or part of a Team of Health Care Professionals

☒ Yes
☐ No

The PCCM/Health Homes providers will be paid based on the following payment methodology outlined in the payment methods section

☐ Fee for Service (describe in Payment Methodology section)
☐ Alternative Model of Payment (describe in Payment Methodology section)
☒ Other

Description

Character count: 0/4000

Requirements for the PCCM participating in a Health Home as a Designated Provider or part of a Team of Health Care Professionals will be different from those of a regular PCCM *

☒ Yes
☐ No

Describe how requirements will be different

Character count: 0/4000

☐ The state provides assurance that these requirements will be incorporated into the next PCCM contract submitted to CMS.

Figure 2: Health Homes Service Delivery - 2

Requirements for the PCCM participating in a Health Home as a Designated Provider or part of a Team of Health Care Professionals will be different from those of a regular PCCM *

☒ Yes
☐ No

* Describe how requirements will be different

Character count: 0/4000

☐ The state provides assurance that these requirements will be incorporated into the next PCCM contract submitted to CMS.

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Figure 3: Health Homes Service Delivery - 3

1.3 Health Homes Service Delivery Systems – Path 2

Identify the service delivery system(s) that will be used for individuals receiving Health Homes services

☐ Fee for Service

☒ PCCM

The PCCMs will be a Designated Provider or part of a Team of Health Care Professionals

☒ Yes
☐ No

☐ Risk Based Managed Care

☐ Other Service Delivery System

☐ The State provides assurance that it will not duplicate payment between its Health Home payments and PCCM payments.

Figure 4: Health Homes Service Delivery – 4

1.4 Health Homes Service Delivery Systems – Path 3

☒ Risk Based Managed Care

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals

• ☒ Yes
☐ No

Provide a summary of the contract language that you will impose on the Health Plans in order to deliver the Health Homes services *

Character count: 0/4000

☐ The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

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The State intends to include the Health Home payments in the Health Plan capitation rate *

☒ Yes
☐ No

Figure 5: Health Homes Service Delivery – 5

The State intends to include the Health Home payments in the Health Plan capitation rate *

☒ Yes
☐ No

* Assurances ☐ The State provides an assurance that at least annually, it will submit to the regional office as part of their capitated rate Actuarial certification a separate Health Homes section which outlines the following:

- Any program changes based on the inclusion of Health Homes services in the health plan benefits
- Estimates of, or actual (base) costs to provide Health Homes services (including detailed a description of the data used for the cost estimates)
- Assumptions on the expected utilization of Health Homes services and number of eligible beneficiaries (including detailed description of the data used for utilization estimates)
- Any risk adjustments made by plan that may be different than overall risk adjustments
- How the final capitation amount is determined in either a percent of the total capitation or an actual PMPM

☐ The State provides assurance that it will design a reporting system/mechanism to monitor the use of Health Homes services by the plan ensuring appropriate documentation of use of services

☐ The State provides assurance that it will complete an annual assessment to determine if the payments delivered were sufficient to cover the costs to deliver the Health Homes services and provide for adjustments in the rates to compensate for any differences found

Figure 6: Health Homes Service Delivery – 6

1.5 Health Homes Service Delivery Systems – Path 4

☒ Risk Based Managed Care

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals

• ☒ Yes
☐ No

Provide a summary of the contract language that you will impose on the Health Plans in order to deliver the Health Homes services *

Character count: 0/4000

☐ The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

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Figure 7: Health Homes Service Delivery – 7

The State intends to include the Health Home payments in the Health Plan capitation rate *

☐ Yes
☒ No

Indicate which payment methodology the State will use to pay its plans

☐ Fee for Service (describe in Payment Methodology section)
☐ Alternative Model of Payment (describe in Payment Methodology section)
☒ Other

* Description

Character count: 0/4000

Figure 8: Health Homes Service Delivery – 8

1.6 Health Homes Service Delivery Systems – Path 5

☒ Risk Based Managed Care

The Health Plans will be a Designated Provider or part of a Team of Health Care Professionals

• ☐ Yes
☒ No

Indicate how duplication of payment for care coordination in the Health Plans' current capitation rate will be avoided

☐ The current capitation rate will be reduced
☒ The State will impose additional contract requirements on the plans for Health Homes enrollees

* Provide a summary of the contract language for the additional requirements

Character count: 0/4000

☒ Other

* Describe

Character count: 0/4000

Figure 9: Health Homes Service Delivery – 9

1.7 Health Homes Service Delivery Systems – Path 6

Identify the service delivery system(s) that will be used for individuals receiving Health Homes services

☐ Fee for Service

☐ PCCM

☐ Risk Based Managed Care

☒ Other Service Delivery System

Describe if the providers in this other delivery system will be a designated provider or part of the Team of health care professionals and how payment will be delivered to these providers*

Character count: 0/4000

☐ The State provides assurance that any contract requirements specified in this section will be included in any new or the next contract amendment submitted to CMS for review.

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Figure 10: Health Homes Service Delivery – 10



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Medicaid and CHIP Program (MACPro)

HH7-Health Homes Payment Methodologies PRA document

Version 1.0

08/16/2017

Document Number: 185-QSSI-MACPro-PRA-HH7-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. HH7-Health Homes Payment Methodologies – Screenshots

1.1 “Payment Methodology” Section

Health Homes Payment Methodologies

MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0007D | Health Homes Program

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Payment Methodology

+/-

The State's Health Homes payment methodology will contain the following features

- ☐ Fee for Service
- ☐ PCCM (description included in Service Delivery section)
- ☐ Risk Based Managed Care (description included in Service Delivery section)
- ☐ Alternative models of payment, other than Fee for Service or PMPM payments (describe below)

Figure 1: Payment Methodology – 1

1.2 “Payment Methodology” Section – Path 1

The State's Health Homes payment methodology will contain the following features

- ☒ Fee for Service
 - ☐ Individual Rates Per Service
 - ☐ Per Member, Per Month Rates
 - ☐ Comprehensive Methodology Included in the Plan
 - ☐ Incentive Payment Reimbursement

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided

-

Figure 2: Payment Methodology – 2

The State's Health Homes payment methodology will contain the following features

☒ Fee for Service

☒ Individual Rates Per Service

☒ Fee for Service Rates based on

☐ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☒ Other

Describe below

☒ Per Member, Per Month Rates

☒ Fee for Service Rates based on

☐ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☒ Other

Describe below

Figure 3: Payment Methodology – 3

☒ Comprehensive Methodology Included in the Plan

☒ Fee for Service Rates based on

☐ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☒ Other

Describe below

☒ Incentive Payment Reimbursement

☒ Fee for Service Rates based on

☐ Severity of each individual's chronic conditions

☐ Capabilities of the team of health care professionals, designated provider, or health team

☒ Other

Describe below

Figure 4: Payment Methodology – 4

1.3 “Payment Methodology” Section – Path 2

☒ Alternative models of payment, other than Fee for Service or PMPM payments (describe below) *

☒ Tiered Rates based on

- ☐ Severity of each individual's chronic conditions
- ☐ Capabilities of the team of health care professionals, designated provider, or health team
- ☒ Other

Describe below

•

Describe any variations in payment based on provider qualifications, individual care needs, or the intensity of the services provided

•

Provide a comprehensive description of the policies the state will use to establish Health Homes alternative models of payment. Explain how the methodology is consistent with the goals of efficiency, economy and quality of care. Within your description, please explain the nature of the payment, the activities and associated costs or other relevant factors used to determine the payment amount, any limiting criteria used to determine if a provider is eligible to receive the payment, and the frequency and timing through which the Medicaid agency will distribute the payments to providers.

Figure 5: Payment Methodology – 5

1.4 “Assurances” Section

Assurances +/-

☐ The State provides assurance that it will ensure non-duplication of payment for services similar to Health Homes services that are offered/covered under a different statutory authority, such as 1915(c) waivers or targeted case management.

Describe below how non-duplication of payment will be achieved *

Character count: 0/4000

☐ The state has developed payment methodologies and rates that are consistent with section 1902(a)(30)(A).

☐ The State provides assurance that all governmental and private providers are reimbursed according to the same rate schedule, unless otherwise described above.

☐ The State provides assurance that it shall reimburse providers directly, except when there are employment or contractual arrangements consistent with section 1902(a)(32).

Figure 6: Assurances



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Medicaid and CHIP Program (MACPro)

HH8-Health Homes Monitoring, Quality Measurement and Evaluation PRA document

The revised template is attached as an Excel file. Screenshots
are pending.

1. HH8-Health Homes Monitoring, Quality Measurement and Evaluation – Screenshots

1.1 “Monitoring” Section (Placeholder)

1.2 “Quality Measurement and Evaluation” Section (Placeholder)



Centers for Medicare & Medicaid Services
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Medicaid and CHIP Program (MACPro)

HH9-Health Homes Program Termination PRA document

Version 1.0

08/16/2017

Document Number: 187-QSSI-MACPro-PRA-HH9-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. HH9-Health Homes Program Termination – Screenshots

1.1 Health Homes Program Termination

Health Homes Program Termination - Phase-Out Plan

MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0012D | Create New Program from Blank on 07/14

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Package Header

Package ID CA2017MS0012D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

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Provide a description of the phase-out or transition plan for the Health Homes Program that is being terminated

Describe the reason for termination *

Describe the overall approach the state will use to terminating the program *

Figure 1: Health Homes Program Termination – 1

1.2 Health Homes Program Termination – Path 1

Indicate method of termination *

☒ The state will terminate all participants from the Health Homes Program on the same date

☐ The state will phase-out the termination of participation in the Health Homes Program

Termination effective date *

mm/dd/yyyy

Describe the process the state will use to transition all participants and how referrals will be made to other health care providers *

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started In Progress Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

[EXIT](#) [SAVE REVIEWABLE UNIT](#) [GO TO SELECTED REVIEWABLE UNIT](#)

Figure 2: Health Homes Program Termination – 2

1.3 Health Homes Program Termination – Path 2

Indicate method of termination *

- ☐ The state will terminate all participants from the Health Homes Program on the same date
- ☒ The state will phase-out the termination of participation in the Health Homes Program

Begin phase-out date *

Complete phase-out date *

Upload the state's phase-out plan and the strategy for communicating the phase-out to participants and providers, including dates of communication

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☐	Name	Date Created	Type
No items available			

A document is required

[DELETE DOCUMENT\(S\)](#)[SAVE DOCUMENT\(S\)](#)

Describe the process the state will use to transition all participants and how referrals will be made to other health care providers *

Figure 3: Health Homes Program Termination – 3



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

I1-Submission Summary PRA document

Version 1.0

08/16/2017

Document Number: 189-QSSI-MACPro-PRA-I1-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. I1-Submission Summary – Screenshots

1.1 Submission Summary

Submission - Summary

MEDICAID | [Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID N/A	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

State Information

State/Territory Name: California	Medicaid Agency Name: MSP
---	----------------------------------

Submission Component

☒ State Plan Amendment
 ☐ Medicaid
 ☐ CHIP

Figure 1: Submission Summary – 1

Submission Type

☐ Official Submission Package
 ☒ Draft Submission Package

Allow this draft package to be viewable by other states? *

☐ Yes
 ☐ No

Key Contacts

Name	Title	Phone Number	Email Address
No items available			

[+ Add a Key Contact](#)

Executive Summary

Summary Description Including Goals and Objectives *

Character count: 0/4000

Figure 2: Submission Summary – 2

Dependency Description +/-

Description of any dependencies between this submission package and any other submission package undergoing review

Character count: 0/4000

Disaster-Related Submission +/-

This submission is related to a disaster *

☒ Yes
☐ No

Disaster Description *

Character count: 0/4000

Figure 3: Submission Summary – 3

Federal Budget Impact and Statute/Regulation Citation +/-

Federal Budget Impact

	Federal Fiscal Year	Amount
First		
Second		

Warning: Please only enter numeric characters in this field. Only numeric characters will be retained for this field.

Federal Statute / Regulation Citation *

Character count: 0/255

Figure 4: Submission Summary – 4

1.2 “Governor’s Office Review” Section – Path 1

Governor's Office Review +/-

☐ No comment
☒ Comments received
☐ No response within 45 days
☐ Other

Summary of Comments *

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Note: This form can be validated only after the Submission - Medicaid State Plan is complete.

Not Started
In Progress
Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 5: Governor’s Office Review - 1

1.3 “Governor’s Office Review” Section – Path 2

Governor's Office Review

☐ No comment

☐ Comments received

☐ No response within 45 days

☒ Other

Describe *

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Note: This form can be validated only after the Submission - Medicaid State Plan is complete.

Not Started

In Progress

Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 6: Governor’s Office Review - 2



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

I2-Medicaid State Plan PRA document

Version 1.0

08/17/2017

Document Number: 192-QSSI-MACPro-PRA-I2-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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Figure 8: Benefits and Payment – 5	3

1. I2-Medicaid State Plan – Screenshots

1.1 Medicaid State Plan

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | CA2017MS0013D

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CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

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The submission includes the following:

☐ Administration

☐ Eligibility

☐ Benefits and Payment

Validation & Navigation

Would you like to validate the reviewable unit data?

☒ Yes ☐ No

Note: If validation fails, errors will appear in red above.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

You must select at least one component in order to complete this form.

EXIT

SAVE FORM

GO TO SELECTED REVIEWABLE UNIT

Figure 1: Medicaid State Plan – 1

☒ Administration

☐ Designation and Authority
 ☐ Intergovernmental Cooperation Act Waivers
 ☐ Eligibility Determinations and Fair Hearings
 ☐ Organization and Administration
 ☐ Single State Agency Assurances

☒ Eligibility

☒ Methodologies for calculating income and resources that apply across many eligibility groups

☐ MAGI-Based Methodologies
 ☐ Financial Eligibility Requirements for Non-MAGI Groups

☒ Income or Resource Standards

☐ AFDC Income Standards
 ☐ State Residency
 ☐ Citizenship and Non-Citizen Eligibility

☐ Mandatory Eligibility Groups
 ☐ Optional Eligibility Groups
 ☒ Non-financial requirements

☐ Eligibility Process
 ☐ Application
 ☒ Presumptive Eligibility

☒ Eligibility and enrollment Processes

Figure 2: Medicaid State Plan – 2

☒ Eligibility and enrollment Processes

☐ Eligibility Process

☐ Application

☒ Presumptive Eligibility

- ☐ Presumptive Eligibility for Children under Age 19
- ☐ Parents and Other Caretaker Relatives - Presumptive Eligibility
- ☐ Presumptive Eligibility for Pregnant Women
- ☐ Adult Group - Presumptive Eligibility
- ☐ Individuals above 133% FPL under Age 65 - Presumptive Eligibility
- ☐ Individuals Eligible for Family Planning Services - Presumptive Eligibility
- ☐ Former Foster Care Children - Presumptive Eligibility
- ☐ Presumptive Eligibility by Hospitals

☒ Benefits and Payment

☒ Health Homes Program

- ☐ Create new Health Homes program
- ☐ Amend existing Health Homes program
- ☐ Terminate existing Health Homes program

Figure 3: Medicaid State Plan – 3

1.2 Medicaid State Plan – Benefits and Payment – Path 1

The submission includes the following:

☐ Administration

☐ Eligibility

☒ Benefits and Payment

☒ Health Homes Program

- ☒ Create new Health Homes program
- ☐ Amend existing Health Homes program
- ☐ Terminate existing Health Homes program
 - ☒ Copy from existing Health Homes program
 - ☐ Create new program from blank form

* Name of Health Homes Program:

*

Figure 4: Benefits and Payment – 1

1.3 Medicaid State Plan – Benefits and Payment – Path 2

The submission includes the following:

☐ Administration

☐ Eligibility

☒ Benefits and Payment

☒ Health Homes Program

- ☒ Create new Health Homes program
- ☐ Amend existing Health Homes program
- ☐ Terminate existing Health Homes program
 - ☐ Copy from existing Health Homes program
 - ☒ Create new program from blank form

* Name of Health Homes Program:

Figure 5: Benefits and Payment – 2

1.4 Medicaid State Plan – Benefits and Payment – Path 3

The submission includes the following:

☐ Administration

☐ Eligibility

☒ Benefits and Payment

☒ Health Homes Program

☐ Create new Health Homes program
☒ Amend existing Health Homes program
☐ Terminate existing Health Homes program

-- Select Health Homes Program --

*

☐ Amend an existing program that is neither approved in MACPro nor converted.

Figure 6: Benefits and Payment – 3

1.5 Medicaid State Plan – Benefits and Payment – Path 4

The submission includes the following:

☐ Administration

☐ Eligibility

☒ Benefits and Payment

☒ Health Homes Program

☐ Create new Health Homes program
☒ Amend existing Health Homes program
☐ Terminate existing Health Homes program

*

☒ Amend an existing program that is neither approved in MACPro nor converted.

* Name of Health Homes Program to be amended:

Figure 7: Benefits and Payment – 4

1.6 Medicaid State Plan – Benefits and Payment – Path 5

The submission includes the following:

☐ Administration

☐ Eligibility

☒ Benefits and Payment

☒ Health Homes Program

☐ Create new Health Homes program
☐ Amend existing Health Homes program
☒ Terminate existing Health Homes program

-- Select Health Homes Program --

Figure 8: Benefits and Payment – 5



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

I3-Public Comment PRA document

Version 1.0

08/17/2017

Document Number: 193-QSSI-MACPro-PRA-I3-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. I3-Public Comment – Screenshots

1.1 Public Comment – Path 1

Submission - Public Comment

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CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID CA2017MS0013D

SPA ID N/A

Submission Type Draft

Initial Submission N/A

Approval Date N/A

Date

Superseded SPA ID N/A

Effective Date N/A

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Indicate whether public comment was solicited with respect to this submission.*

- ☐ Public notice was not federally required and comment was not solicited
- ☒ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

☒ Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:	
	mm/dd/yyyy		X

[+Add a Newspaper](#)

Figure 1: Public Comment – 1

[+Add a Newspaper](#)

☒ Publication in state's administrative record, in accordance with the administrative procedures requirements

☒ Email to Electronic Mailing List or Similar Mechanism

☒ Website Notice

Date of Publication: *

mm/dd/yyyy

Date of Email or other electronic notification: *

mm/dd/yyyy

Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used: *

Character count: 0/4000

Select the type of website

☒ Website of the State Medicaid Agency or Responsible Agency

* **Date of Posting:** mm/dd/yyyy

* **Website URL:**

☒ Website for State Regulations

* **Date of Posting:** mm/dd/yyyy

* **Website URL:**

☒ Other

Type:	Date of Posting:	Website URL:	
	mm/dd/yyyy		X

[+Add a website](#)

Figure 2: Public Comment – 2

+Add a website

☒ Public Hearing or Meeting

Date of meeting:	Time of meeting:	Location of meeting:
No items available		

A value is required

[ADD A PUBLIC HEARING/MEETING](#)

☒ Other method

Name of method:	Date:	Description:
	mm/dd/yyyy	

+Add another Way of Soliciting Input

Upload copies of public notices and other documents used

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required

[UPLOAD](#) 

[DELETE DOCUMENT\(S\)](#) [SAVE DOCUMENT\(S\)](#)

Figure 3: Public Comment – 3

[DELETE DOCUMENT\(S\)](#) [SAVE DOCUMENT\(S\)](#)

Upload with this application a written summary of public comments received (optional)

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☐	Name	Date Created	↑	Type
No items available				

[UPLOAD](#) 

[DELETE DOCUMENT\(S\)](#) [SAVE DOCUMENT\(S\)](#)

Indicate the key issues raised during the public comment period (optional)

☒ Access

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 4: Public Comment – 4

This screenshot shows the 'Quality' and 'Cost' sections of a public comment form. Each section contains a 'Summarize comments' and a 'Summarize response' text area, both with a character count of 0/4000.

☒ Quality

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

☒ Cost

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 5: Public Comment – 5

This screenshot shows the 'Payment methodology' and 'Eligibility' sections of a public comment form. Each section contains a 'Summarize comments' and a 'Summarize response' text area, both with a character count of 0/4000.

☒ Payment methodology

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

☒ Eligibility

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 6: Public Comment – 6

☒ Benefits

Summarize comments: *

 Character count: 0/4000

Summarize response: *

 Character count: 0/4000

☒ Service delivery

Summarize comments: *

 Character count: 0/4000

Summarize response: *

 Character count: 0/4000

Figure 7: Public Comment – 7

☒ Other issue

Name of issue:	Summarize comments:	Summarize response:

[+Add an Other Issue](#)

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes
 ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 8: Public Comment – 8

1.2 Public Comment – Path 2

Indicate whether public comment was solicited with respect to this submission. *

☐ Public notice was not federally required and comment was not solicited
☐ Public notice was not federally required, but comment was solicited
☒ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:

☒ Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
	mm/dd/yyyy	

+Add a Newspaper

☒ Publication in state's administrative record, in accordance with the administrative procedures requirements

☒ Email to Electronic Mailing List or Similar Mechanism

☒ Website Notice

Date of Publication: *

mm/dd/yyyy

Date of Email or other electronic notification: *

mm/dd/yyyy

Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used: *

Character count: 0/4000

Select the type of website

☒ Website of the State Medicaid Agency or Responsible Agency

*** Date of Posting:** mm/dd/yyyy

*** Website URL:**

Figure 9: Public Comment – 9

*** Website URL:**

☒ Other

Type:	Date of Posting:	Website URL:
	mm/dd/yyyy	

+Add a website

☒ Public Hearing or Meeting

Date of meeting:	Time of meeting:	Location of meeting:
No items available		

A value is required

ADD A PUBLIC HEARING/MEETING

☒ Other method

Name of method:	Date:	Description:
	mm/dd/yyyy	

+Add another Way of Soliciting Input

Figure 10: Public Comment – 10

+Add another Way of Soliciting Input

Upload copies of public notices and other documents used

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required

UPLOAD 

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

Upload with this application a written summary of public comments received (optional)

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

UPLOAD 

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

Figure 11: Public Comment – 11

Indicate the key issues raised during the public comment period (optional)

☒ Access

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

☒ Quality

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

Figure 12: Public Comment – 12

This screenshot shows the 'Cost' section of the public comment form. On the left, there is a vertical sidebar with a checked checkbox labeled 'Cost' and another unchecked checkbox labeled 'Payment methodology'. The main content area on the right contains two sets of input fields. The first set is for 'Summarize comments: *' with a text area and a character count of 0/4000. Below it is a 'Summarize response: *' section with another text area and character count. The second set of fields is identical and located further down the page.

Figure 13: Public Comment – 13

This screenshot shows the 'Eligibility' and 'Benefits' sections of the public comment form. The sidebar on the left has a checked checkbox for 'Eligibility' and an unchecked checkbox for 'Benefits'. The main content area on the right follows the same layout as Figure 13, with two sets of 'Summarize comments' and 'Summarize response' text areas, each with a 0/4000 character count.

Figure 14: Public Comment – 14

☒ Service delivery

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

☒ Other issue

Name of issue:	Summarize comments:	Summarize response:	
			×

+Add an Other Issue

Figure 15: Public Comment – 15



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

I4-Tribal Input PRA document

Version 1.0

08/17/2017

Document Number: 194-QSSI-MACPro-PRA-I4-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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Figure 6: Tribal Input – 6	3
Figure 7: Tribal Input – 7	4
Figure 8: Tribal Input – 8	4
Figure 9: Tribal Input – 9	5
Figure 10: Tribal Input – 10	5
Figure 11: Tribal Input – 11	6
Figure 12: Tribal Input – 12	6
Figure 13: Tribal Input – 13	7
Figure 14: Tribal Input – 14	7

1. I4-Tribal Input – Screenshots

1.1 Tribal Input – Path 1

Submission - Tribal Input

MEDICAID | Medicaid State Plan | CA2017MS0013D

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID CA2017MS0013D
Submission Type Draft
Approval Date N/A
Superseded SPA ID N/A

SPA ID N/A
Initial Submission Date N/A
Effective Date N/A

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One or more Indian health programs or Urban Indian Organizations furnish health care services in this state *

☒ Yes
☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations *

☒ Yes
☐ No

- * ☐ The state has solicited advice from Indian Health Programs and/or Urban Indian Organizations, as required by section 1902(a)(73) of the Social Security Act, prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

Figure 1: Tribal Input – 1

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☒ All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
mm/dd/yyyy	

[Add a Solicitation/Consultation](#)

☒ All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
mm/dd/yyyy	

[Add a Solicitation/Consultation](#)

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☒ All Indian Tribes

Date of consultation:	Method of consultation:
mm/dd/yyyy	

[Add a Consultation](#)

Figure 2: Tribal Input – 2

Add a Consultation

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; pptx

☐	Name	Date Created	Type
No items available			

A document is required

Indicate the key issues raised (optional)

Figure 3: Tribal Input – 3

Indicate the key issues raised (optional)

☒ Access

☒ Quality

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 4: Tribal Input – 4

The screenshot shows a web form with two sections: 'Cost' and 'Payment methodology'. Each section has a 'Summarize comments' and a 'Summarize response' field, both with a character count of 0/4000.

☒ Cost

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

☒ Payment methodology

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 5: Tribal Input – 5

The screenshot shows a web form with two sections: 'Eligibility' and 'Benefits'. Each section has a 'Summarize comments' and a 'Summarize response' field, both with a character count of 0/4000.

☒ Eligibility

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

☒ Benefits

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 6: Tribal Input – 6

☒ Service delivery

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

☒ Other issue

Name of issue:	Summarize comments:	Summarize response:

+Add an Other Issue

Figure 7: Tribal Input – 7

1.2 Tribal Input – Path 2

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state *

☒ Yes

☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations *

☐ Yes

☒ No

* Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations

Character count: 0/4000

- ☒ Even though not required, the state has solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA
- ☐ The state has not solicited advice from Indian Health Programs and/or Urban Indian Organizations prior to submission of this SPA

Complete the following information regarding any solicitation of advice and/or tribal consultation conducted with respect to this submission:

Solicitation of advice and/or Tribal consultation was conducted in the following manner:

☒ All Indian Health Programs

Date of solicitation/consultation:	Method of solicitation/consultation:
mm/dd/yyyy	

Add a Solicitation/Consultation

Figure 8: Tribal Input – 8

Add a Solicitation/Consultation

☒ All Urban Indian Organizations

Date of solicitation/consultation:	Method of solicitation/consultation:
mm/dd/yyyy	

Add a Solicitation/Consultation

States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

☒ All Indian Tribes

Date of consultation:	Method of consultation:
mm/dd/yyyy	

Add a Consultation

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Saved Documents

Figure 9: Tribal Input – 9

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	Type
No items available			

A document is required

UPLOAD 

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

Indicate the key issues raised (optional)

☒ Access

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 10: Tribal Input – 10

The screenshot displays the 'Quality' and 'Cost' sections of the Tribal Input form. Each section contains a 'Summarize comments' field and a 'Summarize response' field, both with a character count of 0/4000.

Quality

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Cost

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 11: Tribal Input – 11

The screenshot displays the 'Payment methodology' and 'Eligibility' sections of the Tribal Input form. Each section contains a 'Summarize comments' field and a 'Summarize response' field, both with a character count of 0/4000.

Payment methodology

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Eligibility

Summarize comments: *

Character count: 0/4000

Summarize response: *

Character count: 0/4000

Figure 12: Tribal Input – 12

☒ Benefits

Summarize comments: *

 Character count: 0/4000
 Summarize response: *

 Character count: 0/4000

☒ Service delivery

Summarize comments: *

 Character count: 0/4000
 Summarize response: *

 Character count: 0/4000

Figure 13: Tribal Input – 13

☒ Other issue

Name of issue:	Summarize comments:	Summarize response:

+Add an Other Issue

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes
 ☒ No

 Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 14: Tribal Input – 14



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

I5-Other Comment PRA document

Version 1.0

08/17/2017

Document Number: 195-QSSI-MACPro-PRA-I5-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. I5-Other Comment – Screenshots

1.1 Other Comment – “SAMHSA Consultation” Section

Submission - Other Comment

MEDICAID | Medicaid State Plan | Health Homes | CA2017MS0013D | Health Homes P

CMS-10434 OMB 0938-1188

[Request System Help](#)

Not Started In Progress Complete

Package Header

Package ID	CA2017MS0013D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

[View Implementation Guide](#)

SAMHSA Consultation

Name of Health Homes Program
Health Homes P

☒ The State provides assurance that it has consulted and coordinated with the Substance Abuse and Mental Health Services Administration (SAMHSA) in addressing issues regarding the prevention and treatment of mental illness and substance abuse among eligible individuals with chronic conditions.

Date of consultation

mm/dd/yyyy

×

[+Add Date of Consultation](#)

Figure 1: Other Comment



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S2 - Financial Eligibility Requirements for Non-
MAGI Groups RU PRA Document**

Version 1.0

08/16/2017

Document Number: 181-QSSI-MACPro-R5.1-S2-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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List of Tables

No table of figures entries found.

1. S2 - Financial Eligibility Requirements for Non-MAGI Groups Screenshots

1.1 Package Header and A. Financial Eligibility Methodologies

The screenshot displays the 'Medicaid State Plan Eligibility' interface for 'NV - Submission Package - NV2017MS0026D'. The top navigation bar includes 'News', 'Tasks', 'Records' (selected), 'Reports', and 'Actions'. The user 'Applan' is logged in. The breadcrumb trail is 'Records / Submission Packages'. Below the package name, there are tabs for 'Summary', 'Reviewable Units', 'News', and 'Related Actions' (selected). The main content area is titled 'Medicaid State Plan Eligibility' and 'Financial Eligibility Requirements for Non-MAGI Groups'. It includes a reference to 'CMS-10434 OMB 0938-1188' and a progress bar with three stages: 'Not Started', 'In Progress', and 'Complete'. The 'Package Header' section lists details: Package ID (NV2017MS0026D), Submission Type (Draft), Approval Date (N/A), Superseded SPA ID (NV-17-0420-420G, System-Derived), SPA ID (N/A), Initial Submission Date (N/A), and Effective Date (N/A). A link for 'Request System Help' is present. Below this, a section titled 'A. Financial Eligibility Methodologies' states that the state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603). A checkbox is checked, indicating 'The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §435.601.' A link for 'View Implementation Guide' is also available.

Figure 1: Package Header and Section A

1.2 B. Eligibility Determinations of Aged, Blind and Disabled Individuals, C. Financial Responsibility of Relatives and D. Additional Information (optional)

News
Tasks
Records
Reports
Actions

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

Eligibility is determined for aged, blind and disabled individuals based on one of the following:

- ☐ 1. SSA Eligibility Determination State (1634 State)
The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.
- ☐ 2. State Eligibility Determination (SSI Criteria State)
The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.
- ☒ 3. State Eligibility Determination (209(b) State)
The state requires all individuals who seek Medicaid eligibility on the basis of being aged, blind or disabled, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

C. Financial Responsibility of Relatives

☒ The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §435.602.

D. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes
☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Figure 2: Section B, Section C and Section D



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S2T-Financial Eligibility Requirements for Non-MAGI Groups – Territories PRA document

Version 1.0
08/18/2017

Document Number: 214-QSSI-MACPro-PRA-S2T-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S2T-Financial Eligibility Requirements for Non-MAGI Groups – Territories – Screenshots

1.1 Financial Eligibility Requirements for Non-MAGI Groups – Territories

Medicaid State Plan Eligibility

Financial Eligibility Requirements for Non-MAGI Groups - Territories

MEDICAID | Medicaid State Plan | Eligibility | GU2017MS0033D

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started	In Progress	Complete
Package Header		
Package ID GU2017MS0033D Submission Type Draft Approval Date N/A Superseded SPA ID GU-17-0237-xxxx System-Derived	SPA ID N/A Initial Submission Date N/A Effective Date N/A	

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

The state applies the following financial methodologies for all eligibility groups whose eligibility is not based on modified adjusted gross income (MAGI) rules (described in 42 C.F.R. §435.603):

A. Financial Eligibility Methodologies

☐ The state determines financial eligibility consistent with the methodologies described in 42 C.F.R. §436.601.

+/-

B. Eligibility Determinations of Aged, Blind and Disabled Individuals

☐ Eligibility is determined for aged, blind and disabled individuals consistent with the methodologies described in 42 C.F.R. §436.601.

+/-

Figure 1: Financial Eligibility Requirements for Non-MAGI Groups – Territories – 1

C. Financial Responsibility of Relatives

☐ The state determines the financial responsibility of relatives consistent with the requirements and methodologies described in 42 C.F.R. §436.602.

+/-

D. Additional Information (optional)

+/-

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started	In Progress	Complete
PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.		

[EXIT](#)

[SAVE REVIEWABLE UNIT](#)

[GO TO SELECTED REVIEWABLE UNIT](#)

Figure 2: Financial Eligibility Requirements for Non-MAGI Groups – Territories – 2



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)
S3 - Optional Eligibility Groups RU PRA
Document

Version 1.0
08/16/2017

Document Number: 178-QSSI-MACPro-R5.1-S3-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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No table of figures entries found.

1. S3 - Optional Eligibility Groups Screenshots

1.1 Package Header

News Tasks **Records** Reports Actions

Records / Submission Packages
NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Optional Eligibility Groups
MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID NV2017MS0026D SPA ID N/A

Submission Type Draft Initial Submission Date N/A

Approval Date N/A Effective Date N/A

Superseded SPA ID NV-17-4200-420G
System-Derived

View Implementation Guide

VIEW ALL RESPONSES

Figure 1: Package Header

1.2 A. Options for Coverage – Part 1

News Tasks **Records** Reports Actions

Records / Submission Packages
NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.*
☒ Yes ☐ No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives	☒	☒	☒	APPROVED
Reasonable Classifications of Individuals under Age 21	☒	☐	☒	APPROVED
Children with Non-IV-E Adoption Assistance	☐	☐	☐	NEW
Independent Foster Care Adolescents	☐	☐	☐	NEW
Optional Targeted Low Income Children	☒	☒	☐	NEW
Individuals above 133% FPL under Age 65	☒	☐	☐	APPROVED
Certain Individuals Needing Treatment for Breast or Cervical Cancer	☐	☐	☐	NEW
Individuals Eligible for Family Planning Services	☐	☐	☐	NEW
Individuals with Tuberculosis	☐	☐	☒	NEW
Individuals Electing COBRA Continuation Coverage	☐	☐	☐	NEW

Figure 2: Section A-Part 1

1.3 A. Options for Coverage – Part 2

News Tasks Records Reports Actions					
Aged, Blind and Disabled					
Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash		☐	☐	☐	NEW
Individuals Eligible for Cash except for Institutionalization		☐	☐	☐	NEW
Individuals Receiving Home and Community Based Services under Institutional Rules		☐	☐	☐	NEW
Optional State Supplement Beneficiaries - 1634 States, and SSI Criteria States with 1616 Agreements		☐	☐	☐	NEW
Optional State Supplement Beneficiaries-209(b)States, and SSI Criteria States without 1616 Agreements		☐	☐	☐	NEW
Institutionalized Individuals Eligible under a Special Income Level		☐	☐	☐	NEW
Individuals participating in a PACE Program under Institutional Rules		☐	☐	☐	NEW
Individuals Receiving Hospice Care		☐	☐	☐	NEW
Qualified Disabled Children under Age 19		☐	☐	☐	NEW
Poverty Level Aged or Disabled		☐	☐	☐	NEW
Work Incentives Eligibility Group		☐	☐	☐	NEW
Ticket to Work Basic Group		☐	☐	☐	NEW
Ticket to Work Medical Improvements Group		☐	☐	☐	NEW

Figure 3: Section A-Part 2

1.4 A. Options for Coverage – Part 3

Ticket to Work Medical Improvements Group		☐	☐	☐	NEW
Family Opportunity Act Children with Disabilities		☐	☐	☐	NEW
Individuals Eligible for Home and Community-Based Services		☐	☐	☐	NEW
Individuals Eligible for Home and Community-Based Services - Special Income Level		☐	☐	☐	NEW

Figure 4: Section A-Part 3

1.5 B. Medically Needy Options for Coverage –Part 1

News
Tasks
Records
Reports
Actions
Applan

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy. *

☒ Yes
☐ No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		☒	☐	☐	NEW
Medically Needy Children under Age 18		☒	☐	☐	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Blind or Disabled Individuals Eligible in 1973		☒	☐	☐	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Children Age 18 through 20		☐	☐	☐	NEW
Medically Needy Parents and Other Caretakers		☐	☐	☐	NEW

Aged, Blind and Disabled

Figure 5: Section B-Part 1

1.6 B. Medically Needy Options for Coverage-Part 2, C. Additional Information (optional) and "Eligibility Groups Deselected from Coverage"

NewsTasksRecordsReportsActions

Appian

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Aged, Blind or Disabled		☐	☐	☐	NEW

C. Additional Information (optional)

+/-

Character count: 0/4000

Eligibility Groups Deselected from Coverage

+/-

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Warning: Any field containing more than 4000 characters will be truncated when saved.

Not Started

In Progress

Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 6: Section B-Part 2, Section C and Section "Eligibility Groups Deselected from Coverage"



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

S3a - De-selected RU PRA Document

Version 1.0

08/16/2017

Document Number: 188-QSSI-MACPro-R5.1-S3a-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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No table of figures entries found.

1. S3a – De-selected RU Screenshots

1.1 Package Header

The screenshot shows the 'Package Header' screen for 'NV - Submission Package - NV2017MS0026D'. The top navigation bar includes 'News', 'Tasks', 'Records' (selected), 'Reports', and 'Actions'. A user profile icon for 'Applan' is in the top right. Below the navigation bar, the page title is 'NV - Submission Package - NV2017MS0026D'. There are tabs for 'Summary', 'Reviewable Units', 'News', and 'Related Actions' (selected). The main content area is titled 'Medicaid State Plan Eligibility' and 'Eligibility Groups - Options for Coverage'. It includes a section for 'Optional Coverage of Parents and Other Caretaker Relatives' with a description: 'Individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state.' A 'Request System Help' link is on the right. Below this is a progress bar with three segments: 'Not Started', 'In Progress', and 'Complete'. The 'Package Header' section contains the following information:

Package ID	NV2017MS0026D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

A 'View Implementation Guide' link is located at the bottom right of the package header section.

Figure 1: Package Header

1.2 Group No Longer Covered

The screenshot shows the 'Group No Longer Covered' screen. The title is 'Group No Longer Covered'. There are two input fields: 'Covered Through' (with a calendar icon) and 'Terminated As Of' (with a calendar icon), both currently set to 'Not Yet Entered'. Below these is a 'Validation & Navigation' section. It includes a question: 'Would you like to validate the reviewable unit data?' with radio buttons for 'Yes' and 'No' (selected). A warning message states: 'Warning: Any field containing more than 4000 characters will be truncated when saved.' To the right of this is a 'Navigate to Reviewable Unit' dropdown menu with the text '-- Select Reviewable Unit --'. Below the warning is a progress bar with three segments: 'Not Started', 'In Progress', and 'Complete'. At the bottom, there are three buttons: 'EXIT', 'SAVE REVIEWABLE UNIT', and 'GO TO SELECTED REVIEWABLE UNIT'. A PRA Disclosure Statement is visible at the bottom of the page.

Figure 2: Group No Longer Covered



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S4 - Mandatory Eligibility Groups RU PRA
Document**

Version 1.0

08/16/2017

Document Number: 190-QSSI-MACPro-R5.1-S4-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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Figure 3: Section A-Part 2 and Section B.....	2
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List of Tables

No table of figures entries found.

1. S4 - Mandatory Eligibility Groups Screenshots

1.1 Package Header

News Tasks **Records** Reports Actions

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Mandatory Eligibility Groups
MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID NV2017MS0026D SPA ID N/A

Submission Type Draft Initial Submission Date N/A

Approval Date N/A Effective Date N/A

Superseded SPA ID NV-17-0420-420G
System-Derived

View Implementation Guide

Figure 1: Package Header

1.2 Mandatory Coverage – Section A - Part 1

News Tasks **Records** Reports Actions

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19	☒	☐	☐	NEW
Parents and Other Caretaker Relatives	☒	☐	☐	NEW
Pregnant Women	☒	☐	☐	NEW
Deemed Newborns	☒	☐	☐	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	☒	☐	☐	NEW
Former Foster Care Children	☒	☐	☐	NEW
Transitional Medical Assistance	☒	☐	☐	NEW
Extended Medicaid due to Spousal Support Collections	☒	☐	☐	NEW

Aged, Blind and Disabled

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries	☒	☐	☐	NEW
Individuals Receiving Mandatory State Supplements	☒	☐	☐	NEW
Individuals Who Are Essential Spouses	☒	☐	☐	NEW
Institutionalized Individuals Continuously Eligible Since 1973	☒	☐	☐	NEW

Figure 2: Section A-Part 1

1.3 Mandatory Coverage – Section A-Part 2 and Section B

News Tasks **Records** Reports Actions

Blind or Disabled Individuals Eligible in 1973 ☐ ☒ ☐ ☐ NEW

Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972 ☐ ☒ ☐ ☐ NEW

Individuals Who Would Be Eligible for SSI/SSP but for OASDI COLA Increases since April, 1977 ☐ ☒ ☐ ☐ NEW

Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI ☐ ☒ ☐ ☐ NEW

Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security ☐ ☒ ☐ ☐ NEW

Working Disabled under 1619(b) ☐ ☒ ☐ ☐ NEW

Disabled Adult Children ☐ ☒ ☐ ☐ NEW

Qualified Medicare Beneficiaries ☐ ☒ ☐ ☐ NEW

Qualified Disabled and Working Individuals ☐ ☒ ☐ ☐ NEW

Specified Low Income Medicare Beneficiaries ☐ ☒ ☐ ☐ NEW

Qualifying Individuals ☐ ☒ ☐ ☐ NEW

B. The state elects the Adult Group, described at 42 C.F.R. §435.219. *
☒ Yes ☐ No

Families and Adults

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group	☒	☒	☐	NEW

Figure 3: Section A-Part 2 and Section B

1.4 Mandatory Coverage – Section C

C. Additional Information (optional)

Character count: 0/4000

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Validation & Navigation

Would you like to validate the reviewable unit data?
☐ Yes ☒ No

Navigate to Reviewable Unit

Warning: Any field containing more than 4000 characters will be truncated when saved.

Not Started In Progress Complete

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EXIT SAVE REVIEWABLE UNIT GO TO SELECTED REVIEWABLE UNIT

Figure 4: Section C



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)
S10-MAGI Based Methodologies RU PRA
document

Version 1.0
08/10/2017

Document Number: 166-QSSI-MACPro-PRA-S10-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S10- MAGI Based Methodologies Screenshots

1.1 Section A. Household Composition

The screenshot displays the 'Medicaid State Plan Eligibility' interface. At the top, there is a navigation bar with tabs for News, Tasks, Records, Reports, and Actions. The 'Actions' tab is selected. Below the navigation bar, the page title 'Medicaid State Plan Eligibility' is shown. The main content area is titled 'MAGI Based Methodologies' and includes a breadcrumb trail: 'MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D'. A 'Request System Help' link is located in the top right corner. Below the breadcrumb trail, a progress bar indicates the status of the process: 'Not Started', 'In Progress', and 'Complete'. The 'Not Started' section is expanded, showing a 'Package Header' with the following details: Package ID: NV2017MS0026D, Submission Type: Draft, Approval Date: N/A, Superseded SPA ID: N/A, SPA ID: N/A, Initial Submission Date: N/A, and Effective Date: N/A. A 'View Implementation Guide' link and a 'VIEW ALL RESPONSES' button are also present. The main content area is titled 'A. Household Composition' and contains three numbered questions. Question 1 asks about family size for a pregnant woman. Question 2 asks about family size for other individuals in a household that includes a pregnant woman. Question 3 asks about the age for children. The selected options are: 'c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.' for question 2, and 'b. Age 19, or in the case of full-time students, age 21' for question 3.

Medicaid State Plan Eligibility

MAGI Based Methodologies
 MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID NV2017MS0026D SPA ID N/A
 Submission Type Draft Initial Submission Date N/A
 Approval Date N/A Effective Date N/A
 Superseded SPA ID N/A

View Implementation Guide
 VIEW ALL RESPONSES

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603.

A. Household Composition

1. In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

2. In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

☐ a. The pregnant woman is counted just as herself.

☐ b. The pregnant woman is counted as herself, plus one.

☒ c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

3. In establishing household composition under the rules for non-filers set forth at 42 CFR 435.603(f)(3), the state elects the following age for children:

☐ a. Age 19

☒ b. Age 19, or in the case of full-time students, age 21

Figure 1: Section A- Household Composition

1.2 Section B. Household Income

News
Tasks
Records
Reports
Actions

☒ b. Age 19, or in the case of full-time students, age 21

B. Household Income

Financial eligibility is determined consistent with the following provisions:

- When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
- When determining eligibility for current beneficiaries, financial eligibility is based on:
 - ☐ a. Current monthly household income and family size
 - ☒ b. Projected annual household income and family size for the remaining months of the current calendar year.
- In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:

☒ Yes ☐ No

☒ a. Include a prorated portion of a reasonably predictable increase in future income and/or family size.
 The methodology used by the state to account for and verify such change is:

Character count: 0/4000

☒ b. Account for a reasonably predictable decrease in future income and/or family size.
 The methodology used by the state to account for and verify such change is:

Character count: 0/4000

4. MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.

5. Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

Figure 2: Section B

1.3 Section B. Household Income – Path 1

News
Tasks
Records
Reports
Actions

The methodology used by the state to account for and verify such change is:

Character count: 0/4000

4. MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.

5. Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

6. In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.

7. Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

☒ Yes
☐ No

The state uses a specific nominal amount and frequency.

☒ Yes
☐ No

a. The amount of the nominal amount is: *

b. Frequency of the nominal amount: *

☐ i. Weekly
☐ ii. Bi-weekly
☐ iii. Monthly
☐ iv. Quarterly
☒ v. Yearly

c. Explanation: optional

Character count: 0/255

Figure 3: Section B- Path 1

1.4 Section B. Household Income – Path 2

News
Tasks
Records
Reports
Actions

Character count: 0/4000

☒ b. Account for a reasonably predictable decrease in future income and/or family size.

The methodology used by the state to account for and verify such change is:

Character count: 0/4000

4. MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.

5. Except as provided at 42 CFR 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

6. In determining the eligibility of an individual using MAGI-based income, the state must subtract an amount equivalent to 5 percentage points of the federal poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.

7. Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

☒ Yes
☐ No

The state uses a specific nominal amount and frequency.

☐ Yes
☒ No

Explanation of the state's methodology for determining the nominal amount: *

Character count: 0/255

C. Resource Test

+/-

Figure 4: Section B- Path 2

1.5 Section C. Resource Test and Section D. Additional Information (optional)

News Tasks Records Reports **Actions**

Appian

Character count: 0/255

C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

D. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started In Progress Complete

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EXIT SAVE REVIEWABLE UNIT GO TO SELECTED REVIEWABLE UNIT

Figure 5: Section C and Section D



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

S10T-MAGI Based Methodologies - Territories RU PRA document

Version 1.0

08/16/2017

Document Number: 176-QSSI-MACPro-R5.1-S10T-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S10T- MAGI Based Methodologies - Territories Screenshots

1.1 Section A. Household Composition

Medicaid State Plan Eligibility

MAGI-Based Methodologies - Territories

MEDICAID | Medicaid State Plan | Eligibility | GU2017MS0031D

Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID GU2017MS0031D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID GU-17-1109-xxxx	
System-Derived	

View Implementation Guide

[VIEW ALL RESPONSES](#)

The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603, except for 42 CFR 435.603 (d)(2), (d)(3), (f)(1), (f)(2), and (f)(5).

A. Household Composition

1. Household composition for all individuals is defined in accordance with the non-filer rules at 42 CFR 435.603(f)(3).

2. In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

3. In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- ☐ a. The pregnant woman is counted just as herself.
- ☐ b. The pregnant woman is counted as herself, plus one.
- ☒ c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

4. In establishing household composition, the state elects the following age for children:

- ☐ a. Age 19
- ☒ b. Age 19, or in the case of full-time students, age 21

B. Household Income

Figure 1: Section A- Household Composition

1.2 Section B. Household Income – Options 1-5

B. Household Income

Financial eligibility is determined consistent with the following provisions:

- When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
- When determining eligibility for current beneficiaries, financial eligibility is based on:
 - ☐ a. Current monthly household income and family size
 - ☒ b. Projected annual household income and family size for the remaining months of the current calendar year.
- In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:
 - ☒ Yes ☐ No
 - ☒ a. Include a prorated portion of a reasonably predictable increase in future income and/or family size.
 The methodology used by the state to account for and verify such change is:
 Character count: 0/4000
 - ☒ b. Account for a reasonably predictable decrease in future income and/or family size.
 The methodology used by the state to account for and verify such change is:
 Character count: 0/4000
- MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.
- A child's income will not count toward the household MAGI if (i) the child is in the household with one or both parents and (ii) the child's income does not meet the tax filing thresholds (i.e., when counting earned and/or unearned income), subject to the choice below:
 - ☐ a. The territory uses the IRS tax filing thresholds without adjustment
 - ☐ b. The territory uses the IRS tax filing thresholds adjusted based on the territory's standard of living
 - ☒ c. The territory uses its own tax filing threshold

Figure 2: Section B-Options 1-5

1.3 Section B. Household Income – Options 6-8

- If a child is not living with at least one parent, the child's income counts as a regular member for any household in which the child is a member, including the household in which the child is the member whose eligibility is being evaluated (i.e., a child who is living with a grandmother (caretaker relative) and siblings).
- In determining the eligibility of an individual using MAGI-based income, the territory must subtract an amount equivalent to 5 percentage points of the poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
- In determining the eligibility of an individual using MAGI-based income, the territory may elect to use the local poverty level in place of the Federal poverty level. See Income Standards - Territories screen for option selected.

[View Approved Version of Income Standards - Poverty Level - Territories](#)

Figure 3: Section B- Options 6-8

1.4 Section C. Resource Test and Section D. Additional Information (optional)

C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

D. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?
☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit
-- Select Reviewable Unit --

Not Started

In Progress

Complete

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EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 4: Section C and Section D



**Centers for Medicare & Medicaid
Services**
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

**S11 - Reasonable Classification of Children - All
PRA Document**

Version 1.0
08/21/2017

Document Number: 238-QSSI-MACPro-R5.1-S11-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S11 - Reasonable Classification of Children – All Screenshots

1.1 Reasonable Classification of Children – Limit – Screenshot 1

News Tasks Records Reports **Actions**

Request System Help
View Implementation Guide

CMS-10434 OMB 0938-1188

Reasonable classifications of children not covered prior to January 1, 2014, that are now covered are:

☒ Individuals for whom public agencies are assuming full or partial financial responsibility.

☒ Individuals placed in foster care homes by public agencies

Indicate the age which applies:

- ☐ Under age 21
- ☐ Under age 20
- ☐ Under age 19
- ☒ Under age 18

☒ Individuals placed in private institutions by public agencies

Indicate the age which applies:

- ☐ Under age 21
- ☐ Under age 20
- ☐ Under age 19
- ☒ Under age 18

☒ Individuals placed in foster care homes by private, non-profit agencies

Indicate the age which applies:

- ☐ Under age 21
- ☐ Under age 20
- ☐ Under age 19
- ☒ Under age 18

☒ Individuals placed in private institutions by private, non-profit agencies

Indicate the age which applies:

- ☐ Under age 21
- ☐ Under age 20
- ☐ Under age 19
- ☒ Under age 18

Figure 1: Reasonable Classification of Children - All- Screenshot 1

1.2 Reasonable Classification of Children - All- Screenshot 2

News Tasks Records Reports **Actions**

Applan

☐ Under age 21
☐ Under age 20
☐ Under age 19
☒ Under age 18

☒ Individuals in adoptions subsidized in full or part by a public agency

Indicate the age which applies:

☐ Under age 21
☐ Under age 20
☐ Under age 19
☒ Under age 18

☒ Individuals in nursing facilities, if nursing facility services are provided under this plan

Indicate the age which applies:

☐ Under age 21
☐ Under age 20
☐ Under age 19
☒ Under age 18

☒ Also individuals in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), if these services are provided under this plan.

Indicate the age which applies:

☐ Under age 21
☐ Under age 20
☐ Under age 19
☒ Under age 18

☒ Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan

Indicate the age which applies:

☐ Under age 21
☐ Under age 20
☐ Under age 19
☒ Under age 18

☒ Other reasonable classifications

Name of Classification: * Description: *

Figure 2: Reasonable Classification of Children - All- Screenshot 2

1.3 Reasonable Classification of Children - All- Screenshot 3

☒ Other reasonable classifications

Name of Classification: *

Name of Classification cannot be edited once saved.

Indicate the age which applies:

☐ Under age 21
☐ Under age 20
☐ Under age 19
☒ Under age 18

+ Add Classification

Description: *

Character count: 0/4000

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CANCEL SAVE CLASSIFICATIONS

Figure 3: Reasonable Classification of Children - All- Screenshot 3



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S11a - Reasonable Classification of Children -
Limit PRA Document**

Version 1.0

08/21/2017

Document Number: 239-QSSI-MACPro-R5.1-S11a-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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No table of figures entries found.

1. S11a - Reasonable Classification of Children – Limit Screenshots

1.1 Reasonable Classification of Children – Limit – Screenshot 1

News Tasks Records Reports **Actions**

Request System Help
View Implementation Guide

CMS-10434 OMB 0938-1188

Reasonable classifications of children that are covered are:

☒ Individuals for whom public agencies are assuming full or partial financial responsibility.
Indicate the age which applies:
☐ Age 19
☐ Age 20
☒ Age 19 and age 20

☒ Individuals placed in foster care homes by public agencies
Indicate the age which applies:
☐ Age 19
☐ Age 20
☒ Age 19 and age 20

☒ Individuals placed in private institutions by public agencies
Indicate the age which applies:
☐ Age 19
☐ Age 20
☒ Age 19 and age 20

☒ Individuals placed in foster care homes by private, non-profit agencies
Indicate the age which applies:
☐ Age 19
☐ Age 20
☒ Age 19 and age 20

☒ Individuals placed in private institutions by private, non-profit agencies
Indicate the age which applies:
☐ Age 19
☐ Age 20
☒ Age 19 and age 20

☒ Individuals in adoptions subsidized in full or part by a public agency
Indicate the age which applies:

Figure 1: Reasonable Classification of Children - Limit– Screenshot 1

1.2 Reasonable Classification of Children - Limit- Screenshot 2

News Tasks Records Reports **Actions**

☒ Individuals in adoptions subsidized in full or part by a public agency
Indicate the age which applies:
☐ Age 19
☐ Age 20
☒ Age 19 and age 20

☒ Individuals in nursing facilities, if nursing facility services are provided under this plan
Indicate the age which applies:
☐ Age 19
☐ Age 20
☒ Age 19 and age 20

☒ Also individuals in Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID), if these services are provided under this plan.
Indicate the age which applies:
☐ Age 19
☐ Age 20
☒ Age 19 and age 20

☒ Individuals receiving active treatment as inpatients in psychiatric facilities or programs, if such services are provided under this plan
Indicate the age which applies:
☐ Age 19
☐ Age 20
☒ Age 19 and age 20

☒ Other reasonable classifications
Name of Classification: *

Name of Classification cannot be edited once saved.
Indicate the age which applies:
☐ Age 19
☐ Age 20
☒ Age 19 and age 20
[+ Add Classification](#)

Description: *

Character count: 0/4000

Figure 2: Reasonable Classification of Children - Limit- Screenshot 2

1.3 Reasonable Classification of Children - Limit- Screenshot 3

Indicate the age which applies:
☐ Age 19
☐ Age 20
☒ Age 19 and age 20
[+ Add Classification](#)

Name of Classification: *

Character count: 0/4000

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

[CANCEL](#) [SAVE CLASSIFICATIONS](#)

Figure 3: Reasonable Classification of Children - Limit- Screenshot 3



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)
S13a - Income Standard PRA Document

**Version 1.0
08/18/2017**

Document Number: 219-QSSI-MACPro-R5.1-S13a-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S13a - Income Standard Screenshots

1.1 Income Standard – Path 1

Income Standard

Request System Help
View Implementation Guide

CMS-10434 OMB 0938-1188

☒ Statewide standard
☐ Standard varies by region
☐ Standard varies by living arrangement
☐ Standard varies in some other way

The statewide standard is:

The standard expressed in dollar amounts is:

Household size	Standard
1	

+Add a household size

The state uses an additional incremental amount for larger household sizes. *

☒ Yes ☐ No

Incremental Amount *

The dollar amounts increase automatically each year *

☒ Yes ☐ No

The basis of the increase is: *

☐ CPI-U ☒ Other basis

Name of basis *

The annual increase occurs in the month and day indicated:

* Every * of

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-28-05, Baltimore, Maryland 21244-1850.

Figure 1: Income Standard – Path 1

1.2 Income Standard – Path 2

CMS-10434 OMB 0938-1188

☐ Statewide standard
☒ Standard varies by region
☐ Standard varies by living arrangement
☐ Standard varies in some other way

The standard by regions is:

Regions used

Name of region *	Description *

+Add Regions

The dollar amounts increase automatically each year *

☒ Yes ☐ No

The basis of the increase is: *

☐ CPI-U
☒ Other basis

The annual increase occurs in the month and day indicated:

* Every * of

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

[CANCEL](#) [SAVE INCOME STANDARD](#)

Figure 2: Income Standard – Path 2

1.3 Income Standard – Path 3

CMS-10434 OMB 0938-1188

☐ Statewide standard
☐ Standard varies by region
☒ Standard varies by living arrangement
☐ Standard varies in some other way

The standard by living arrangement is:

Living arrangements used

Name of living arrangement *	Description *

+Add Living arrangements

The dollar amounts increase automatically each year *

☒ Yes ☐ No

The basis of the increase is: *

☐ CPI-U
☒ Other basis

The annual increase occurs in the month and day indicated:

* Every * of

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

[CANCEL](#) [SAVE INCOME STANDARD](#)

Figure 3: Income Standard – Path 3

1.4 Income Standard – Path 4

News
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CMS-10434 OMB 0938-1188

☐ Statewide standard
☐ Standard varies by region
☐ Standard varies by living arrangement
☒ Standard varies in some other way

The standard that varies by some other way is:

Variations used

Name *

Description *

+Add Variations

The dollar amounts increase automatically each year *

☒ Yes
☐ No

The basis of the increase is: *

☐ CPI-U
☒ Other basis

The annual increase occurs in the month and day indicated:

* Every

* of

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

The standard expressed in dollar amounts is:

Household size	Standard
1	

+Add a household size

The state uses an additional incremental amount for larger household sizes. *

☒ Yes
☐ No

Incremental Amount *

Delete

Name of basis *

Figure 4: Income Standard – Path 4



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S14-AFDC Income Standards PRA document

Version 1.0

08/17/2017

Document Number: 205-QSSI-MACPro-PRA-S14-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S14-AFDC Income Standards – Screenshots

1.1 AFDC Income Standards

Medicaid State Plan Eligibility

AFDC Income Standards

MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0013D

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID CA2017MS0013D
Submission Type Draft
Approval Date N/A
Superseded SPA ID N/A

SPA ID N/A
Initial Submission Date N/A
Effective Date N/A

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

A. MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

+/-

[ADD INCOME STANDARDS](#)

B. AFDC Payment Standard in Effect As of July 16, 1996

+/-

[ADD INCOME STANDARDS](#)

Figure 1: AFDC Income Standards - 1

C. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996 +/-

[ADD INCOME STANDARDS](#)

D. AFDC Need Standard in Effect As of July 16, 1996 +/-

[ADD INCOME STANDARDS](#)

E. AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. +/-

[ADD INCOME STANDARDS](#)

F. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. +/-

[ADD INCOME STANDARDS](#)

G. TANF payment standard +/-

[ADD INCOME STANDARDS](#)

H. MAGI-equivalent TANF payment standard +/-

[ADD INCOME STANDARDS](#)

Figure 2: AFDC Income Standards – 2

I. Additional Information (optional) +/-

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started
In Progress
Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 3: AFDC Income Standards – 3



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S14a-Income Standards – Poverty Level - Territories PRA document

Version 1.0

08/18/2017

Document Number: 210-QSSI-MACPro-PRA-S14a-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S14a- Income Standards – Poverty Level – Territories – Screenshots

1.1 Income Standards – Poverty Level – Territories

Medicaid State Plan Eligibility

Income Standards - Poverty Level - Territories

MEDICAID | Medicaid State Plan | Eligibility | GU2017MS0033D

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CMS-10434 OMB 0938-1188

Not Started	In Progress	Complete
Package Header Package ID GU2017MS0033D Submission Type Draft Approval Date N/A Superseded SPA ID GU-17-1109-xxxx System-Derived SPA ID N/A Initial Submission Date N/A Effective Date N/A		

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A. Territory Poverty Level

The poverty level used by the territory is: *

- ☐ 1. The Federal Poverty Level (FPL)
☒ 2. The Local Poverty Level (LPL)

a. The amount of the Local Poverty Level is:

Figure 1: Income Standards – Poverty Level – Territories – 1

a. The amount of the Local Poverty Level is:

Household Size	Amount
No items available	

Household amounts must be filled in

[+Add a household size](#)

b. The amounts above are related to the following time period: *

- ☐ Monthly
☐ Yearly

Wherever FPL is referenced in the other sections of the state plan, it means the Local Poverty Level.

B. Additional Information (optional)

Character count: 0/4000

Figure 2: Income Standards – Poverty Level – Territories – 2



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S14T- Income Standards - AFDC-related – Territories PRA document

Version 1.0

08/18/2017

Document Number: 211-QSSI-MACPro-PRA-S14T-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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Figure 3: Income Standards - AFDC-related – Territories – 3	2

1. S14T- Income Standards - AFDC-related – Territories – Screenshots

1.1 Income Standards - AFDC-related – Territories

Medicaid State Plan Eligibility

Income Standards - AFDC-related - Territories
 MEDICAID | Medicaid State Plan | Eligibility | GU2017MS0033D

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CMS-10434 OMB 0938-1188

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Package Header <table border="0"> <tr> <td>Package ID</td> <td>GU2017MS0033D</td> <td>SPA ID</td> <td>N/A</td> </tr> <tr> <td>Submission Type</td> <td>Draft</td> <td>Initial Submission Date</td> <td>N/A</td> </tr> <tr> <td>Approval Date</td> <td>N/A</td> <td>Effective Date</td> <td>N/A</td> </tr> <tr> <td>Superseded SPA ID</td> <td>GU-17-1109-xxxx</td> <td></td> <td></td> </tr> <tr> <td></td> <td>System-Derived</td> <td></td> <td></td> </tr> </table>			Package ID	GU2017MS0033D	SPA ID	N/A	Submission Type	Draft	Initial Submission Date	N/A	Approval Date	N/A	Effective Date	N/A	Superseded SPA ID	GU-17-1109-xxxx				System-Derived		
Package ID	GU2017MS0033D	SPA ID	N/A																			
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Approval Date	N/A	Effective Date	N/A																			
Superseded SPA ID	GU-17-1109-xxxx																					
	System-Derived																					
A. MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 +/- VIEW ALL RESPONSES ADD INCOME STANDARDS																						
B. AFDC Payment Standard in Effect As of July 16, 1996 +/-																						

Figure 1: Income Standards - AFDC-related – Territories – 1

C. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996	+/-	ADD INCOME STANDARDS
D. AFDC Need Standard in Effect As of July 16, 1996	+/-	ADD INCOME STANDARDS
E. AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.	+/-	ADD INCOME STANDARDS
F. MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.	+/-	ADD INCOME STANDARDS
G. TANF payment standard	+/-	ADD INCOME STANDARDS
H. MAGI-equivalent TANF payment standard	+/-	ADD INCOME STANDARDS

Figure 2: Income Standards - AFDC-related – Territories – 2

I. Additional Information (optional)

+/-

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

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EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 3: Income Standards - AFDC-related – Territories – 3

S14T- Income Standards - AFDC-related – Territories PRA document
Version 1.0

2

08/18/2017



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S16 - Presumptive Eligibility for Children under
Age 19 RU PRA Document**

Version 1.0

08/16/2017

Document Number: 179-QSSI-MACPro-R5.1-S16-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S16 - Presumptive Eligibility for Children under Age 19 Screenshots

1.1 Package Header

News Tasks **Records** Reports Actions

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID	NV2017MS0026D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	NV-17-0420-420G System-Derived		

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[VIEW ALL RESPONSES](#)

Figure 1: Package Header

1.2 A. Presumptive Eligibility Income Standard, B. Presumptive Eligibility Age Limit and C. Presumptive Eligibility Period

News
Tasks
Records
Reports
Actions

VIEW ALL RESPONSES

Presumptive eligibility for children is determined under the following provisions:

A. Presumptive Eligibility Income Standard

2. The income standard for presumptive eligibility is the higher of the standard used for Targeted Low-Income Children (42 CFR 435.229) or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

[View approved version of the Infants and Children under Age 19 eligibility group](#)

[View approved version of Optional Targeted Low Income Children](#)

B. Presumptive Eligibility Age Limit

Children under the following age may be determined presumptively eligible:

Under age:

Select Under age

C. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.

2. The end date of the presumptive period is the earlier of:

- The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
- The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

3. Periods of presumptive eligibility are limited as follows:

- ☐ a. No more than one period within a calendar year.
- ☐ b. No more than one period within two calendar years.
- ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
- ☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ☒ e. Other reasonable limitation:

Name of limitation	Description

+ Add Limitation

Figure 2: Section A, Section B and Section C

1.3 D. Application for Presumptive Eligibility–Part 1

News

Tasks

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Reports

Actions



D. Application for Presumptive Eligibility

1.

The state uses a standardized screening process for determining presumptive eligibility.

2.

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

3.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

4.

The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Saved Documents

Maximum file size : 2MB

Valid file extensions: pdf; ppt; doc; docx; xls; pptx

☐	Name	Date Created	Type
No items available			

A document is required

UPLOAD



DELETE DOCUMENT(S)

SAVE DOCUMENT(S)

Saved Documents

Maximum file size : 2MB

Valid file extensions: pdf; ppt; doc; docx; xls; pptx

☒	Name	Date Created	Type
☒	AQM 2016- Field SpecificationsDocument	6/21/2017 11:07 PM EDT	

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Maximum file size : 2MB

Valid file extensions: pdf; ppt; doc; docx; xls; pptx

☒	Name	Date Created	Type
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Figure 3: Section D-Part 1

1.4 D. Application for Presumptive Eligibility–Part 2 and E. Presumptive Eligibility Determination

News
Tasks
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Actions

☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☒ Name	Date Created	Type
☒ HHQM2014_FieldSpecificationsDoc	6/21/2017 11:08 PM EDT	

UPLOAD

DELETE DOCUMENT(S)
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5. Describe the presumptive eligibility screening process:

Character count: 0/4000

E. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- Household income must not exceed the applicable income standard for the child's age, described in Section A.
 - ☐ a. A reasonable estimate of MAGI-based Income is used to determine household income.
 - ☒ b. Gross income is used to determine household size.
- ☒ State residency
- ☒ Citizenship, status as a national, or satisfactory immigration status

Figure 4: Section D-Part 2 and Section E

1.5 F. Qualified Entities

News
Tasks
Records
Reports
Actions

F. Qualified Entities

- The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.
- The following qualified entities are used to determine presumptive eligibility for this eligibility group:

☒ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act

ADD/MODIFY QUALIFIED ENTITIES
- ☒ The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.
- A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☒ Name	Date Created	Type
☒ AQM 2016- Field SpecificationsDocument	6/21/2017 11:09 PM EDT	

UPLOAD

DELETE DOCUMENT(S)
SAVE DOCUMENT(S)

Figure 5: Section F

1.6 G. Additional Information (optional)

G. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?
☐ Yes ☒ No

Navigate to Reviewable Unit
-- Select Reviewable Unit --

Warning: Any field containing more than 4000 characters will be truncated when saved.

Not Started

In Progress

Complete

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EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 6: Section G



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

**Medicaid and CHIP Program (MACPro)
S17 - Qualified Entities PRA Document**

**Version 1.0
08/16/2017**

Document Number: 180-QSSI-MACPro-R5.1-S17-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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No table of figures entries found.

1. S17 - Qualified Entities Screenshots

1.1 Qualified Entities – Part 1

News Tasks **Records** Reports Actions

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Qualified Entities

[Request System Help](#)

- ☒ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☒ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☒ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☒ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants, and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☒ Is authorized to determine a child's eligibility under the Medicaid State Plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☒ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☒ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☒ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☒ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☒ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☒ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☒ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☒ Is a recipient of a Title V Maternal and Child Health Block Grant
- ☒ Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity *

Description *

Figure 1: Qualified Entities – Part 1

1.2 Qualified Entities – Part 2

☒ Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity *

Description *

Character count: 0/4000

[Delete](#)

[+Add other entity](#)

[CANCEL](#) [SAVE QUALIFIED ENTITIES](#)

Figure 2: Qualified Entities – Part 2



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S21-Presumptive Eligibility by Hospitals PRA document

Version 1.0

08/21/2017

Document Number: 231-QSSI-MACPro-PRA-S21-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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Figure 6: Presumptive Eligibility by Hospitals – 6	4
Figure 7: Presumptive Eligibility by Hospitals – 7	4

1. S21-Presumptive Eligibility by Hospitals – Screenshots

1.1 Presumptive Eligibility by Hospitals

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0009D

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CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID	CA2017MS0009D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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☒ The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

☐ The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

+/-

A qualified hospital is a hospital that:

1. Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
2. Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.

Figure 1: Presumptive Eligibility by Hospitals – 1

2. Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
3. Assists individuals in completing and submitting the full application and understanding any documentation requirements.

☐ Yes ☐ No

B. Eligibility Groups or Populations Included

+/-

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

☐ Yes ☐ No

☒ 9. Other Medicaid state plan eligibility groups:

Name of eligibility group	Description
No items available	

A value is required

[+ Add Eligibility Group](#)

☒ 10. Demonstration populations covered under section 1115

Description: *

Figure 2: Presumptive Eligibility by Hospitals – 2

Description: *

Character count: 0/4000

C. Standards for Participating Hospitals

+/-

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

☒ Yes ☐ No

Select one or both:

☒ The state has a standard requiring that a percentage of individuals who are determined presumptively eligible submit a regular application, as described at 42 CFR 435.907, before the end of the presumptive eligibility period.

Percentage of individuals submitting a regular application: *

☒ The state has a standard requiring that a percentage of individuals who are determined presumptively eligible be determined eligible for Medicaid based on the submission of an application before the end of the presumptive eligibility period.

Percentage of individuals found eligible for Medicaid *

D. Presumptive Eligibility Period

+/-

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - ☐ a. No more than one period within a calendar year.

Figure 3: Presumptive Eligibility by Hospitals – 3

☐ b. No more than one period within two calendar years.
☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
☒ e. Other reasonable limitation:

Name of limitation	Description
No items available	

A value is required

+ Add Limitation

E. Application for Presumptive Eligibility

+/-

Require at least one option from 2, 3 or 4 to be selected. Permissible choices are: Option 2 alone; Option 3 alone; Option 4 alone; both Options 3 and 4.

☐ 1. The state uses a standardized screening process for determining presumptive eligibility.
☒ 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required



Figure 4: Presumptive Eligibility by Hospitals – 4

☒ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required



☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required



5. Describe the presumptive eligibility screening process: *

Figure 5: Presumptive Eligibility by Hospitals – 5

5. Describe the presumptive eligibility screening process: *

Character count: 0/4000

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
- Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
 - ☐ a. A reasonable estimate of MAGI-based income is used to determine household income.
 - ☐ b. Gross income is used to determine household size.
 - ☐ c. Other income methodology
- ☐ 3. State residency
- ☐ 4. Citizenship, status as a national, or satisfactory immigration status

G. Qualified Entity Requirements

- ☐ 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- ☐ 2. A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

Figure 6: Presumptive Eligibility by Hospitals – 6

Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	Type
No items available			

A document is required

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H. Additional Information (optional)

Character count: 0/4000

Figure 7: Presumptive Eligibility by Hospitals – 7



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S25-Parents and Other Caretaker Relatives PRA document

Version 1.0

08/18/2017

Document Number: 212-QSSI-MACPro-PRA-S25-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S25-Parents and Other Caretaker Relatives – Screenshots

1.1 Section A. “Characteristics”

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0013D

Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started	In Progress	Complete	
Package Header			
Package ID	CA2017MS0013D	SPA ID	N/A
Submission Type	Draft	Initial Submission	N/A
Approval Date	N/A	Date	
Superseded SPA ID	N/A	Effective Date	N/A

[View Implementation Guide](#)

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The state covers the mandatory parents and other caretaker relatives group in accordance with the following provisions:

A. Characteristics

+/-

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

Figure 1: Characteristics – 1

The state elects the following options:

- ☐ a. This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.
- ☒ b. Options relating to the definition of caretaker relative:
- ☒ i. The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.
- Definition of domestic partner:**
-
- ☒ ii. The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.
- Description of other relatives:**
-
- ☐ iii. The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.
- ☐ c. Options relating to the definition of dependent child:

Figure 2: Characteristics – 2

1.2 Section A. “Characteristics” Option C.ii – Path 1

☒ c. Options relating to the definition of dependent child:

☐ i. The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

☒ ii. The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

☒ (1) The principal earner may work 100 or more hours per month and still qualify as unemployed.

☐ (2) The principal earner may earn up to a specific dollar amount and still qualify as unemployed.

☐ (3) Other less restrictive standard

Number of hours used:

Figure 3: Characteristics Option C.ii – 1

1.3 Section A. “Characteristics” Option C.ii – Path 2

☒ c. Options relating to the definition of dependent child:

☐ i. The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

☒ ii. The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

☐ (1) The principal earner may work 100 or more hours per month and still qualify as unemployed.

☒ (2) The principal earner may earn up to a specific dollar amount and still qualify as unemployed.

☐ (3) Other less restrictive standard

* Specific dollar limit of earnings:

The entry must be greater than zero

Figure 4: Characteristics Option C.ii – 2

1.4 Section A. “Characteristics” Option C.ii – Path 3

☒ c. Options relating to the definition of dependent child:

☐ i. The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

☒ ii. The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

☐ (1) The principal earner may work 100 or more hours per month and still qualify as unemployed.

☐ (2) The principal earner may earn up to a specific dollar amount and still qualify as unemployed.

☒ (3) Other less restrictive standard

Name of other standard	Description	Delete
No items available		

Figure 5: Characteristics Option C.ii – 3

1.5 Section C. “Income Standard Used” – Path 1

C. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level.

☒ Yes

☐ No

2. The state uses the following income standard for this group:

FPL

Figure 6: Income Standard Used – 1

1.6 Section C. “Income Standard Used” – Path 2

C. Income Standard Used

+/-

1. The income standard for this group is based on a percentage of the federal poverty level.

☐ Yes

☒ No

2. The state uses the following income standard for this group:

- ☐ a. The state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.
- ☐ b. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in AFDC Income Standards.
- ☐ c. The state's AFDC payment standard in effect as of July 16, 1996, not converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ d. The state's TANF payment standard, not converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ e. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ f. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ g. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☒ h. Another dollar amount not already specified in AFDC Income Standards.

ADD INCOME STANDARD

Figure 7: Income Standard Used – 2

1.7 Section D. “Basis for Income Standard” – Path 1

D. Basis for Income Standard

+/-

1. Minimum Income Standard

a. The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

[View Approved Version of MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988](#)

☐ b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income standard

☐ a. The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- ☐ i. The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ ii. The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ iv. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

c. The amount of the maximum income standard is:

- ☒ i. A percentage of the federal poverty level:
- ☐ ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ iii. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ iv. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ v. Other dollar amount

Figure 8: Basis for Income Standard – 1

1.8 Section D. “Basis for Income Standard” – Path 2

D. Basis for Income Standard

+/-

1. Minimum Income Standard

a. The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

[View Approved Version of MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988](#)

☐ b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income standard

☐ a. The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- ☐ i. The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ ii. The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ iv. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

c. The amount of the maximum income standard is:

- ☐ i. A percentage of the federal poverty level:
- ☐ ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ iii. The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ iv. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☒ v. Other dollar amount

ADD INCOME STANDARD

Figure 9: Basis for Income Standard – 2

1.9 Section E. “Additional Information”

E. Additional Information (optional)

+/-

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

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PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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Figure 10: Additional Information



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S25a-Presumptive Eligibility for Parents and Other Caretaker Relatives PRA document

Version 1.0

08/17/2017

Document Number: 206-QSSI-MACPro-PRA-S25a-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S25a-Presumptive Eligibility for Parents and Other Caretaker Relatives – Screenshots

1.1 Presumptive Eligibility for Parents and Other Caretaker Relatives

Medicaid State Plan Eligibility

Presumptive Eligibility

Parents and Other Caretaker Relatives - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0013D

The state covers parents and other caretaker relatives when determined presumptively eligible by a qualified entity.

[Request System Help](#)

CMS-10434 OMB 0938-1188

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Package Header

Package ID CA2017MS0013D
Submission Type Draft
Approval Date N/A
Superseded SPA ID N/A

SPA ID N/A
Initial Submission Date N/A
Effective Date N/A

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A. Presumptive Eligibility Period

+/-

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Figure 1: Presumptive Eligibility for Parents and Other Caretaker Relatives – 1

b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

3. Periods of presumptive eligibility are limited as follows:

- ☐ a. No more than one period within a calendar year.
- ☐ b. No more than one period within two calendar years.
- ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
- ☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ☒ e. Other reasonable limitation:

Name of limitation	Description
No items available	

A value is required

+ Add Limitation

B. Application for Presumptive Eligibility

☐ 1. The state uses a standardized screening process for determining presumptive eligibility.

☒ 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

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Figure 2: Presumptive Eligibility for Parents and Other Caretaker Relatives – 2

☒ 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

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☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

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5. Describe the presumptive eligibility screening process:

Character count: 0/4000

Figure 3: Presumptive Eligibility for Parents and Other Caretaker Relatives – 3

C. Presumptive Eligibility Determination

+/-

The presumptive eligibility determination is based on the following factors:

1. The individual must be a caretaker relative, as described at 42 CFR 435.110.
2. Household income must not exceed the applicable income standard described at 42 CFR 435.110.
 - ☐ a. A reasonable estimate of MAGI-based income is used to determine household income.
 - ☐ b. Gross income is used to determine household income.
- ☐ 3. State residency
- ☐ 4. Citizenship, status as a national, or satisfactory immigration status

D. Qualified Entities

+/-

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.
2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

[ADD/MODIFY QUALIFIED ENTITIES](#)

- ☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.
4. A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

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No items available				

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Figure 4: Presumptive Eligibility for Parents and Other Caretaker Relatives – 4

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E. Additional Information (optional)

+/-

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

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Figure 5: Parents and Other Caretaker Relatives – 5



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S28-Pregnant Women PRA document

Version 1.0

08/18/2017

Document Number: 213-QSSI-MACPro-PRA-S28-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S28-Pregnant Women – Screenshot

1.1 Section A. “Characteristics”

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0013D

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

[Request System Help](#)

CMS-10434 OMB 0938-1188

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Package Header

Package ID

CA2017MS0013D

SPA ID

N/A

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Draft

Initial Submission Date

N/A

Approval Date

N/A

Effective Date

[N/A](#)

Superseded SPA ID

N/A

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The state covers the mandatory pregnant women group in accordance with the following provisions:

A. Characteristics

+/-

- Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
 - Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110. *
- ☐ Yes
☐ No

Figure 1: Characteristics

1.2 Section B. “Financial Methodologies” and Section C. “Income Standard Used”

B. Financial Methodologies

+/-

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

[View approved version of MAGI-Based Methodologies](#)

C. Income Standard Used

+/-

The state uses the following income standard for this group:

* FPL

Figure 2: Financial Methodologies and Income Standard Used

1.3 Section D. “Benefits for Pregnant Women” – Path 1

D. Benefits for Pregnant Women

+/-

Benefits for individuals in this eligibility group consist of the following: *

- ☐ 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ☒ 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.
 - a. Pregnancy-related services, as defined at 42 CFR 440.210 (a)(2), include prenatal, delivery, postpartum and family planning services, as well as services related to conditions which may complicate pregnancy.
 - b. Full Medicaid coverage is provided only for pregnant women with income at or below a specific income limit.
 - c. Income limit used for full Medicaid coverage:
 - ☒ i. The state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.
 - ☐ ii. A percentage of the federal poverty level:
 - ☐ iii. A dollar amount

[View approved version of MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988](#)

Figure 3: Benefits for Pregnant Women – 1

1.4 Section D. “Benefits for Pregnant Women” – Path 2

D. Benefits for Pregnant Women

+/-

Benefits for individuals in this eligibility group consist of the following: *

- ☐ 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ☒ 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.
 - a. Pregnancy-related services, as defined at 42 CFR 440.210 (a)(2), include prenatal, delivery, postpartum and family planning services, as well as services related to conditions which may complicate pregnancy.
 - b. Full Medicaid coverage is provided only for pregnant women with income at or below a specific income limit.
 - c. Income limit used for full Medicaid coverage:
 - ☐ i. The state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.
 - ☒ ii. A percentage of the federal poverty level:
 - ☐ iii. A dollar amount

* FPL

Figure 4: Benefits for Pregnant Women – 2

1.5 Section D. “Benefits for Pregnant Women” – Path 3

D. Benefits for Pregnant Women

+/-

Benefits for individuals in this eligibility group consist of the following: *

- ☐ 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ☒ 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.
 - a. Pregnancy-related services, as defined at 42 CFR 440.210 (a)(2), include prenatal, delivery, postpartum and family planning services, as well as services related to conditions which may complicate pregnancy.
 - b. Full Medicaid coverage is provided only for pregnant women with income at or below a specific income limit.
 - c. Income limit used for full Medicaid coverage:
 - ☐ i. The state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.
 - ☐ ii. A percentage of the federal poverty level:
 - ☒ iii. A dollar amount

ADD INCOME STANDARD

Figure 5: Benefits for Pregnant Women – 3

1.6 Section E. “Basis for Pregnant Women Income Standard”

E. Basis for Pregnant Women Income Standard

+/-

1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so. *

☒ Yes

☐ No

a. The amount of the minimum income standard (no higher than 185% FPL) is:

* FPL

2. Maximum income standard

- ☐ a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- ☐ i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☒ iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ v. 185% FPL

c. The amount of the maximum income standard is:

* FPL

Figure 6: Basis for Pregnant Women Income Standard

1.7 Section F. “Basis for income limit for full Medicaid coverage for pregnant women” – Path 1

F. Basis for income limit for full Medicaid coverage for pregnant women

+/-

1. Minimum income limit for full Medicaid coverage

a. The minimum income standard for full coverage under this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

[View approved version of MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988](#)

- ☐ b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income limit for full Medicaid coverage

a. The state's maximum income limit for full Medicaid coverage is:

- ☐ i. The highest effective income level for coverage under section 1902(a)(10)(A)(i)(III) (qualified pregnant women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent standard.
- ☐ ii. The highest effective income level for coverage under section 1902(a)(10)(A)(i)(III) (qualified pregnant women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent standard.
- ☐ iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

b. The amount of the maximum income limit for full Medicaid coverage is:

- ☒ i. A percentage of the federal poverty level:
- ☐ ii. A dollar amount

* FPL

Figure 7: Basis for income limit for full Medicaid coverage for pregnant women – 1

1.8 Section F. “Basis for income limit for full Medicaid coverage for pregnant women” – Path 2

F. Basis for income limit for full Medicaid coverage for pregnant women

+/-

1. Minimum income limit for full Medicaid coverage

a. The minimum income standard for full coverage under this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in AFDC Income Standards.

[View approved version of MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988](#)

- ☐ b. The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

2. Maximum income limit for full Medicaid coverage

a. The state's maximum income limit for full Medicaid coverage is:

- ☐ i. The highest effective income level for coverage under section 1902(a)(10)(A)(i)(III)(qualified pregnant women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent standard.
- ☐ ii. The highest effective income level for coverage under section 1902(a)(10)(A)(i)(III) (qualified pregnant women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent standard.
- ☐ iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

b. The amount of the maximum income limit for full Medicaid coverage is:

- ☐ i. A percentage of the federal poverty level:
- ☒ ii. A dollar amount

[ADD INCOME STANDARD](#)

Figure 8: Basis for income limit for full Medicaid coverage for pregnant women – 2

1.9 Section G. “Additional Information”

G. Additional Information (optional)

+/-

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

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Navigate to Reviewable Unit

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Figure 9: Additional Information



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S28a-Presumptive Eligibility for Pregnant Women PRA document

Version 1.0

08/17/2017

Document Number: 207-QSSI-MACPro-PRA-S28a-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S28a-Presumptive Eligibility for Pregnant Women – Screenshots

1.1 Presumptive Eligibility for Pregnant Women

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0013D

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CMS-10434 OMB 0938-1188

Not Started		In Progress		Complete	
Package Header					
Package ID	CA2017MS0013D	SPA ID	N/A		
Submission Type	Draft	Initial Submission Date	N/A		
Approval Date	N/A	Effective Date	N/A		
Superseded SPA ID	N/A				

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The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

+/-

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- There may be no more than one period of presumptive eligibility per pregnancy.

Figure 1: Presumptive Eligibility for Pregnant Women– 1

B. Application for Presumptive Eligibility +/-

☐ 1. The state uses a standardized screening process for determining presumptive eligibility.

☒ 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

☒ 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Saved Documents

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Figure 2: Presumptive Eligibility for Pregnant Women – 2

☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

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5. Describe the presumptive eligibility screening process:

Character count: 0/4000

C. Presumptive Eligibility Determination +/-

The presumptive eligibility determination is based on the following factors:

- The woman must be pregnant.
- Household income must not exceed the applicable income standard at 42 CFR 435.116.
 - A reasonable estimate of MAGI-based income is used to determine household income.
 - Gross income is used to determine household size.
- State residency
- Citizenship, status as a national, or satisfactory immigration status

Figure 3: Presumptive Eligibility for Pregnant Women – 3

D. Qualified Entities

+/-

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

[ADD/MODIFY QUALIFIED ENTITIES](#)

☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

- Maximum file size : 2MB
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[DELETE DOCUMENT\(S\)](#)[SAVE DOCUMENT\(S\)](#)**E. Additional Information (optional)**

+/-

Character count: 0/4000

Figure 4: Presumptive Eligibility for Pregnant Women – 4



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S28T-Presumptive Eligibility for Pregnant Women PRA document

Version 1.0

08/21/2017

Document Number: 232-QSSI-MACPro-PRA-S28T-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S28T-Presumptive Eligibility for Pregnant Women – Screenshots

1.1 Presumptive Eligibility for Pregnant Women

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | GU2017M50033D

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Package Header

Package ID GU2017M50033D
Submission Type Draft
Approval Date N/A
Superseded SPA ID N/A

SPA ID N/A
Initial Submission Date N/A
Effective Date N/A

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The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

+/-

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

Figure 1: Presumptive Eligibility for Pregnant Women – 1

B. Application for Presumptive Eligibility

+/-

- ☐ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☒ 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- ☒ 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

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Figure 2: Presumptive Eligibility for Pregnant Women – 2

Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

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5. Describe the presumptive eligibility screening process:

Character count: 0/4000

C. Presumptive Eligibility Determination

+/-

The presumptive eligibility determination is based on the following factors:

- The woman must be pregnant.
- Household income must not exceed the applicable income standard at 42 CFR 435.116.
 - A reasonable estimate of MAGI-based income is used to determine household income.
 - Gross income is used to determine household size.
- State residency
- Citizenship, status as a national, or satisfactory immigration status

D. Qualified Entities

Figure 3: Presumptive Eligibility for Pregnant Women – 3

D. Qualified Entities

+/-

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

[ADD/MODIFY QUALIFIED ENTITIES](#)

☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

- Maximum file size : 2MB
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+/-

Character count: 0/4000

Figure 4: Presumptive Eligibility for Pregnant Women – 4



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S30 – Infants and Children under Age 19 RU PRA
Document**

Version 1.0

08/18/2017

Document Number: 209-QSSI-MACPro-R5.1-S30-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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No table of figures entries found.

1. S30 - Infants and Children under Age 19 Screenshots

1.1 Package Header

News Tasks **Records** Reports Actions

Records / Submission Packages
NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Infants and Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Infants and children under age 19 with household income at or below standards established by the state based on age group.

Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID NV2017MS0026D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

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[VIEW ALL RESPONSES](#)

The state covers the mandatory infants and children under age 19 group in accordance with the following provisions:

Figure 1: Package Header

1.2 A. Characteristics and B. Financial Methodologies and C. Income Standards Used

News Tasks **Records** Reports Actions

The state covers the mandatory infants and children under age 19 group in accordance with the following provisions:

A. Characteristics

Children qualifying under this eligibility group must meet the following criteria:

- Are under age 19
- Have household income at or below the standard established by the state.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

[View approved version of MAGI-Based Methodologies](#)

C. Income Standards Used

- The amount of the income standard for infants under age one is: * FPL
- The amount of the income standard for children age one through five is: * FPL
- The amount of the income standard for children age six through eighteen is: * FPL

Figure 2: Section A, Section B and Section C

1.3 D. Basis for the Income Standard for Infants under Age 1 – Path 1

News Tasks **Records** Reports Actions 

D. Basis for the Income Standard for Infants under Age 1

1. Minimum income standard

a. The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

☒ Yes ☐ No

b. Enter the amount of the minimum income standard (no higher than 185% FPL):

* FPL

2. Maximum income standard

* ☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

b. The state's maximum income standard for this age group is:

* ☐ i. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(X)(III) (qualified children), 1902(a)(10)(A)(X)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(II)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(I)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

* ☐ ii. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(X)(III) (qualified children), 1902(a)(10)(A)(X)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(II)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(I)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

* ☐ iii. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

* ☒ iv. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

* ☐ v. 185% FPL

c. The amount of the maximum income standard is:

* FPL

Figure 3: Section D-Path1

1.4 D. Basis for the Income Standard for Infants under Age 1 – Path 2

News Tasks **Records** Reports Actions 

D. Basis for the Income Standard for Infants under Age 1

1. Minimum income standard

a. The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

☐ Yes ☒ No

b. The minimum income standard for infants under age one is 133% FPL.

2. Maximum income standard

* ☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

b. The state's maximum income standard for this age group is:

* ☐ i. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(X)(III) (qualified children), 1902(a)(10)(A)(X)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(II)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(I)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

* ☐ ii. The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(X)(III) (qualified children), 1902(a)(10)(A)(X)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(II)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(I)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

* ☐ iii. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

* ☒ iv. The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

* ☐ v. 185% FPL

c. The amount of the maximum income standard is:

* FPL

Figure 4: Section D-Path2

1.5 E. Basis for the Income Standard for Children Age One through Age Five

News Tasks **Records** Reports Actions

Appian

E. Basis for the Income Standard for Children Age One through Age Five

1. Minimum income standard
The minimum income standard used for this age group is 133% FPL.

2. Maximum income standard

- ☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.
- b. The state's maximum income standard for this age group is:
 - ☐ i. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(i)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
 - ☐ ii. The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(i)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
 - ☐ iii. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
 - ☒ iv. The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
 - ☐ v. 133% FPL
- c. The amount of the maximum income standard is: * FPL

Figure 5 : Section E

1.6 F. Basis for the Income Standard for Children Age Six through Age Eighteen

News Tasks **Records** Reports Actions

Appian

F. Basis for the Income Standard for Children Age Six through Age Eighteen

1. Minimum income standard
The minimum income standard used for this age group is 133% FPL.

2. Maximum income standard

- ☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.
- b. The state's maximum income standard for this age group is:
 - ☐ i. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(i)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
 - ☐ ii. The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(i)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
 - ☐ iii. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
 - ☒ iv. The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
 - ☐ v. 133% FPL
- c. The amount of the maximum income standard is: * FPL

Figure 6 : Section F

1.7 G. Additional Information (optional)

G. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 7 : Section G



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S30T - Infants and Children under Age 19 -
Territories RU PRA Document**

Version 1.0

08/16/2017

Document Number: 191-QSSI-MACPro-R5.1-S30T-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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No table of figures entries found.

1. S30T- Infants and Children under Age 19 - Territories Screenshots

1.1 Package Header

News Tasks **Records** Reports Actions

Records / Submission Packages

GU - Submission Package - GU2017MS0031D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Infants and Children under Age 19 - Territories

MEDICAID | Medicaid State Plan | Eligibility | GU2017MS0031D

Infants and children under age 19 with household income at or below standards established by the state based on age group.

Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID GU2017MS0031D SPA ID N/A

Submission Type Draft Initial Submission Date N/A

Approval Date N/A Effective Date N/A

Superseded SPA ID GU-17-0335-xxxx System-Derived

View Implementation Guide

VIEW ALL RESPONSES

The state covers the mandatory infants and children under age 19 group in accordance with the following provisions:

Figure 1: Package Header

1.2 A. Characteristics and B. Financial Methodologies

The state covers the mandatory infants and children under age 19 group in accordance with the following provisions:

A. Characteristics

Children qualifying under this eligibility group must meet the following criteria:

1. Are under age 19
2. Have household income at or below the standard established by the state.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies - Territories, completed by the state.

[View approved version of MAGI-Based Methodologies - Territories](#)

Figure 2: Section A and Section B

1.3 C. Income Standards Used and D. Basis for the Income Standard for Infants under Age 1

The screenshot shows the Appian interface with the 'Records' tab selected. The main content area displays two sections: 'C. Income Standards Used' and 'D. Basis for the Income Standard for Infants under Age 1'.

C. Income Standards Used

1. The amount of the income standard for infants under age one is:

- ☐ a. The state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in Income Standards-AFDC Related -Territories.
- ☒ b. A percentage of the poverty level:
- ☐ c. A dollar amount by family size

* FPL

2. The amount of the income standard for children age one through five is:

- ☐ a. The state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in Income Standards-AFDC Related -Territories.
- ☒ b. A percentage of the poverty level:
- ☐ c. A dollar amount by family size

* FPL

3. The amount of the income standard for children age six through eighteen is:

- ☐ a. The state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in Income Standards-AFDC Related -Territories.
- ☒ b. A percentage of the poverty level:
- ☐ c. A dollar amount by family size

* FPL

D. Basis for the Income Standard for Infants under Age 1

1. Minimum income standard

a. The minimum income standard for infants under age one is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

[View approved version of MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988](#)

* ☒ b. The state certifies that it has an approved MAGI conversion plan.

2. Maximum income standard

The state's maximum income standard for this age group is 185% FPL.

Figure 3: Section C and Section D

1.4 E. Basis for the Income Standard for Children Age One through Age Five and F. Basis for the Income Standard for Children Age Six through Age Eighteen

The screenshot shows the Appian interface with the 'Records' tab selected. The main content area displays two sections: 'E. Basis for the Income Standard for Children Age One through Age Five' and 'F. Basis for the Income Standard for Children Age Six through Age Eighteen'.

E. Basis for the Income Standard for Children Age One through Age Five

1. Minimum income standard

The minimum income standard for children age one through five is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in Income Standards-Territories.

[View approved version of MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988](#)

2. Maximum income standard

The state's maximum income standard for this age group is 133% FPL.

F. Basis for the Income Standard for Children Age Six through Age Eighteen

1. Minimum income standard

The minimum income standard used for children age six through eighteen is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in Income Standards-Territories.

[View approved version of MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988](#)

2. Maximum income standard

The state's maximum income standard for this age group is 133% FPL.

Figure 4: Section E and Section F

1.5 G. Additional Information (optional)

G. Additional Information (optional)

2/20 test

Character count: 9/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

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Figure 5: Section G



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

S32 - Adult Group RU PRA Document

Version 1.0

08/16/2017

Document Number: 183-QSSI-MACPro-R5.1-S32-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S32 - Adult Group Screenshots

1.1 Package Header

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID	NV2017MS0026D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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Figure 1: Package Header

1.2 A. Characteristics, B. Financial Methodologies, C. Income Standard Used and D. Coverage of Dependent Children

News Tasks **Records** Reports Actions

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Adult Group

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Request System Help

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID	NV2017MS0026D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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[VIEW ALL RESPONSES](#)

The state covers the Adult Group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

[View approved version of MAGI-Based Methodologies](#)

C. Income Standard Used

The amount of the income standard for this group is 133% FPL.

D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

☐ 1. Under age 19, or

☒ 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

☐ a. Under age 20

☒ b. Under age 21

E. Additional Information for the State

Figure 2: Section A, Section B, Section C and Section D

1.3 E. Additional Information (optional)

E. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

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Figure 3: Section E



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S32a-Adult Group - Presumptive Eligibility PRA document

Version 1.0

08/18/2017

Document Number: 215-QSSI-MACPro-PRA-S32a-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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Figure 5: Adult Group - Presumptive Eligibility – 5	3

1. S32a-Adult Group - Presumptive Eligibility - Screenshots

1.1 Adult Group - Presumptive Eligibility

Medicaid State Plan Eligibility

Presumptive Eligibility

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Administration, Eligibility | CA2017MS0013D

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started

In Progress

Complete

Package Header

Package ID CA2017MS0013D

SPA ID N/A

Submission Type Draft

Initial Submission Date N/A

Approval Date N/A

Effective Date [N/A](#)

Superseded SPA ID N/A

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[VIEW ALL RESPONSES](#)

A. Presumptive Eligibility Period

+/-

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 - a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made, or
 - b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:

Figure 1: Adult Group - Presumptive Eligibility – 1

3. Periods of presumptive eligibility are limited as follows:

- ☐ a. No more than one period within a calendar year.
- ☐ b. No more than one period within two calendar years.
- ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
- ☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ☒ e. Other reasonable limitation:

Name of limitation	Description
No items available	

A value is required
+ Add Limitation

B. Application for Presumptive Eligibility

+/-

☐ 1. The state uses a standardized screening process for determining presumptive eligibility.

☒ 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required

UPLOAD 

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Figure 2: Adult Group - Presumptive Eligibility – 2

☒ 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required

UPLOAD 

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required

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Figure 3: Adult Group - Presumptive Eligibility – 3

5. Describe the presumptive eligibility screening process:

Character count: 0/4000

C. Presumptive Eligibility Determination

+/-

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.119.
2. Household income must not exceed the applicable income standard described at 42 CFR 435.119.
 - ☐ a. A reasonable estimate of MAGI-based income is used to determine household income.
 - ☐ b. Gross income is used to determine household income.
- ☐ 3. State residency
- ☐ 4. Citizenship, status as a national, or satisfactory immigration status

D. Qualified Entities

+/-

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.
2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

[ADD/MODIFY QUALIFIED ENTITIES](#)

- ☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.
4. A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

Figure 4: Adult Group - Presumptive Eligibility – 4

4. A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☐	Name	Date Created	Type
No items available			


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E. Additional Information (optional)

+/-

Character count: 0/4000

Figure 5: Adult Group - Presumptive Eligibility – 5



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S32T-Adult Group - Presumptive Eligibility PRA document

Version 1.0

08/21/2017

Document Number: 241-QSSI-MACPro-PRA-S32T-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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Figure 5: Adult Group - Presumptive Eligibility – 5	3

1. S32T-Adult Group - Presumptive Eligibility – Screenshots

1.1 Adult Group - Presumptive Eligibility

Medicaid State Plan Eligibility

Presumptive Eligibility

Adult Group - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | GU2017MS0033D

The state covers individuals under the Adult Group when determined presumptively eligible by a qualified entity.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started	In Progress	Complete
Package Header		
Package ID GU2017MS0033D	SPA ID N/A	
Submission Type Draft	Initial Submission Date N/A	
Approval Date N/A	Effective Date N/A	
Superseded SPA ID GU-17-0525-0001 System-Derived		

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

A. Presumptive Eligibility Period

+/-

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made, or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Figure 1: Adult Group - Presumptive Eligibility – 1

b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

3. Periods of presumptive eligibility are limited as follows:

- ☐ a. No more than one period within a calendar year.
- ☐ b. No more than one period within two calendar years.
- ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
- ☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ☒ e. Other reasonable limitation:

Name of limitation	Description
No items available	

A value is required

[+ Add Limitation](#)

B. Application for Presumptive Eligibility

[+/-](#)

☐ 1. The state uses a standardized screening process for determining presumptive eligibility.

☒ 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required

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[DELETE DOCUMENT\(S\)](#) [SAVE DOCUMENT\(S\)](#)

Figure 2: Adult Group - Presumptive Eligibility – 2

☒ 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required

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☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required

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5. Describe the presumptive eligibility screening process:

Figure 3: Adult Group - Presumptive Eligibility – 3

5. Describe the presumptive eligibility screening process:

Character count: 0/4000

C. Presumptive Eligibility Determination

+/-

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.119.
2. Household income must not exceed the applicable income standard described at 42 CFR 435.119.
 - ☒ a. A reasonable estimate of MAGI-based income is used to determine household income.
 - ☐ b. Gross income is used to determine household income.
- ☐ 3. State residency
- ☐ 4. Citizenship, status as a national, or satisfactory immigration status

D. Qualified Entities

Figure 4: Adult Group - Presumptive Eligibility – 4

D. Qualified Entities

+/-

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

[ADD/MODIFY QUALIFIED ENTITIES](#)

- ☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.
4. A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☐	Name	Date Created	Type
No items available			


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E. Additional Information (optional)

+/-

Character count: 0/4000

Figure 5: Adult Group - Presumptive Eligibility – 5



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S33-Former Foster Care Children PRA document

Version 1.0

08/18/2017

Document Number: 216-QSSI-MACPro-PRA-S33-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S33-Former Foster Care Children – Screenshots

1.1 Former Foster Care Children

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | CA2017M50013D

Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and were in foster care when they turned age 18 or aged out of foster care.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started	In Progress	Complete	
Package Header			
Package ID	CA2017M50013D	SPA ID	N/A
Submission Type	Draft	Initial Submission	N/A
Approval Date	N/A	Date	
Superseded SPA ID	N/A	Effective Date	N/A

[View Implementation Guide](#)

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The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

+/-

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 26
2. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group

B. Individuals Covered

Figure 1: Former Foster Care Children – 1

B. Individuals Covered

+/-

1. The state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) and were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act.
2. Additionally, the state covers individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:
 - ☐ a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
 - ☐ b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
 - ☐ c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Additional Information (optional)

+/-

Character count: 0/4000

Figure 2: Former Foster Care Children – 2



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S33a-Former Foster Care Children – Presumptive Eligibility PRA document

Version 1.0

08/18/2017

Document Number: 217-QSSI-MACPro-PRA-S33a-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S33a-Former Foster Care Children – Presumptive Eligibility - Screenshots

1.1 Former Foster Care Children – Presumptive Eligibility

Medicaid State Plan Eligibility

Presumptive Eligibility

Former Foster Care Children - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0013D

The state covers former foster care children when determined presumptively eligible by a qualified entity.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started	In Progress	Complete
Package Header		
Package ID CA2017MS0013D	SPA ID N/A	
Submission Type Draft	Initial Submission Date N/A	
Approval Date N/A	Effective Date <u>N/A</u>	
Superseded SPA ID N/A		

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A. Presumptive Eligibility Period

+/-

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- Periods of presumptive eligibility are limited as follows:

Figure 1: Former Foster Care Children – Presumptive Eligibility – 1

3. Periods of presumptive eligibility are limited as follows:

- ☐ a. No more than one period within a calendar year.
- ☐ b. No more than one period within two calendar years.
- ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
- ☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ☒ e. Other reasonable limitation:

Name of limitation	Description
No items available	

A value is required

+ Add Limitation

B. Application for Presumptive Eligibility

+/-

☐ 1. The state uses a standardized screening process for determining presumptive eligibility.

☒ 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

A document is required

UPLOAD 

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

Figure 2: Former Foster Care Children – Presumptive Eligibility – 2

☒ 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

UPLOAD 

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☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xlsx; xls; pptx

☐	Name	Date Created	↑	Type
No items available				

UPLOAD 

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5. Describe the presumptive eligibility screening process:

Character count: 0/4000

Figure 3: Former Foster Care Children – Presumptive Eligibility – 3

C. Presumptive Eligibility Determination

+/-

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.150.
- ☐ 2. State residency
- ☐ 3. Citizenship, status as a national, or satisfactory immigration status

D. Qualified Entities

+/-

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.
2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

[ADD/MODIFY QUALIFIED ENTITIES](#)

- ☐ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.
4. A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☐	Name	Date Created	Type
No items available			


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[SAVE DOCUMENT\(S\)](#)

Figure 4: Former Foster Care Children – Presumptive Eligibility – 4

E. Additional Information (optional)

+/-

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

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[EXIT](#)
[SAVE REVIEWABLE UNIT](#)
[GO TO SELECTED REVIEWABLE UNIT](#)

Figure 5: Former Foster Care Children – Presumptive Eligibility – 5



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S50 – Individuals above 133% FPL under Age 65
RU PRA Document**

Version 1.0

08/18/2017

Document Number: 220-QSSI-MACPro-R5.1-S50-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S50 - Individuals above 133% FPL under Age 65 Screenshots

1.1 Package Header

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals above 133% FPL under Age 65

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.

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CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID NV2017MS0026D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID NV-17-0420-420G	
System-Derived	

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Figure 1: Package Header

1.2 A. Characteristics, B. Financial Methodologies,

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 65
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that exceeds 133% FPL but is at or below the standard set by the state

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

[View approved version of MAGI-Based Methodologies](#)

Figure 2: Section A and Section B

1.3 C. Individuals Covered

C. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.*
☐ Yes ☒ No

2. The state covers the following populations:

☒ a. All children under a specified age limit:
 • ☒ i. Under age 21
☐ ii. Under age 20
☐ iii. Under age 19
☐ iv. Under age 18

☒ b. Reasonable classifications of children

Name of population *
 Description *
 Character count: 0/4000

+ Add population

☒ c. Parents and other caretaker relatives as defined in the Parents and Other Caretaker Relatives eligibility group, except for with respect to income
[View Approved Version of Parents and Other Caretaker Relatives](#)

☒ d. Pregnant women

☒ e. Other

Name of population *
 Description *
 Character count: 0/4000

+ Add population

Figure 3: Section C

1.4 D. Income Standard Used – Path 1

D. Income Standard Used

1. The state uses the same income standard for all individuals covered.*
☒ Yes ☐ No

2. The income standard for this eligibility group is:
 * FPL

Figure 4: Section D – Path 1

1.5 D. Income Standard Used – Path 2

D. Income Standard Used

1. The state uses the same income standard for all individuals covered.*
☐ Yes ☒ No

2. The income standards for specific populations are:

Population	Income Standard (%FPL)
All children under age 21	
Parents and other caretaker relatives	
Pregnant women	

Figure 5: Section D – Path 2

1.6 D. Income Standard Used – Path 3 – Screenshot 1

D. Income Standard Used

1. The state uses the same income standard for all individuals covered.*
☐ Yes ☒ No

2. The income standard for all individuals eligible under the group, except for those populations separately identified, is:
 * FPL

3. The higher income standards for specific populations are:

☒ a. All children under a specified age limit:
 * ☐ i. Under age 21
☐ ii. Under age 20
☐ iii. Under age 19
☒ iv. Under age 18
 * FPL

☒ b. Reasonable classifications of children

Name of population *	Description *

Character count: 0/4000

FPL

+ Add population

☒ c. Parents and other caretaker relatives as defined in the Parents and Other Caretaker Relatives eligibility group, except for with respect to Income
 * FPL

☒ d. Pregnant women
 * FPL

+ Add population

[VIEW TABLE](#)

Figure 6: Section D – Path 3 – Screenshot 1

1.7 D. Income Standard Used – Path 3 – Screenshot 2

☒ d. Pregnant women
 * FPL

☒ e. Other

Name of population *	Description *

Character count: 0/4000

FPL

+ Add population

[VIEW TABLE](#)

Figure 7: Section D – Path 3 – Screenshot 2

1.8 E. Coverage of Dependent Children

E. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4. *

☐ 1. Under age 19, or

☒ 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:

☐ a. Under age 20

☒ b. Under age 21

Figure 8: Section E

1.9 F. Phase-In

F. Phase-In

The state elects to phase-in coverage to individuals in this group. *

☒ Yes ☐ No

1. The phase-in plan must be reasonable and may not provide Medicaid to higher income individuals without providing Medicaid to lower-income individuals.

Phase Title	Phase Criterion	Criterion Choice	Implementation Date
No items available			

[ADD PHASE](#)

2. The final date by which the phase-in will be complete and all individuals eligible for this group will be included is:

Final Target Date:

Figure 9: Section F – Phase-In

1.10 F. Phase-In – Add or Edit Phase – Path 1 – Screenshot 1

News Tasks **Records** Reports Actions Request System Help

CMS-10434 OMB 0938-1188

Phase 1

Phase-in will be done by the following criterion:

☒ By population

The population(s) included in this phase are:

☒ All children under a specified age limit

☒ Reasonable classifications of children

☐ i. Under age 21

☐ ii. Under age 20

☐ iii. Under age 19

☒ iv. Under age 18

Name of population *

Description *

Character count: 0/4000

+ Add population

☒ Parents and other caretaker relatives as defined in the Parents and Other Caretaker Relatives eligibility group, except for with respect to income

☒ Pregnant women

☒ Other

Name of population *

Description *

Figure 10 : Section F - Add or Edit Phase – Path 1 – Screenshot 1

1.11 F. Phase-In – Add or Edit Phase – Path 1 – Screenshot 2

News Tasks **Records** Reports Actions Request System Help

Description *

Character count: 0/4000

+ Add population

☐ By household income

☐ By geographic area

Additional description of the Phase (optional):

Character count: 0/4000

Implementation Date: *

mm/dd/yyyy

Saved Documents

- Maximum file size: 2MB
- Valid file extensions: pdf, ppt, doc, docx, xls, xlsx, pptx

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Figure 11 : Section F - Add or Edit Phase – Path 1 – Screenshot 2

1.12 F. Phase-In – Add or Edit Phase – Path 2

News Tasks **Records** Reports Actions

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Add or Edit Phase

CMS-10434 OMB 0938-1188

Phase 1

Phase-in will be done by the following criterion:

☐ By population

☒ By household income

Individuals are covered with household income up to and including the following level:

* FPL

☐ By geographic area

Additional description of the Phase (optional):

Character count: 0/4000

Implementation Date: *

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☐	Name	Date Created	Type
No items available			

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Figure 12: Section F - Add or Edit Phase – Path 2

1.13 F. Phase-In – Add or Edit Phase – Path 3

News Tasks **Records** Reports Actions

Request System Help

Add or Edit Phase

CMS-10434 OMB 0938-1188

Phase 1

Phase-in will be done by the following criterion:

☐ By population

☐ By household income

☒ By geographic area

☒ By county

☐ By region

☐ By city/municipality

☐ Other geographic area

Specify which counties: *

Additional description of the Phase (optional):

Character count: 0/4000

Implementation Date: *

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☐	Name	Date Created	Type
No items available			

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Figure 13: Section F - Add or Edit Phase – Path 3

1.14 F. Phase-In – Add or Edit Phase – Path 4

News Tasks **Records** Reports Actions Applan

Add or Edit Phase [Request System Help](#)

CMS-10434 OMB 0938-1188

Phase 1

Phase-in will be done by the following criterion:

☐ By population

☐ By household income

☒ By geographic area

☐ By county

☒ By region

☐ By city/municipality

☐ Other geographic area

Specify which regions: *

Character count: 0/4000

Additional description of the Phase (optional):

Character count: 0/4000

Implementation Date: *

mm/dd/yyyy

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☐	Name	Date Created	Type
No items available			

Figure 14: Section F - Add or Edit Phase – Path 4

1.15 F. Phase-In – Add or Edit Phase – Path 5

News Tasks **Records** Reports Actions Applan

Add or Edit Phase [Request System Help](#)

CMS-10434 OMB 0938-1188

Phase 1

Phase-in will be done by the following criterion:

☐ By population

☐ By household income

☒ By geographic area

☐ By county

☐ By region

☒ By city/municipality

☐ Other geographic area

Specify which cities/ municipalities: *

Character count: 0/4000

Additional description of the Phase (optional):

Character count: 0/4000

Implementation Date: *

mm/dd/yyyy

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☐	Name	Date Created	Type
No items available			

Figure 15: Section F - Add or Edit Phase – Path 5

1.16 F. Phase-In – Add or Edit Phase – Path 6

News Tasks **Records** Reports Actions

Request System Help

CMS-10434 OMB 0938-1188

Phase 1

Phase-in will be done by the following criterion:

☐ By population

☐ By household income

☒ By geographic area

☐ By county

☐ By region

☐ By city/municipality

☒ Other geographic area

Describe the area(s): *

Character count: 0/4000

Additional description of the Phase (optional):

Character count: 0/4000

Implementation Date: *

mm/dd/yyyy

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xls; pptx

☐	Name	Date Created	Type
No items available			

Figure 16: Section F - Add or Edit Phase – Path 6

1.17 G. Additional Information (optional)

G. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

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EXIT SAVE REVIEWABLE UNIT GO TO SELECTED REVIEWABLE UNIT

Figure 17: Section G



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S50a - Individuals above 133% FPL under Age 65
- Presumptive Eligibility RU PRA Document**

Version 1.0

08/18/2017

Document Number: 221-QSSI-MACPro-R5.1-S50a-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1.1 Package Header

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Presumptive Eligibility

Individuals above 133% FPL under Age 65 - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

The state covers individuals above 133% FPL when determined presumptively eligible by a qualified entity.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID	NV2017MS0026D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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Figure 1: Package Header

1.2 A. Presumptive Eligibility Period and B. Application for Presumptive Eligibility

A. Presumptive Eligibility Period

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- Periods of presumptive eligibility are limited as follows:
 - ☐ a. No more than one period within a calendar year.
 - ☐ b. No more than one period within two calendar years.
 - ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - ☒ e. Other reasonable limitation:

Name of limitation	Description
No items available	

[+Add Limitation](#)

B. Application for Presumptive Eligibility

- ☒ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☐ 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.
- ☐ 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Figure 2: Section A and Section B

1.3 C. Presumptive Eligibility Determination and D. Qualified Entities

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- The individual must meet the categorical requirements of 42 CFR 435.218.
- Household income must not exceed the applicable income standard described at 42 CFR 435.218.
 - ☐ a. A reasonable estimate of MAGI-based income is used to determine household income.
 - ☒ b. Gross income is used to determine household size.
- ☒ 3. State residency
- ☒ 4. Citizenship, status as a national, or satisfactory immigration status

D. Qualified Entities

- The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.
- The following qualified entities are used to determine presumptive eligibility for this eligibility group:

[ADD/MODIFY QUALIFIED ENTITIES](#)

- ☒ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.
- A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf, ppt, doc, docx, xls, xlsx, pptx

☐	Name	Date Created	Type
No items available			

[UPLOAD](#)

[DELETE DOCUMENT\(S\)](#) [SAVE DOCUMENT\(S\)](#)

Figure 3 : Section C and Section D

1.4 E. Additional Information (optional)

E. Additional Information (optional)

+

-

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes
 ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started

In Progress

Complete

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EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 4 : Section E



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S51 - Optional Coverage of Parents and Other
Caretaker Relatives RU PRA Document**

Version 1.0

08/15/2017

Document Number: 171-QSSI-MACPro-R5.1-S51-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S51- Optional Coverage of Parents and Other Caretaker Relatives Screenshots

1.1 Package Header

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional Coverage of Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID NV2017MS0026D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID NV-17-4200-420G System-Derived	

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

Figure 1: Package Header

1.2 A. Characteristics, B. Financial Methodologies, C. Coverage Prior to January 1, 2014 and D. Income Standard Used–Path 1

The state covers the optional parents and other caretaker relatives group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria

1. Would be eligible under the state plan for the mandatory eligibility group, Parents and Other Caretaker Relatives, except for income.
2. Have household income at or below the standard established by the state.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

[View approved version of MAGI-Based Methodologies](#)

C. Coverage Prior to January 1, 2014

The state covered this optional eligibility group under its state plan as of March 23, 2010, December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. *

☒ Yes
☐ No

D. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level. *
☒ Yes
☐ No
2. The state uses the following income standard for this group

* FPL

E. Basis for Income Standard

1. Minimum Income Standard
The income standard used for this eligibility group must exceed the income standard established for the mandatory Parents and Other Caretaker Relatives eligibility group (42 CFR 435.110). Please refer as necessary

Figure 2: Section A, Section B, Section C and Section D-Path1

1.3 D. Income Standard Used – Path 2

D. Income Standard Used

1. The income standard for this group is based on a percentage of the federal poverty level. *
☐ Yes
☒ No
2. The state uses the following income standard for this group
 - ☐ a. The state's AFDC payment standard in effect as of July 16, 1996, not converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
 - ☐ b. The state's TANF payment standard, not converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
 - ☐ c. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
 - ☐ d. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
 - ☒ e. Another income standard not already specified in AFDC Income Standards.

[ADD INCOME STANDARD](#)

E. Basis for Income Standard

1. Minimum Income Standard
The income standard used for this eligibility group must exceed the income standard established for the mandatory Parents and Other Caretaker Relatives eligibility group (42 CFR 435.110). Please refer as necessary

Figure 3: Section D–Path 2

1.4 E. Basis for Income Standard

E. Basis for Income Standard

1. Minimum Income Standard
The income standard used for this eligibility group must exceed the income standard established for the mandatory Parents and Other Caretaker Relatives eligibility group (42 CFR 435.110). Please refer as necessary to Parents and Other Caretaker Relatives for the income standard chosen for that group.
[View approved version of income standard for Parents and Other Caretaker Relatives](#)

2. Maximum income standard *

☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for optionally eligible parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

b. The state's maximum income standard for this eligibility group is

- ☐ i. The state's effective income level for optionally eligible parents and other caretaker relatives under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ ii. The state's effective income level for optionally eligible parents and other caretaker relatives under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ iii. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☒ iv. The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

c. The amount of the maximum income standard is

- ☒ i. A percentage of the federal poverty level
- ☐ ii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ iii. The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ iv. Other dollar amount

Figure 4: Section E

1.5 F. Additional Information (optional)

F. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?
☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit
 -- Select Reviewable Unit --

Not Started In Progress Complete

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EXIT SAVE REVIEWABLE UNIT GO TO SELECTED REVIEWABLE UNIT

Figure 5: Section F



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S52 – Reasonable Classification of Individuals
under Age 21 RU PRA Document**

Version 1.0

08/21/2017

Document Number: 237-QSSI-MACPro-R5.1-S52-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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No table of figures entries found.

1. S52 - Reasonable Classification of Individuals under Age 21 Screenshots

1.1 Package Header

The screenshot shows the 'Medicaid State Plan Eligibility' page in the Appian system. The page is titled 'Eligibility Groups - Options for Coverage' and 'Reasonable Classification of Individuals under Age 21'. It includes a breadcrumb trail: 'MEDICAID | Medicaid State Plan | Eligibility | FL2017MS0007D'. A note states: 'One or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state.' A 'Request System Help' link is visible. Below a progress bar (Not Started, In Progress, Complete), the 'Package Header' section displays the following information:

Package ID	FL2017MS0007D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Additional links include 'View Implementation Guide' and a 'VIEW ALL RESPONSES' button.

Figure 1: Package Header

1.2 A. Characteristics, B. Financial Methodologies,

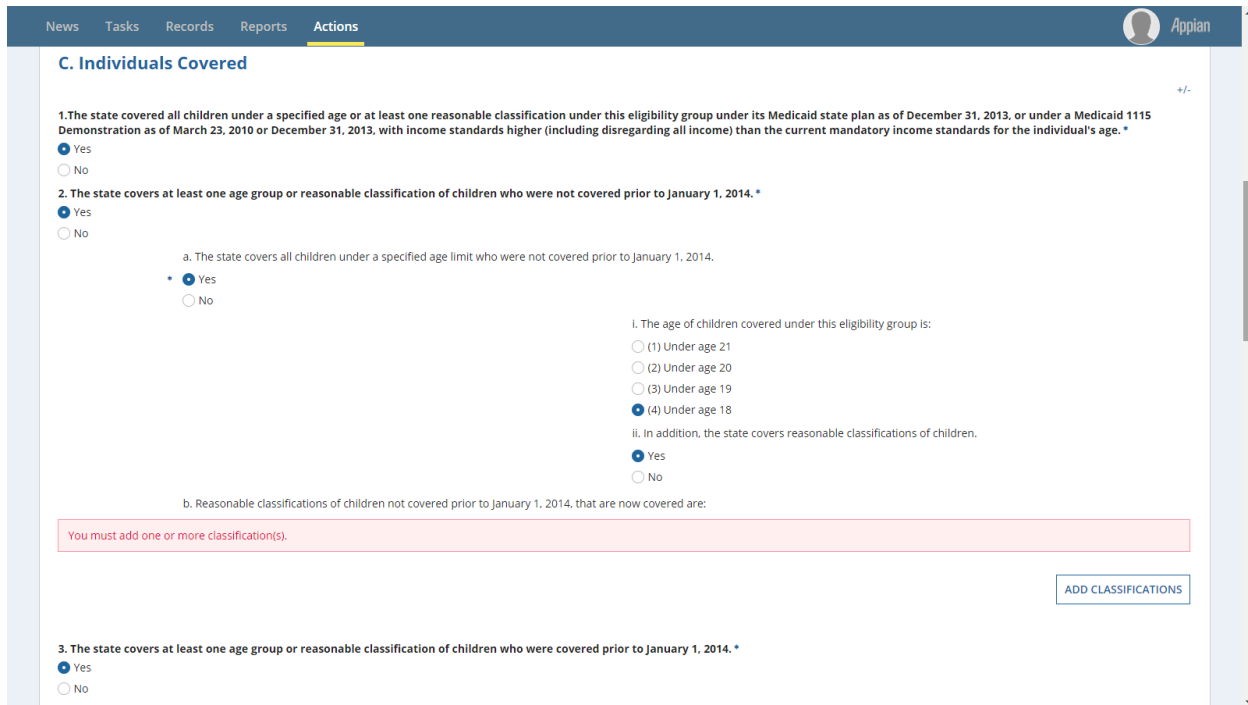
The screenshot shows the 'A. Characteristics' and 'B. Financial Methodologies' sections of the Medicaid State Plan Eligibility page. The page is titled 'The state covers the reasonable classifications of individuals under age 21 group in accordance with the following provisions:'. Section A, 'A. Characteristics', lists the following criteria:

1. Are under age 21, or a lower age, as specified in C.
2. Have household income at or below the standard established by the state, if the state has an income standard.
3. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

Section B, 'B. Financial Methodologies', states: 'MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.' A link 'View approved version of MAGI-Based Methodologies' is provided.

Figure 2: Section A and Section B

1.3 C. Individuals Covered – Path 1 – Screenshot 1



C. Individuals Covered

1. The state covered all children under a specified age or at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age. *

☒ Yes
☐ No

2. The state covers at least one age group or reasonable classification of children who were not covered prior to January 1, 2014. *

☒ Yes
☐ No

a. The state covers all children under a specified age limit who were not covered prior to January 1, 2014.

☒ Yes
☐ No

i. The age of children covered under this eligibility group is:

☐ (1) Under age 21
☐ (2) Under age 20
☐ (3) Under age 19
☒ (4) Under age 18

ii. In addition, the state covers reasonable classifications of children.

☒ Yes
☐ No

b. Reasonable classifications of children not covered prior to January 1, 2014, that are now covered are:

You must add one or more classification(s).

ADD CLASSIFICATIONS

3. The state covers at least one age group or reasonable classification of children who were covered prior to January 1, 2014. *

☒ Yes
☐ No

a. The state covers all children under a specified age limit who were covered prior to January 1, 2014.

☒ Yes
☐ No

i. The age of children covered under this eligibility group is:

☐ (1) Under age 21
☐ (2) Under age 20
☐ (3) Under age 19
☒ (4) Under age 18

ii. In addition, the state covers reasonable classifications of children.

☒ Yes
☐ No

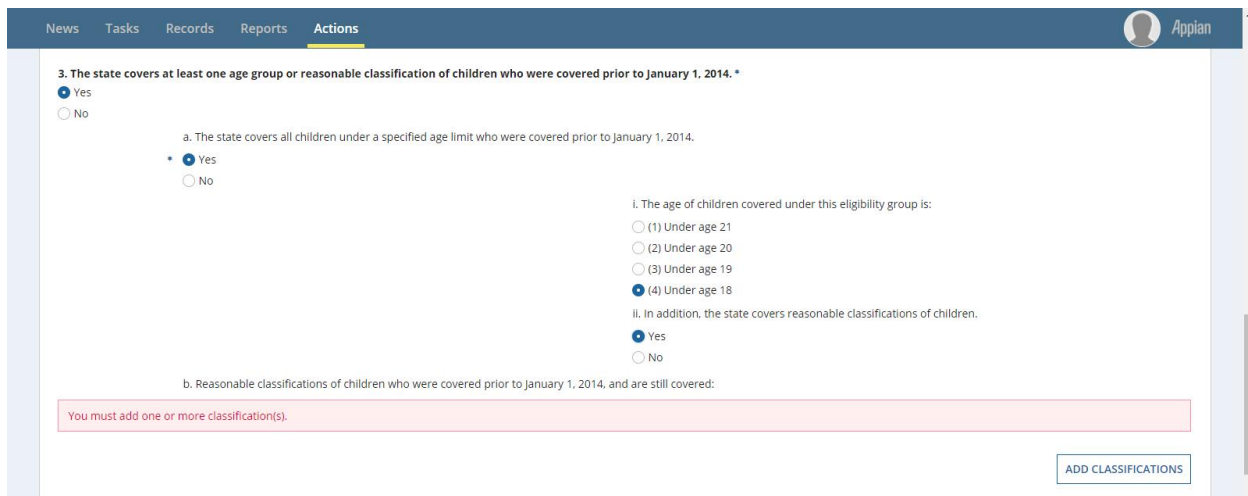
b. Reasonable classifications of children who were covered prior to January 1, 2014, and are still covered:

You must add one or more classification(s).

ADD CLASSIFICATIONS

Figure 3: Section C- Path 1– Screenshot 1

1.4 C. Individuals Covered – Path 1 – Screenshot 2



C. Individuals Covered

1. The state covered all children under a specified age or at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age. *

☒ Yes
☐ No

2. The state covers at least one age group or reasonable classification of children who were not covered prior to January 1, 2014. *

☒ Yes
☐ No

a. The state covers all children under a specified age limit who were not covered prior to January 1, 2014.

☒ Yes
☐ No

i. The age of children covered under this eligibility group is:

☐ (1) Under age 21
☐ (2) Under age 20
☐ (3) Under age 19
☒ (4) Under age 18

ii. In addition, the state covers reasonable classifications of children.

☒ Yes
☐ No

b. Reasonable classifications of children not covered prior to January 1, 2014, that are now covered are:

You must add one or more classification(s).

ADD CLASSIFICATIONS

3. The state covers at least one age group or reasonable classification of children who were covered prior to January 1, 2014. *

☒ Yes
☐ No

a. The state covers all children under a specified age limit who were covered prior to January 1, 2014.

☒ Yes
☐ No

i. The age of children covered under this eligibility group is:

☐ (1) Under age 21
☐ (2) Under age 20
☐ (3) Under age 19
☒ (4) Under age 18

ii. In addition, the state covers reasonable classifications of children.

☒ Yes
☐ No

b. Reasonable classifications of children who were covered prior to January 1, 2014, and are still covered:

You must add one or more classification(s).

ADD CLASSIFICATIONS

Figure 4 : Section C – Path 1 – Screenshot 2

1.5 C. Individuals Covered – Path 2

News Tasks Records Reports **Actions**

Appian

C. Individuals Covered

1.The state covered all children under a specified age or at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age. *

☒ Yes
☐ No

2. The state covers at least one age group or reasonable classification of children who were not covered prior to January 1, 2014. *

☐ Yes
☒ No

You must indicate that you cover at least one age group or classification that was not covered prior to January 1, 2014, or that you cover at least one age group or classification that was covered prior to January 1, 2014, or both.

3. The state covers at least one age group or reasonable classification of children who were covered prior to January 1, 2014. *

☐ Yes
☒ No

You must indicate that you cover at least one age group or classification that was not covered prior to January 1, 2014, or that you cover at least one age group or classification that was covered prior to January 1, 2014, or both.

Figure 5: Section C –Path 2

1.6 C. Individuals Covered – Path 3

News Tasks Records Reports **Actions**

Appian

C. Individuals Covered

1.The state covered all children under a specified age or at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age. *

☐ Yes
☒ No

Because the state has elected to cover the Adult Group, it may not choose to cover this optional group since the income standard for this group is lower than that used for mandatory coverage. Please uncheck this group in Optional Eligibility Groups and remove this reviewable unit from the submission package.

Figure 6: Section C – Path 3

1.7 C. Individuals Covered – Path 4

C. Individuals Covered

1. The state covered all children under a specified age or at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age. *

☒ Yes
☐ No

2. The state covers at least one age group or reasonable classification of children who were not covered prior to January 1, 2014. *

☒ Yes
☐ No

a. The state covers all children under a specified age limit who were not covered prior to January 1, 2014.

* ☐ Yes
☒ No

b. Reasonable classifications of children not covered prior to January 1, 2014, that are now covered are:

You must add one or more classification(s).

ADD CLASSIFICATIONS

3. The state covers at least one age group or reasonable classification of children who were covered prior to January 1, 2014. *

☒ Yes
☐ No

a. The state covers all children under a specified age limit who were covered prior to January 1, 2014.

* ☐ Yes
☒ No

b. Reasonable classifications of children who were covered prior to January 1, 2014, and are still covered:

You must add one or more classification(s).

ADD CLASSIFICATIONS

Figure 7: Section C – Path 4

1.8 C. Individuals Covered – Path 5

C. Individuals Covered

1. The state covered all children under a specified age or at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age. *

☐ Yes
☒ No

2. The state covers all children of a specified age. *

☒ Yes
☐ No

a. The age(s) of children covered under this eligibility group is/are:

* ☒ i. Age 19
☐ ii. Age 19 and age 20

b. In addition, the state covers reasonable classifications of children.

* ☐ Yes
☒ No

3. The reasonable classifications of children that are covered are:

You must add one or more classification(s).

ADD CLASSIFICATIONS

Figure 8: Section C – Path 5

1.9 C. Individuals Covered – Path 6

C. Individuals Covered

3. The reasonable classifications of children that are covered are:

You must add one or more classification(s).

ADD CLASSIFICATIONS

Figure 9: Section C – Path 6

1.10 D. Income Standard Used – Path 1

News Tasks Records Reports **Actions**

Applan

☒ No

b. Reasonable classifications of children who were covered prior to January 1, 2014, and are still covered:

Name	Age Covered
Individuals placed in foster care homes by public agencies	Under age 21

[EDIT CLASSIFICATIONS](#)

D. Income Standard Used

The state's income standard for each age group and reasonable classification of individuals not covered prior to January 1, 2014 is the AFDC payment standard in effect as of July 16, 1996, not converted to a MAGI-equivalent standard. This standard is described in AFDC Income Standards.

[View approved version of AFDC Payment Income Standard](#)

- Individuals placed in foster care homes by public agencies

The income standard for this age group or classification that was covered prior to January 1, 2014 and is still covered is:

☐ 1. No income test

☐ 2. The maximum standard

☒ 3. Another income standard

a. The income standard for this group is based on a percentage of the federal poverty level.

☒ Yes

☐ No

b. The state uses the following income standard for this age group or classification:

FPL

Figure 10: Section D – Path 1

1.11 D. Income Standard Used – Path 2

News Tasks Records Reports **Actions**

Applan

Name	Age Covered
Individuals placed in foster care homes by public agencies	Under age 21

[EDIT CLASSIFICATIONS](#)

D. Income Standard Used

The state's income standard for each age group and reasonable classification of individuals not covered prior to January 1, 2014 is the AFDC payment standard in effect as of July 16, 1996, not converted to a MAGI-equivalent standard. This standard is described in AFDC Income Standards.

[View approved version of AFDC Payment Income Standard](#)

- Individuals placed in foster care homes by public agencies

The income standard for this age group or classification that was covered prior to January 1, 2014 and is still covered is:

☐ 1. No income test

☐ 2. The maximum standard

☒ 3. Another income standard

a. The income standard for this group is based on a percentage of the federal poverty level.

☐ Yes

☒ No

b. The state uses the following income standard for this age group or classification:

☐ i. The current income standard used for Parents and Other Caretaker relatives.

☐ ii. The AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in AFDC Income Standards.

☐ iii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard.

☒ iv. Other dollar amount

No Income Standard added

You must add an Income Standard

[ADD INCOME STANDARD](#)

Figure 11: Section D – Path 2

1.12 D. Income Standard Used – Path 3

News Tasks Records Reports **Actions**

1. The state covered all children under a specified age or at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age. *

☐ Yes
☒ No

2. The state covers all children of a specified age. *

☐ Yes
☐ No

D. Income Standard Used

The state's income standard for each age group and reasonable classification is the AFDC payment standard in effect as of July 16, 1996, not converted to a MAGI-equivalent standard. This standard is described in AFDC Income Standards.

[View approved version of AFDC Payment Income Standard](#)

E. Additional Information (Optional)

Figure 12 : Section D – Path 3

1.13 D. Income Standard Used – Path 4

News Tasks Records Reports **Actions**

1. The state covered all children under a specified age or at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age. *

☒ Yes
☐ No

2. The state covers at least one age group or reasonable classification of children who were not covered prior to January 1, 2014. *

☒ Yes
☐ No

a. The state covers all children under a specified age limit who were not covered prior to January 1, 2014.

☒ Yes
☐ No

3. The state covers at least one age group or reasonable classification of children who were covered prior to January 1, 2014. *

☐ Yes
☐ No

D. Income Standard Used

The state's income standard for each age group and reasonable classification of individuals not covered prior to January 1, 2014 is the AFDC payment standard in effect as of July 16, 1996, not converted to a MAGI-equivalent standard. This standard is described in AFDC Income Standards.

[View approved version of AFDC Payment Income Standard](#)

E. Additional Information (Optional)

Figure 13: Section D – Path 4

1.14 E. Basis for Income Standard

E. Basis for Income Standard

[- All children under age 21](#)

1. Minimum income standard

The minimum income standard for this age group or classification is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in AFDC Income Standards.

[View approved version of MAGI-Based AFDC Payment Income Standard](#)

2. Maximum Income Standard

☒ a. The state certifies that it has submitted and received approval for its converted income standards for this age group or classification to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

b. The state's maximum income standard for this age group or classification is:

☐ i. The state's effective income level for this age group or classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☐ ii. The state's effective income level for this age group or classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☐ iii. The state's effective income level for this age group or classification under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

☒ iv. The state's effective income level for this age group or classification under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

c. The amount of the maximum income standard is:

☒ i. A percentage of the federal poverty level:

* FPL

☐ ii. No income test

☐ iii. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.

☐ iv. The maximum income standard for Parents and Other Caretaker relatives.

☐ v. Other dollar amount

F. Additional Information (Optional)

Figure 14: Section E

1.15 F. Additional Information (optional)

F. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

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EXIT SAVE REVIEWABLE UNIT GO TO SELECTED REVIEWABLE UNIT

Figure 15: Section F



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S53 – Children with Non IV-E Adoption
Assistance RU PRA Document**

**Version 1.0
08/20/2017**

Document Number: 236-QSSI-MACPro-R5.1-S53-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S53 - Children with Non IV-E Adoption Assistance Screenshots

1.1 Package Header

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Children with Non IV-E Adoption Assistance

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Children with special needs for medical or rehabilitative care for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid immediately before the adoption agreement was executed, or who had income at that point in time at or below a standard established by the state .

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID	NV2017MS0026D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

Figure 1: Package Header

1.2 A. Characteristics, B. Financial Methodologies,

The state covers the children with non IV-E adoption assistance group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21 or a lower age, as specified in C.
2. Have a state adoption assistance agreement in effect between the adoptive parent(s) and a state.
3. The state adoption agency has determined that they cannot be placed for adoption without Medicaid coverage because of special needs for medical or rehabilitative care.
4. Immediately prior to execution of the adoption agreement, were eligible under the Medicaid state plan of the state with the adoption assistance agreement or, at the state's option, immediately prior to execution of the adoption agreement had income no more than the income standard (which could be no income test) specified in Section D.
5. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

When income is considered, MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

[View approved version of MAGI-Based Methodologies](#)

Figure 2: Section A and Section B

1.3 C. Individuals Covered – Path 1

News Tasks **Records** Reports Actions

Applan

C. Individuals Covered

1. The state covers all children under a specified age limit for whom there is an adoption assistance agreement in place from any state.

☒ Yes
☐ No

a. The age of children covered under this eligibility group is.

- ☐ i. Under age 21
- ☐ ii. Under age 20
- ☐ iii. Under age 19
- ☒ iv. Under age 18

b. In addition, the state covers reasonable classifications of children.

☐ Yes
☒ No

Figure 3: Section C- Path 1

1.4 C. Individuals Covered – Path 2 – Screenshot 1

2. Reasonable classifications of children that are covered are:

a. Children for whom there is an adoption assistance agreement in place with Nevada

- ☐ Under age 21
- ☐ Under age 20
- ☐ Under age 19
- ☒ Under age 18

☒ b. Children for whom there is an adoption assistance agreement in place with a state subject to an Interstate Compact on Adoption and Medical Assistance (ICAMA)

- ☐ i. All states with which the state has an interstate compact agreement
- ☒ ii. Only some of the states with which the state has an interstate compact agreement

Individuals from the following states are covered:

☒ c. Children for whom there is an adoption assistance agreement in place with specific states

Individuals from the following states are covered:

- ☐ Under age 21
- ☐ Under age 20
- ☐ Under age 19
- ☒ Under age 18

Figure 4 : Section C – Path 2 – Screenshot 1

1.5 C. Individuals Covered – Path 2 – Screenshot 2

News Tasks **Records** Reports Actions

Appian

☐ Under age 21
☐ Under age 19
☒ Under age 18

☒ d. Other reasonable classifications of children for whom there is an adoption assistance agreement in place.

Name of classification *

Description *

Character count: 0/4000

☐ Under age 21
☐ Under age 20
☐ Under age 19
☒ Under age 18

+Add Classification

Delete

Figure 5: Section C – Path 2 – Screenshot 2

1.6 D. Income Standard Used – Path 1 – Screenshot 1

News Tasks **Records** Reports Actions

Appian

D. Income Standard Used

1. The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes
☐ No

2. The state used an income standard or disregarded all income for this group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes
☐ No

Age Group or Classification	Age	State Elects to Establish an Income Standard	Income Standard Used
Nevada			

Figure 6: Section D – Path 1 – Screenshot 1

1.7 D. Income Standard Used – Path 1 – Screenshot 2 – Path 1

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

CMS-10434 OMB 0938-1188

Age Group or Classification : Children in specific states

3. For individuals who were not eligible under the Medicaid state plan immediately prior to execution of the adoption agreement, the state additionally elects to establish an income standard for this age group or classification.

☒ Yes
☐ No

4. The income standard used for this age group or classification to determine if the child is eligible now, using the child's household income immediately before the execution of the adoption assistance agreement, is:

☐ a. No income test
☒ b. An income standard

i. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes
☐ No

ii. The state uses the following income standard for this age group or classification:

* FPL

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[CANCEL](#) [SAVE](#)

Figure 7: Section D – Path 1 – Screenshot 2 – Path 1

1.8 D. Income Standard Used – Path 1 – Screenshot 2 – Path 2

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

CMS-10434 OMB 0938-1188

Age Group or Classification : Children in specific states

3. For individuals who were not eligible under the Medicaid state plan immediately prior to execution of the adoption agreement, the state additionally elects to establish an income standard for this age group or classification.

☒ Yes
☐ No

4. The income standard used for this age group or classification to determine if the child is eligible now, using the child's household income immediately before the execution of the adoption assistance agreement, is:

☐ a. No income test
☒ b. An income standard

i. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☐ Yes
☒ No

ii. The state uses the following income standard for this age group or classification:

☐ (1) The current income standard used for Parents and Other Caretaker relatives.
☐ (2) The AFDC payment standard in effect as of July 16, 1996, converted to MAGI-equivalent. This standard is described in AFDC Income Standards.
☒ (3) Other dollar amount

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[ADD INCOME STANDARD](#)

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Figure 8 : Section D – Path 1 – Screenshot 2 – Path 2

1.9 D. Income Standard Used – Path 2

D. Income Standard Used

1. The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes
☐ No

2. The state used an income standard or disregarded all income for this group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☐ Yes
☒ No

3. The state does not use an income standard or disregard all income for this group.

Figure 9: Section D – Path 2

1.10 Income Standard Used – Path 3

D. Income Standard Used

1. The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☐ Yes
☒ No

2. The state does not use an income standard or disregard all income for this group.

Figure 10: Section D – Path 3

1.11 E. Basis for Income Standard - Maximum Income Standard

E. Basis for Income Standard - Maximum Income Standard

☒ 1. The state certifies that it has submitted and received approval for its converted income standards for this group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

2. The state's maximum income standard for this eligibility group is:

- ☐ a. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ b. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ c. The state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☒ d. The state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

3. The amount of the maximum income standard is:

- ☒ a. A percentage of the federal poverty level
- ☐ b. No income test
- ☐ c. The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in AFDC Income Standards.
- ☐ d. The maximum income standard for Parents and Other Caretaker relatives.
- ☐ e. Other dollar amount

* FPL

Figure 11: Section E

1.12 F. Additional Information (optional)

F. Additional Information (optional)+/-

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?
☐ Yes ☒ No
Warning: Any field containing more than 4000 characters will be truncated when saved.

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Figure 12: Section F



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S54 - Optional Targeted Low Income Children RU
Document**

Version 1.0

08/15/2017

Document Number: 175-QSSI-MACPro-R5.1-S54-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S54 - Optional Targeted Low Income Children Screenshots

1.1 Package Header

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Optional Targeted Low Income Children

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID	NV2017MS0026D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

The state covers the optional targeted low income children group in accordance with the following provisions:

A. Characteristics

Figure 1: Package Header

1.2 A. Characteristics, B. Financial Methodologies and C. Individuals Covered-Path 1

The state covers the optional targeted low income children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 19, or a lower age, as specified in C.
2. Are uninsured and otherwise meet the definition of optional targeted low-income child at 42 CFR 435.4 and section 1905(u)(2)(B) of the Act.
3. Have household income at or below the standard established by the state, if the state has an income standard.
4. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

[View approved version of MAGI-Based Methodologies](#)

C. Individuals Covered

1. The state covers all children under a specified age under this eligibility group.

☒ Yes
☐ No

The age of children covered under this eligibility group is:

☐ a. Under age 19
☐ b. Under age 18
☒ c. Under other age

Under age

Figure 2: Section A, Section B and Section C-Path1

1.3 C. Individuals Covered-Path 2

C. Individuals Covered

1. The state covers all children under a specified age under this eligibility group.

☐ Yes
☒ No

2. The state covers all children within specific age ranges under this eligibility group.

☐ a. Age 1 through age 5, inclusive
☐ b. Age 6 through age 18, inclusive
☒ c. Other age range

Age

Through age

Figure 3: Section C-Path2

1.4 D. Income Standard Used

News Tasks **Records** Reports Actions

Appian

D. Income Standard Used

The income standard for this eligibility group is:

* FPL

Figure 4: Section D

1.5 E. Basis for Income Standard

News Tasks **Records** Reports Actions

Appian

E. Basis for Income Standard

1. Minimum income standard

The minimum income standard for this eligibility group is a standard greater than the lowest income standard currently used for children of this age under the mandatory Infants and Children under Age 19 eligibility group.

[View Approved Version of Infants and Children under Age 19 - Income Standards Used](#)

2. Maximum income standard

☒ a. The state certifies that it has submitted and received approval for its converted income standard(s) for this eligibility group to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

b. The state's maximum income standard for this eligibility group is:

- ☐ i. The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ ii. The state's effective income level for this group of children under the CHIP state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ iii. The state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ iv. The state's effective income level for this group of children under the CHIP state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ v. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ vi. The state's effective income level for this group of children under a CHIP-1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ vii. The state's effective income level for this group of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☒ viii. The state's effective income level for this group of children under a CHIP 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ ix. 200% FPL
- ☐ x. A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4), but by no more than 50 percentage points.

c. The amount of the maximum income standard is:

* FPL 200.00%

Figure 5: Section E

1.6 F. Additional Information (optional)

F. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

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EXIT

SAVE REVIEWABLE UNIT

GO TO SELECTED REVIEWABLE UNIT

Figure 6: Section F



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S55-Individuals with Tuberculosis PRA document

Version 1.0

08/22/2017

Document Number: 243-QSSI-MACPro-PRA-S55-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S55-Individuals with Tuberculosis - Screenshots

1.1 Section A. “Characteristics”

Eligibility Groups - Options for Coverage
Individuals with Tuberculosis
 MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0009D
 Individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started	In Progress	Complete
Package Header Package ID CA2017MS0009D Submission Type Draft Approval Date N/A Superseded SPA ID N/A SPA ID N/A Initial Submission Date N/A Effective Date N/A		

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A. Characteristics

+/-

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are infected with tuberculosis.
2. Are not eligible for full coverage under the Medicaid state plan.
3. Have household income under a standard established by the state.

Figure 1: Section A

1.2 Section B. “Financial Methodologies”

B. Financial Methodologies

+/-

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

[View approved version of MAGI-Based Methodologies](#)

Figure 2: Section B

1.3 Section C. “Income Standard Used” – Path 1

C. Income Standard Used

+/-

The state uses the following income standard for this group: *

☐ 1. The break-even point for earned income under the SSI program for the disabled.
☐ 2. There is no income test for this eligibility group.
☒ 3. Another income standard

The amount of the income standard is: *

☒ a. A percentage of the federal poverty level:
☐ b. A dollar amount

* FPL

Figure 3: Section C. - 1

1.4 Section C. “Income Standard Used” – Path 2

C. Income Standard Used

+/-

The state uses the following income standard for this group: *

- ☐ 1. The break-even point for earned income under the SSI program for the disabled.
- ☐ 2. There is no income test for this eligibility group.
- ☒ 3. Another income standard

The amount of the income standard is: *

- ☐ a. A percentage of the federal poverty level:
- ☒ b. A dollar amount

[ADD INCOME STANDARDS](#)

Figure 4: Section C. – 2

1.5 Section D. “Basis for Individuals with Tuberculosis Income Standard - Maximum Income Standard” – Path 1

D. Basis for Individuals with Tuberculosis Income Standard - Maximum Income Standard

+/-

The state elects to convert the effective income level for coverage of this eligibility group in effect in the Medicaid state plan as of March 23, 2010 and December 31, 2013 to MAGI-equivalent standards. *

- ☒ Yes ☐ No

•

- ☐ 1. The state certifies that it has submitted and received approval for its converted income standard(s) for individuals with tuberculosis to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

2. The state's maximum income standard for this eligibility group is: *

- ☐ a. The break-even point for earned income under the SSI program for the disabled.
- ☐ b. No income test, if there was no income test under the Medicaid state plan on either March 23, 2010 or December 31, 2013.
- ☐ c. The effective income level for this eligibility group under the Medicaid state plan in effect as of March 23, 2010.
- ☒ d. The effective income level for this eligibility group under the Medicaid state plan in effect as of December 31, 2013.

3. The amount of the maximum income standard for this eligibility group is: *

- ☒ a. A percentage of the federal poverty level:
- ☐ b. A dollar amount

* FPL

Figure 5: Section D – 1

1.6 Section D. “Basis for Individuals with Tuberculosis Income Standard - Maximum Income Standard” – Path 2

D. Basis for Individuals with Tuberculosis Income Standard - Maximum Income Standard

+/-

The state elects to convert the effective income level for coverage of this eligibility group in effect in the Medicaid state plan as of March 23, 2010 and December 31, 2013 to MAGI-equivalent standards. *

- ☒ Yes ☐ No

•

- ☐ 1. The state certifies that it has submitted and received approval for its converted income standard(s) for individuals with tuberculosis to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

2. The state's maximum income standard for this eligibility group is: *

- ☐ a. The break-even point for earned income under the SSI program for the disabled.
- ☐ b. No income test, if there was no income test under the Medicaid state plan on either March 23, 2010 or December 31, 2013.
- ☐ c. The effective income level for this eligibility group under the Medicaid state plan in effect as of March 23, 2010.
- ☒ d. The effective income level for this eligibility group under the Medicaid state plan in effect as of December 31, 2013.

3. The amount of the maximum income standard for this eligibility group is: *

- ☐ a. A percentage of the federal poverty level:
- ☒ b. A dollar amount

[ADD INCOME STANDARDS](#)

Figure 6: Section D – 2

1.7 Section D. “Basis for Individuals with Tuberculosis Income Standard - Maximum Income Standard” – Path 3

D. Basis for Individuals with Tuberculosis Income Standard - Maximum Income Standard

The state elects to convert the effective income level for coverage of this eligibility group in effect in the Medicaid state plan as of March 23, 2010 and December 31, 2013 to MAGI-equivalent standards. *

☐ Yes ☒ No

1. The state's maximum income standard for this eligibility group is: *

- ☐ a. The break-even point for earned income under the SSI program for the disabled.
- ☐ b. No income test, if there was no income test under the Medicaid state plan on either March 23, 2010 or December 31, 2013.
- ☒ c. The effective income level for this eligibility group under the Medicaid state plan in effect as of March 23, 2010 not converted to a MAGI-equivalent standard.
- ☐ d. The effective income level for this eligibility group under the Medicaid state plan in effect as of December 31, 2013, not converted to a MAGI-equivalent standard.

2. The amount of the maximum income standard for this eligibility group is: *

- ☒ a. A percentage of the federal poverty level:
- ☐ b. A dollar amount

* FPL

Figure 7: Section D – 3

1.8 Section D. “Basis for Individuals with Tuberculosis Income Standard - Maximum Income Standard” – Path 4

D. Basis for Individuals with Tuberculosis Income Standard - Maximum Income Standard

The state elects to convert the effective income level for coverage of this eligibility group in effect in the Medicaid state plan as of March 23, 2010 and December 31, 2013 to MAGI-equivalent standards. *

☐ Yes ☒ No

1. The state's maximum income standard for this eligibility group is: *

- ☐ a. The break-even point for earned income under the SSI program for the disabled.
- ☐ b. No income test, if there was no income test under the Medicaid state plan on either March 23, 2010 or December 31, 2013.
- ☒ c. The effective income level for this eligibility group under the Medicaid state plan in effect as of March 23, 2010 not converted to a MAGI-equivalent standard.
- ☐ d. The effective income level for this eligibility group under the Medicaid state plan in effect as of December 31, 2013, not converted to a MAGI-equivalent standard.

2. The amount of the maximum income standard for this eligibility group is: *

- ☐ a. A percentage of the federal poverty level:
- ☒ b. A dollar amount

ADD INCOME STANDARDS

Figure 8: Section D – 4

1.9 Section E. “Benefits for Individuals with Tuberculosis” and Section F. “Additional Information”

E. Benefits for Individuals with Tuberculosis

Individuals qualifying under this group are eligible only for services related to the diagnosis, treatment or management of the individual's tuberculosis. Limitations related to the tuberculosis-related services may be found in the Benefits section.

F. Additional Information (optional)

Character count: 0/4000

Figure 9: Sections E & F



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S57 – Independent Foster Care Adolescents RU
PRA Document**

**Version 1.0
08/18/2017**

Document Number: 218-QSSI-MACPro-R5.1-S57-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S57 - Independent Foster Care Adolescents Screenshots

1.1 Package Header

News Tasks **Records** Reports Actions

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Independent Foster Care Adolescents

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Individuals under an age specified by the state who were in foster care on their 18th birthday and who meet the income standard established by the state.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID NV2017MS0026D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

Figure 1: Package Header

1.2 A. Characteristics, B. Financial Methodologies,

News Tasks **Records** Reports Actions

The state covers the independent foster care adolescents group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in C.
2. Were in foster care under the responsibility of a state or Tribe on their 18th birthday.
3. Have household income at or below a standard established by the state, if the state has an income standard.
4. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan.

B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

[View approved version of MAGI-Based Methodologies](#)

Figure 2: Section A and Section B

1.3 C. Individuals Covered – Path 1 – Screenshot 1

C. Individuals Covered

1. The state covers all children of a specified age under this eligibility group. *

☒ Yes
☐ No

a. The age of children covered under this eligibility group is:

☒ i. Under age 21
☐ ii. Under age 20
☐ iii. Under age 19

b. In addition, the state covers reasonable classifications of children.

☒ Yes
☐ No

2. Reasonable classifications of children that are covered are:

☒ a. Individuals for whom foster care maintenance payments or independent living services were furnished under a program funded under title IV-E before the date the individual turned 18 years old.

☐ Under age 21
☐ Under age 20
☒ Under age 19

☒ b. Other reasonable classification

Name of Classification: *

Description: *

Character count: 0/4000

+ Add Classification

Figure 3: Section C – Path 1 – Screenshot 1

1.4 D. Income Standard Used and E. Basis for Income Standard – Path 1 – Screenshot 2 – Path 1

D. Income Standard Used

All children under age 21

The income standard for this age group or classification is:

☐ 1. No income test
☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes
☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the limit for the Adult Group.

Title IV-E Child

The income standard for this age group or classification is:

☐ 1. No income test
☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes
☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the lowest standard used for the Infants and Children under Age 19 eligibility group.

New Classification 1

The income standard for this age group or classification is:

☐ 1. No income test
☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes

Figure 4: Section D, Section E – Path 1 – Screenshot 2 – Path 1

1.5 D. Income Standard Used and E. Basis for Income Standard – Path 1 – Screenshot 3

News

Tasks

Records

Reports

Actions



Applian

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes
 ☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the lowest standard used for the Infants and Children under Age 19 eligibility group.

E. Basis for Income Standard

All children under age 21

1. Minimum income standard

The minimum income standard for this age group or classification is an FPL percent greater than 133%.

2. Maximum income standard

The maximum income standard is no income standard.

Title IV-E Child

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the Infants and Children under Age 19 eligibility group.

2. Maximum income standard

The maximum income standard is no income standard.

New Classification 1

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the Infants and Children under Age 19 eligibility group.

2. Maximum income standard

The maximum income standard is no income standard.

[View income standard used for Infants and Children under Age 19](#)

[View income standard used for Infants and Children under Age 19](#)

[View income standard used for Infants and Children under Age 19](#)

Figure 5: Section D, Section E – Path 1 – Screenshot 3

1.6 D. Income Standard Used and E. Basis for Income Standard – Path 1 – Screenshot 2 – Path 2 – Screenshot 1

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon labeled 'Applan' is in the top right. The main content area is titled 'D. Income Standard Used' and contains two sections:

All children under age 21
The income standard for this age group or classification is:
☐ 1. No income test
☒ 2. An income standard
 a. The income standard for this age group or classification is based on a percentage of the federal poverty level.
 ☐ Yes
 ☒ No
 b. The state uses the following income standard for this age group or classification:
 ☒ Other dollar amount
No Income Standard added
You must add an Income Standard
ADD INCOME STANDARD

Title IV-E Child
The income standard for this age group or classification is:
☐ 1. No income test
☒ 2. An income standard
 a. The income standard for this age group or classification is based on a percentage of the federal poverty level.
 ☐ Yes
 ☒ No
 b. The state uses the following income standard for this age group or classification:
 ☒ Other dollar amount
No Income Standard added
You must add an Income Standard
ADD INCOME STANDARD

New Classification 1
The income standard for this age group or classification is:

Figure 6: Section D, Section E – Path 1 – Screenshot 2 – Path 2 – Screenshot 1

1.7 D. Income Standard Used and E. Basis for Income Standard – Path 1 – Screenshot 2 – Path 2- Screenshot 2

The screenshot shows the same web application interface as Figure 6, but for 'New Classification 1'. The 'Records' tab is still selected. The form content is:

New Classification 1
The income standard for this age group or classification is:
☐ 1. No income test
☒ 2. An income standard
 a. The income standard for this age group or classification is based on a percentage of the federal poverty level.
 ☒ Yes
 ☐ No
 b. The state uses the following income standard for this age group or classification:
 ☐ FPL
The income standard for this age group or classification must be higher than the lowest standard used for the infants and Children under Age 19 eligibility group.

Figure 7: Section D, Section E – Path 1 – Screenshot 2 – Path 2- Screenshot 2

1.8 C. Individuals Covered – Path 2 – Screenshot 1

News Tasks **Records** Reports Actions

View approved version of MACI-Based Methodologies

C. Individuals Covered

1. The state covers all children of a specified age under this eligibility group. *

☒ Yes
☐ No

a. The age of children covered under this eligibility group is:

☐ i. Under age 21
☒ ii. Under age 20
☐ iii. Under age 19

b. In addition, the state covers reasonable classifications of children.

☒ Yes
☐ No

2. Reasonable classifications of children that are covered are:

☒ a. Individuals for whom foster care maintenance payments or independent living services were furnished under a program funded under title IV-E before the date the individual turned 18 years old.

☐ Under age 21
☐ Under age 20
☒ Under age 19

☒ b. Other reasonable classification

Name of Classification: *

Description: *

Character count: 0/4000

+ Add Classification

D. Income Standard Used

Figure 8: Section C– Path 2 – Screenshot 1

1.9 D. Income Standard Used and E. Basis for Income Standard – Path 2 – Screenshot 2 – Path 1

News Tasks **Records** Reports Actions  Appian

D. Income Standard Used

All children under age 20

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes

☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the limit for the Adult Group.

Title IV-E Child

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes

☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the lowest standard used for the Infants and Children under Age 19 eligibility group.

New Classification 1

The income standard for this age group or classification is:

Figure 9: Section D, Section E – Path 2 – Screenshot 2 – Path 1

1.10 D. Income Standard Used and E. Basis for Income Standard – Path 2 – Screenshot 3

News Tasks **Records** Reports Actions

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes

☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the lowest standard used for the infants and Children under Age 19 eligibility group.

E. Basis for Income Standard

All children under age 20

1. Minimum income standard

The minimum income standard for this age group or classification is an FPL percent greater than 133%.

2. Maximum income standard

The maximum income standard is no income standard.

Title IV-E Child

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the infants and Children under Age 19 eligibility group.

[View income standard used for infants and Children under Age 19](#)

2. Maximum income standard

The maximum income standard is no income standard.

New Classification 1

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the infants and Children under Age 19 eligibility group.

[View income standard used for infants and Children under Age 19](#)

2. Maximum income standard

The maximum income standard is no income standard.

Figure 10: Section D, Section E – Path 2 – Screenshot 3

1.11 D. Income Standard Used and E. Basis for Income Standard – Path 2 – Screenshot 2 – Path 2 – Screenshot 1

D. Income Standard Used

All children under age 20

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☐ Yes

☒ No

b. The state uses the following income standard for this age group or classification:

☒ Other dollar amount

No Income Standard added

You must add an Income Standard

ADD INCOME STANDARD

Title IV-E Child

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☐ Yes

☒ No

b. The state uses the following income standard for this age group or classification:

☒ Other dollar amount

No Income Standard added

You must add an Income Standard

ADD INCOME STANDARD

New Classification 1

Figure 11: Section D, Section E – Path 2 – Screenshot 2 – Path 2 – Screenshot 1

1.12 D. Income Standard Used and E. Basis for Income Standard – Path 2 – Screenshot 2 – Path 2 – Screenshot 2

D. Income Standard Used

New Classification 1

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☐ Yes

☒ No

b. The state uses the following income standard for this age group or classification:

☒ Other dollar amount

No Income Standard added

You must add an Income Standard

ADD INCOME STANDARD

Figure 12: Section D, Section E – Path 2 – Screenshot 2 – Path 2 – Screenshot 2

1.13 C. Individuals Covered– Path 3 – Screenshot 1

C. Individuals Covered

1. The state covers all children of a specified age under this eligibility group. *

☒ Yes
☐ No

a. The age of children covered under this eligibility group is:

☐ I. Under age 21
☐ II. Under age 20
☒ III. Under age 19

b. In addition, the state covers reasonable classifications of children.

☒ Yes
☐ No

2. Reasonable classifications of children that are covered are:

☒ a. Individuals for whom foster care maintenance payments or independent living services were furnished under a program funded under title IV-E before the date the individual turned 18 years old.
☐ Under age 21
☐ Under age 20
☒ Under age 19

☒ b. Other reasonable classification

Name of Classification: *

Description: *

Character count: 0/4000

+ Add Classification

D. Income Standard Used

All children under age 19

The income standard for this age group or classification is:

☐ 1. No income test
☒ 2. An income standard

Figure 13: 1.13 Section C – Path 3 – Screenshot 1

1.14 D. Income Standard Used and E. Basis for Income Standard – Path 3 – Screenshot 2 – Path 1

News Tasks **Records** Reports Actions Applan

D. Income Standard Used

All children under age 19

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes

☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the lowest standard used for the infants and Children under Age 19 eligibility group.

Title IV-E Child

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes

☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the lowest standard used for the infants and Children under Age 19 eligibility group.

New Classification 1

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes

Figure 14: Section D, Section E – Path 3 – Screenshot 2 – Path 1

1.15 D. Income Standard Used and E. Basis for Income Standard – Path 3 – Screenshot 3

News Tasks **Records** Reports Actions

Applan

2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes
☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the lowest standard used for the Infants and Children under Age 19 eligibility group.

E. Basis for Income Standard +/-

All children under age 19

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the Infants and Children under Age 19 eligibility group.

[View income standard used for Infants and Children under Age 19](#)

2. Maximum income standard

The maximum income standard is no income standard.

Title IV-E Child

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the Infants and Children under Age 19 eligibility group.

[View income standard used for Infants and Children under Age 19](#)

2. Maximum income standard

The maximum income standard is no income standard.

New Classification 1

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the Infants and Children under Age 19 eligibility group.

[View income standard used for Infants and Children under Age 19](#)

2. Maximum income standard

The maximum income standard is no income standard.

Figure 15: 1.15 Section D, Section E – Path 3 – Screenshot 3

1.16 D. Income Standard Used and E. Basis for Income Standard – Path 3 – Screenshot 2 – Path 2 – Screenshot 1

The screenshot displays the 'Records' tab in the CMS XLC application. The main heading is 'D. Income Standard Used'. Below this, there are two sections for different age groups and classifications.

All children under age 19

The income standard for this age group or classification is:

- ☐ 1. No income test
- ☒ 2. An income standard
 - a. The income standard for this age group or classification is based on a percentage of the federal poverty level.
 - ☐ Yes
 - ☒ No
 - b. The state uses the following income standard for this age group or classification:
 - ☒ Other dollar amount

No Income Standard added

You must add an Income Standard

ADD INCOME STANDARD

Title IV-E Child

The income standard for this age group or classification is:

- ☐ 1. No income test
- ☒ 2. An income standard
 - a. The income standard for this age group or classification is based on a percentage of the federal poverty level.
 - ☐ Yes
 - ☒ No
 - b. The state uses the following income standard for this age group or classification:
 - ☒ Other dollar amount

No Income Standard added

You must add an Income Standard

ADD INCOME STANDARD

New Classification 1

Figure 16: Section D, Section E – Path 3 – Screenshot 2 – Path 2 – Screenshot 1

1.17 D. Income Standard Used and E. Basis for Income Standard – Path 3 – Screenshot 2 – Path 2 – Screenshot 2

News Tasks **Records** Reports Actions

New Classification 1

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☐ Yes

☒ No

b. The state uses the following income standard for this age group or classification:

☒ Other dollar amount

No Income Standard added

You must add an Income Standard

ADD INCOME STANDARD

E. Basis for Income Standard

All children under age 19

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the Infants and Children under Age 19 eligibility group.

[View income standard used for Infants and Children under Age 19](#)

2. Maximum income standard

The maximum income standard is no income standard.

Title IV-E Child

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the Infants and Children under Age 19 eligibility group.

[View income standard used for Infants and Children under Age 19](#)

2. Maximum income standard

The maximum income standard is no income standard.

New Classification 1

1. Minimum income standard

Figure 17: Section D, Section E – Path 3 – Screenshot 2 – Path 2 – Screenshot 2

1.18 D. Income Standard Used and E. Basis for Income Standard – Path 3 – Screenshot 2 – Path 2 – Screenshot 3

News Tasks **Records** Reports Actions

New Classification 1

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☐ Yes

☒ No

b. The state uses the following income standard for this age group or classification:

☒ Other dollar amount

No Income Standard added

You must add an Income Standard

ADD INCOME STANDARD

Figure 18: Section D, Section E – Path 3 – Screenshot 2 – Path 2 – Screenshot 3

1.19 C. Individuals Covered– Path 4 – Screenshot 1

Figure 19 : Section C– Path 4 – Screenshot 1

1.20 D. Income Standard Used and E. Basis for Income Standard – Path 4 – Screenshot 2 – Path 1

Figure 20 : Section D, Section E – Path 4 – Screenshot 2 – Path 1

1.21 D. Income Standard Used and E. Basis for Income Standard – Path 4 – Screenshot 2 – Path 2

D. Income Standard Used

All children under age 21

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☐ Yes

☒ No

b. The state uses the following income standard for this age group or classification:

☒ Other dollar amount

No Income Standard added

You must add an Income Standard

ADD INCOME STANDARD

E. Basis for Income Standard

All children under age 21

1. Minimum income standard

The minimum income standard for this age group or classification is an FPL percent greater than 133%.

2. Maximum income standard

The maximum income standard is no income standard.

F. Additional Information (optional)

Figure 21: Section D, Section E – Path 4 – Screenshot 2 – Path 2

1.22 C. Individuals Covered– Path 5 – Screenshot 1

C. Individuals Covered

1. The state covers all children of a specified age under this eligibility group. *

☒ Yes

☐ No

a. The age of children covered under this eligibility group is:

☐ i. Under age 21

☒ ii. Under age 20

☐ iii. Under age 19

b. In addition, the state covers reasonable classifications of children.

☐ Yes

☒ No

Figure 22: Section C – Path 5 – Screenshot 1

1.23 D. Income Standard Used and E. Basis for Income Standard – Path 5 – Screenshot 2 – Path 1

The screenshot displays a web application interface with a top navigation bar containing 'News', 'Tasks', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon labeled 'Applan' is in the top right. The main content area is divided into two sections: 'D. Income Standard Used' and 'E. Basis for Income Standard', each with a '+/-' expand/collapse icon on the right.

D. Income Standard Used

All children under age 20

The income standard for this age group or classification is:

- ☐ 1. No income test
- ☒ 2. An income standard
 - a. The income standard for this age group or classification is based on a percentage of the federal poverty level.
 - ☒ Yes
 - ☐ No
 - b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the limit for the Adult Group.

E. Basis for Income Standard

All children under age 20

1. Minimum income standard

The minimum income standard for this age group or classification is an FPL percent greater than 133%.

2. Maximum income standard

The maximum income standard is no income standard.

Figure 23

1.24 1.21 D. Income Standard Used and E. Basis for Income Standard – Path 5 – Screenshot 2 – Path 2

The screenshot displays a web application interface similar to Figure 23, but with different selections and a new error message.

D. Income Standard Used

All children under age 20

The income standard for this age group or classification is:

- ☐ 1. No income test
- ☒ 2. An income standard
 - a. The income standard for this age group or classification is based on a percentage of the federal poverty level.
 - ☐ Yes
 - ☒ No
 - b. The state uses the following income standard for this age group or classification:
 - ☒ Other dollar amount

No Income Standard added

You must add an Income Standard

[ADD INCOME STANDARD](#)

E. Basis for Income Standard

All children under age 20

1. Minimum income standard

The minimum income standard for this age group or classification is an FPL percent greater than 133%.

2. Maximum income standard

The maximum income standard is no income standard.

Figure 24 : Section D, Section E – Path 5 – Screenshot 2 - Path 2

1.25 C. Individuals Covered– Path 6 – Screenshot 1

News Tasks **Records** Reports Actions

C. Individuals Covered

1. The state covers all children of a specified age under this eligibility group.*

☒ Yes

☐ No

a. The age of children covered under this eligibility group is:

☐ i. Under age 21

☐ ii. Under age 20

☒ iii. Under age 19

b. In addition, the state covers reasonable classifications of children.

☐ Yes

☒ No

Figure 25 : Section C– Path 6 – Screenshot 1

1.26 D. Income Standard Used and E. Basis for Income Standard – Path 6 – Screenshot 2 – Path 1

News Tasks **Records** Reports Actions

D. Income Standard Used

All children under age 19

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes

☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the lowest standard used for the infants and Children under Age 19 eligibility group.

E. Basis for Income Standard

All children under age 19

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the Infants and Children under Age 19 eligibility group.

[View income standard used for Infants and Children under Age 19](#)

2. Maximum income standard

The maximum income standard is no income standard.

Figure 26: Section D, Section E – Path 6 – Screenshot 2 - Path 1

1.27 1.21 D. Income Standard Used and E. Basis for Income Standard – Path 6 – Screenshot 2 – Path 2

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon labeled 'Appian' is in the top right. The main content area is titled 'D. Income Standard Used' and includes a sub-header 'All children under age 19'. Below this, it asks 'The income standard for this age group or classification is:' with two radio button options: '1. No income test' and '2. An income standard'. Option '2' is selected. Under '2. An income standard', there are two sub-questions: 'a. The income standard for this age group or classification is based on a percentage of the federal poverty level.' with 'Yes' and 'No' radio buttons ('No' is selected), and 'b. The state uses the following income standard for this age group or classification:' with 'Other dollar amount' selected. A text input field contains 'No Income Standard added'. A red error message states 'You must add an Income Standard'. An 'ADD INCOME STANDARD' button is visible. Below this is the 'E. Basis for Income Standard' section, also for 'All children under age 19'. It has two sub-sections: '1. Minimum income standard' with a text description and a link 'View income standard used for Infants and Children under Age 19', and '2. Maximum income standard' with a text description 'The maximum income standard is no income standard.'

Figure 27: Section D, Section E – Path 6 – Screenshot 2 - Path 2

1.28 C. Individuals Covered– Path 7 – Screenshot 1

The screenshot shows a web application interface with a top navigation bar containing 'News', 'Tasks', 'Records' (highlighted), 'Reports', and 'Actions'. A user profile icon labeled 'Appian' is in the top right. The main content area is titled 'C. Individuals Covered' and includes a sub-header 'All children under age 19'. Below this, it asks '1. The state covers all children of a specified age under this eligibility group. *' with 'Yes' and 'No' radio buttons ('No' is selected). Under '2. Reasonable classifications of children that are covered are:', there are two sub-questions: 'a. Individuals for whom foster care maintenance payments or independent living services were furnished under a program funded under title IV-E before the date the individual turned 18 years old.' with 'Under age 21', 'Under age 20', and 'Under age 19' radio buttons ('Under age 19' is selected), and 'b. Other reasonable classification' selected. A text input field for 'Name of Classification: *' contains 'Under age 19'. A text input field for 'Description: *' is empty. A 'Character count: 0/4000' label is at the bottom right. An '+ Add Classification' button is at the bottom left.

Figure 28: Section C– Path 7 – Screenshot 1

1.29 D. Income Standard Used– Path 7 – Screenshot 2 – Path 1

D. Income Standard Used

Title IV-E Child

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes

☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the lowest standard used for the Infants and Children under Age 19 eligibility group.

New Classification 1

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☒ Yes

☐ No

b. The state uses the following income standard for this age group or classification:

* FPL

The income standard for this age group or classification must be higher than the lowest standard used for the Infants and Children under Age 19 eligibility group.

Figure 29: Section D, Section E – Path 7 – Screenshot 2 - Path 1

1.30 D. Income Standard Used – Path 7 – Screenshot 2 – Path 2

D. Income Standard Used

Title IV-E Child

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☐ Yes

☒ No

b. The state uses the following income standard for this age group or classification:

☒ Other dollar amount

No Income Standard added

You must add an Income Standard

ADD INCOME STANDARD

New Classification 1

The income standard for this age group or classification is:

☐ 1. No income test

☒ 2. An income standard

a. The income standard for this age group or classification is based on a percentage of the federal poverty level.

☐ Yes

☒ No

b. The state uses the following income standard for this age group or classification:

☒ Other dollar amount

No Income Standard added

You must add an Income Standard

ADD INCOME STANDARD

Figure 30: Section D, Section E – Path 7 – Screenshot 2 - Path 2

1.31 E. Basis for Income Standard – Path 7 – Screenshot 3

E. Basis for Income Standard

News Tasks **Records** Reports Actions

Applan

Title IV-E Child

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the Infants and Children under Age 19 eligibility group.

[View income standard used for Infants and Children under Age 19](#)

2. Maximum income standard

The maximum income standard is no income standard.

New Classification 1

1. Minimum income standard

The minimum income standard for this age group or classification is a standard greater than the lowest income standard currently used for children under this age under the Infants and Children under Age 19 eligibility group.

[View income standard used for Infants and Children under Age 19](#)

2. Maximum income standard

The maximum income standard is no income standard.

Figure 31: Section E

1.32 F. Additional Information (optional)

F. Additional Information (optional)

News Tasks **Records** Reports Actions

Applan

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started In Progress Complete

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EXIT SAVE REVIEWABLE UNIT GO TO SELECTED REVIEWABLE UNIT

Figure 32: Section F



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S59 – Individuals Eligible for Family Planning
Services RU PRA Document**

**Version 1.0
08/20/2017**

Document Number: 228-QSSI-MACPro-R5.1-S59-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S59 - Individuals Eligible for Family Planning Services Screenshots

1.1 Package Header

News Tasks **Records** Reports Actions

Records / Submission Packages

NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Family Planning Services

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

Individuals, regardless of gender, who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services.

[Request System Help](#)

CMS-10434 OMB 0938-1188

Not Started In Progress Complete

Package Header

Package ID NV2017MS0026D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

[View Implementation Guide](#)

[VIEW ALL RESPONSES](#)

Figure 1: Package Header

1.2 A. Characteristics, B. Individuals Covered – Path 1

News Tasks **Records** Reports Actions

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are not pregnant
2. Are not otherwise eligible for and enrolled in mandatory coverage under the state plan
3. Are not otherwise eligible for and enrolled in optional full Medicaid coverage under the state plan
4. Have household income that does not exceed the income standard established by the state for this group

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

☒ Yes ☐ No

Figure 2: Section A, Section B – Path 1

1.3 B. Individuals Covered – Path 2

B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

☐ Yes

☒ No

2. The state covers the following populations:

☒ a. All children under a specified age limit:

☐ i. Under age 21

☐ ii. Under age 20

☐ iii. Under age 19

☒ iv. Under age 18

☒ b. Other:

Name of population *

Description *

+ Add population

Figure 3: Section B – Path 2

1.4 C. Income Standard Used – Path 1

C. Income Standard Used

1. The state uses the same income standard for all individuals covered.

☒ Yes

☐ No

2. The income standard for this eligibility group is:

FPL

Figure 4: Section C - Path 1

1.5 C. Income Standard Used – Path 2

C. Income Standard Used

1. The state uses the same income standard for all individuals covered.

☐ Yes

☒ No

2. The income standards for specific populations are:

Population	Income Standard (%FPL)
All children under age 18	

Figure 5: Section C - Path 2

1.6 C. Income Standard Used – Path 3

C. Income Standard Used

1. The state uses the same income standard for all individuals covered.

☐ Yes

☒ No

2. The income standard for all individuals eligible under the group, except for those populations separately identified, is:

FPL

3. The higher income standards for specific populations are:

☒ a. All children under a specified age limit:

☐ i. Under age 21

☐ ii. Under age 20

☐ iii. Under age 19

☒ iv. Under age 18

FPL

☒ b. Other:

Name of population *

Description *

* FPL

+ Add population

[VIEW TABLE](#)

Figure 6: Section C – Path 3

1.7 D. Financial Methodologies – Path 1

D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

[View approved version of MAGI-Based Methodologies](#)

2. The state uses the same financial methodology for all individuals covered.

☒ Yes

☐ No

3. In determining eligibility for this group, the state includes the following household members:

☐ a. All household members

☒ b. Only the individual

4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two

☐ Yes

☒ No

5. In determining eligibility for this group, the state counts the income of:

☐ a. All household members

☒ b. Only the individual

Figure 7: Section D – Path 1

1.8 D. Financial Methodologies – Path 2

D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

2. The state uses the same financial methodology for all individuals covered.

☐ Yes
☒ No

Population	3. In determining eligibility for this population, the state includes the following household members:	4. In determining eligibility for this group, the state increases the family size by one, counting the individual as two	5. In determining eligibility for this group, the state counts the income of:
All children under age 18	☐ All household members ☒ Only the individual	☐ Yes ☒ No	☐ All household members ☒ Only the individual

Figure 8: Section D - Path 2

1.9 D. Financial Methodologies – Path 3 – Screenshot 1

D. Financial Methodologies

1. MAGI-based methodologies are used in calculating household income. Except as described in this section, for information on the methodology used for this group, please refer as necessary to MAGI-Based Methodologies, completed by the state.

2. The state uses the same financial methodology for all individuals covered.

☐ Yes
☒ No

3. The financial methodology used for all individuals eligible under the group, except for those populations separately identified, is:

a. In determining eligibility for this group, the state includes the following household members:

☐ i. All household members
☒ ii. Only the individual

b. In determining eligibility for this group, the state increases the family size by one, counting the individual as two

☐ Yes
☒ No

c. In determining eligibility for this group, the state counts the income of:

☐ i. All household members
☒ ii. Only the individual

4. The financial methodology(ies) used for specific populations are:

☒ a. All children under a specified age limit:

☐ i. Under age 21
☐ ii. Under age 20
☐ iii. Under age 19
☒ iv. Under age 18

In determining eligibility for this population, the state includes the following household members:*

☐ All household members
☒ Only the individual

In determining eligibility for this population, the state increases the family size by one, counting the individual as two *

☐ Yes

Figure 9 : Section D - Path 3 - Screenshot 1

1.10 D. Financial Methodologies – Path 3 – Screenshot 2

News Tasks **Records** Reports Actions

Applan

☒ b. Other:

Name of population *

Description *

In determining eligibility for this population, the state increases the family size by one, counting the individual as two *

☐ Yes

☒ No

In determining eligibility for this population, the state counts the income of: *

☐ All household members

☒ Only the individual

In determining eligibility for this population, the state includes the following household members: *

☐ All household members

☒ Only the individual

In determining eligibility for this population, the state increases the family size by one, counting the individual as two *

☐ Yes

☒ No

In determining eligibility for this population, the state counts the income of: *

☐ All household members

☒ Only the individual

+ Add population

VIEW TABLE

Figure 10 : Section D - Path 3 - Screenshot 2

1.11 E. Basis for Income Standard - Maximum Income Standard, F. Family Planning Benefits and G. Additional Information (optional)

News Tasks **Records** Reports Actions

Applan

E. Basis for Income Standard - Maximum Income Standard

☒ 1. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

2. The state's maximum income standard for this eligibility group is the highest of the following:

☒ a. The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.

☐ b. The state's current effective income level for pregnant women under a Medicaid 1115 Demonstration.

☐ c. The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.

☐ d. The state's current effective income level for pregnant women under a CHIP 1115 Demonstration.

3. The amount of the maximum income standard is:

FPL

[View Approved Version of Pregnant Women - Income Standard Used Section](#)

F. Family Planning Benefits

Benefits for this eligibility group are limited to family planning and related services described in the Benefit and Payments section of the state plan.

G. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

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Figure 11 : Section E, Section F and Section G



**Centers for Medicare & Medicaid
Services
CMS eXpedited Life Cycle (XLC)**

Medicaid and CHIP Program (MACPro)

**S59a - Individuals Eligible for Family Planning
Services - Presumptive Eligibility RU PRA
Document**

Version 1.0

08/20/2017

Document Number: 229-QSSI-MACPro-R5.1-S59a-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S59a - Individuals Eligible for Family Planning Services - Presumptive Eligibility Screenshots

1.1 Package Header

News Tasks **Records** Reports Actions

Records / Submission Packages
NV - Submission Package - NV2017MS0026D

Summary Reviewable Units News **Related Actions**

Medicaid State Plan Eligibility

Presumptive Eligibility

Individuals Eligible for Family Planning Services - Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | NV2017MS0026D

CMS-10434 OMB 0938-1188

Request System Help

Not Started In Progress Complete

Package Header

Package ID NV2017MS0026D	SPA ID N/A
Submission Type Draft	Initial Submission Date N/A
Approval Date N/A	Effective Date N/A
Superseded SPA ID N/A	

View Implementation Guide

VIEW ALL RESPONSES

The state covers family planning services for individuals qualifying for the family planning group under 42 CFR 435.214 when determined presumptively eligible by a qualified entity.

The state also covers medical diagnosis and treatment services that are provided in conjunction with a family planning service in a family planning setting during the presumptive eligibility period.

☐ Yes

☒ No

A. Presumptive Eligibility Period

Figure 1: Package Header

1.2 A. Presumptive Eligibility Period

News Tasks **Records** Reports Actions

A. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.

2. The end date of the presumptive period is the earlier of:

- The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
- The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

3. Periods of presumptive eligibility are limited as follows:

- ☐ a. No more than one period within a calendar year.
- ☐ b. No more than one period within two calendar years.
- ☐ c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
- ☐ d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- ☒ e. Other reasonable limitation:

Name of limitation	Description
No items available	

Figure 2: Section A

1.3 B. Application for Presumptive Eligibility – Screenshot 1.

B. Application for Presumptive Eligibility

☒ 1. The state uses a standardized screening process for determining presumptive eligibility.

☒ 2. The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS. A copy of the single streamlined application with questions necessary for a PE determination highlighted or denoted is included.

☒ 3. The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

☒ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Saved Documents

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- Valid file extensions: pdf; ppt; doc; docx; xls; pptx

Name	Date Created	Type
No items available		

UPLOAD

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

Saved Documents

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Name	Date Created	Type
No items available		

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Name	Date Created	Type
No items available		

LIBRARY

Figure 3: Section B – Screenshot 1

1.4 B. Application for Presumptive Eligibility – Screenshot 2

5. Describe the presumptive eligibility screening process:

Character count: 0/4000

B. Application for Presumptive Eligibility

Figure 4: Section B – Screenshot 2

1.5 C. Presumptive Eligibility Determination and D. Qualified Entities

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual must meet the categorical requirements of 42 CFR 435.214.
2. Household income must not exceed the applicable income standard described at 42 CFR 435.214.
 - ☐ a. A reasonable estimate of MAGI-based income is used to determine household income.
 - ☒ b. Gross income is used to determine household size.
- ☒ 3. State residency
- ☒ 4. Citizenship, status as a national, or satisfactory immigration status

D. Qualified Entities

1. The state uses entities, as defined in section 1920C, to determine eligibility presumptively for this eligibility group. These entities must be eligible to receive payment for services under the state's approved Medicaid state plan and determined by the state to be capable of determining presumptive eligibility for this group.
2. The following qualified entities are used to determine presumptive eligibility for this eligibility group.

[ADD/MODIFY QUALIFIED ENTITIES](#)

☒ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; pptx

☒	Name	Date Created	Type
No items available			

[UPLOAD](#)

[DELETE DOCUMENT\(S\)](#) [SAVE DOCUMENT\(S\)](#)

Figure 5 : Section C and Section D

1.6 E. Additional Information (optional)

E. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

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Figure 6 : Section E



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S88-State Residency PRA document

Version 1.0

08/21/2017

Document Number: 233-QSSI-MACPro-PRA-S88-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S88-State Residency - Screenshots

1.1 State Residency

Medicaid State Plan Eligibility

Non-Financial Eligibility

State Residency

MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0009D

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CMS-10434 OMB 0938-1188

Not Started		In Progress		Complete	
Package Header					
Package ID	CA2017MS0009D	SPA ID	N/A		
Submission Type	Draft	Initial Submission Date	N/A		
Approval Date	N/A	Effective Date	N/A		
Superseded SPA ID	CA-17-8129-0714				
	System-Derived				

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☒ The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

A. Mandatory Residency Requirements

+/-

The state considers individuals under the following conditions to be residents of the state:

1. Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and:
 - a. Intends to reside in the state, including without a fixed address, or
 - b. Entered the state with a job commitment or seeking employment, whether or not currently employed.
2. Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.

Figure 1: State Residency – 1

2. Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.
3. Non-institutionalized individuals under 21 who are not emancipated or married and who are not receiving payments under Title IV-E of the Social Security Act:
- Residing in the state, with or without a fixed address, or
 - The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.
4. Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 living in institutions who are not emancipated or married:
- Regardless of in which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or
 - Regardless of in which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or
 - If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.
5. Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.
6. Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.
7. Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.
8. Individuals receiving IV-E payments living in the state, or
9. Individuals who otherwise meet the requirements of 42 CFR 435.403.

B. Interstate Agreements

+/-

Individuals are considered to be residents of the state if they meet the criteria specified in an interstate agreement.

☒ Yes

☐ No

1. The state participates in the Interstate Compact on Adoption and Medical Assistance (ICAMA)

☐ Yes

☐ No

2. The state has other interstate agreements.

☒ Yes

☐ No

The state has interstate agreements with the following other states:

[+Add Interstate Agreement](#)

Figure 2: State Residency – 2

[+Add Interstate Agreement](#)

Enter at least one Interstate Agreement

C. Students from Other States

+/-

The state has a policy related to individuals in the state only to attend school.

☒ Yes

☐ No

☐ The state does not consider an individual aged 18-22 and a full-time student at a school in the state to be a resident if: neither parent or guardian lives in the state, the student is claimed as a tax dependent by someone in another state, and the student is applying on his or her own.

☒ Other

Name *

Description *

Character count: 0/4000

[delete 1](#)

[+ Add Other](#)

D. Temporary Absence from the State

+/-

☒ The state considers individuals who are state residents and who are temporarily absent from the state, to be state residents if the person intends to return when the purpose of the absence has been accomplished, unless another state has determined that the individual is a resident there for purposes of Medicaid eligibility. In accordance with 435.403(j)(3).

The state has an additional definition of temporary absence, including treatment of individuals who attend school in another state.

☒ Yes

Figure 3: State Residency – 3

☒ Yes
☐ No

Description of the definition:

Character count: 0/4000

E. Additional Information (optional) +/-

Character count: 0/4000

Figure 4: State Residency – 4



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S89-Citizenship and Non-Citizenship PRA document

Version 1.0

08/22/2017

Document Number: 244-QSSI-MACPro-PRA-S89-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S89-Citizenship and Non-Citizenship – Screenshots

1.1 Citizenship and Non-Citizenship

Medicaid State Plan Eligibility

Non-Financial Eligibility

Citizenship and Non-Citizen Eligibility

MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0009D

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CMS-10434 OMB 0938-1188

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Package Header		
Package ID CA2017MS0009D		SPA ID N/A
Submission Type Draft		Initial Submission Date N/A
Approval Date N/A		Effective Date N/A
Superseded SPA ID N/A		

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☐ The state provides Medicaid to citizens and nationals of the United States and certain non-citizens who meet all other Medicaid eligibility requirements under the state plan, consistent with requirements of 42 CFR 435.406, including during a reasonable opportunity period pending verification of their citizenship, national status or satisfactory immigration status.

A. Citizens, Nationals and Eligible Non-Citizens

+/-

The state provides Medicaid eligibility to otherwise eligible individuals:

- Who are citizens or nationals of the United States; or
- Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641) or who are non-citizens treated as refugees under other federal statutes for purposes of Medicaid eligibility, subject to the requirements at 8 U.S.C. §1612(b)(2), and are not restricted by section 403 of PRWORA (8 U.S.C. §1613); or who are non-citizens whose eligibility is required by 8 U.S.C. 1612(b)(2)(E) and (F); and
- Who have declared themselves to be citizens or nationals of the United States, or non-citizens having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, 911, and 956.

Figure 1: Citizenship and Non-Citizenship – 1

3. Who have declared themselves to be citizens or nationals of the United States, or non-citizens having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), 1902(ee) of the SSA and 42 CFR 435.406, 911, and 956.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

a. The agency provides for an extension of the reasonable opportunity period for non-citizens if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

- ☐ Yes
- ☐ No

☐ b. When a reasonable opportunity period is provided, the agency furnishes benefits to otherwise eligible individuals on the following date:

The date benefits are furnished is:

- ☐ i. The date of the application containing the declaration of citizenship or immigration status.
- ☐ ii. The first day of the month of application.

B. Optional Coverage of Qualified Non-Citizens

+/-

The state provides Medicaid coverage to all otherwise-eligible Qualified Non-Citizens whose eligibility is not restricted by section 403 of PRWORA (8 U.S.C. §1613). *

- ☐ Yes
- ☒ No

Indicate which requirements apply:

1. The state requires Lawful Permanent Residents to have 40 qualifying work quarters under Title II of the Social Security Act. *

- ☐ Yes
- ☐ No

2. The state limits eligibility to 7 years for the following non-citizens:

- a. Non-citizens admitted to the U.S. as a refugee under section 207 of the Immigration and Nationality Act (INA)
- b. Non-citizens granted asylum under section 208 of the INA
- c. Non-citizens whose deportation is withheld under section 243(h) or 241(b)(3) of the INA
- d. Non-citizens granted status as a Cuban-Haitian Entrant, as defined in section 501(e) of the Refugee Education Assistance Act of 1980
- e. Non-citizens admitted to the U.S. as Amerasian immigrants
- f. Non-citizens treated as refugees under other federal statutes for purposes of Medicaid eligibility

Figure 2: Citizenship and Non-Citizenship – 2

f. Non-citizens treated as refugees under other federal statutes for purposes of Medicaid eligibility

- ☐ Yes
- ☐ No

C. Coverage of Lawfully Residing Individuals

+/-

The state elects the option to provide Medicaid coverage to otherwise eligible individuals, lawfully residing in the United States, as provided in section 1903(v)(4) of the Act.

- ☒ Yes
- ☐ No

☐ 1. Pregnant women

☐ 2. Individuals under a specified age:

3. An individual is considered to be lawfully residing in the United States if he or she is lawfully present and otherwise meets the eligibility requirements in the state plan.

4. An individual is considered to be lawfully present in the United States if he or she is:

- a. A qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
- b. A non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
- c. A non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
- d. A non-citizen who belongs to one of the following classes:
 - i. Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
 - ii. Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
 - iii. Granted employment authorization under 8 CFR 274a.12(c);
 - iv. Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
 - v. Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
 - vi. Granted Deferred Action status;
 - vii. Granted an administrative stay of removal under 8 CFR 241;
 - viii. Beneficiary of approved visa petition who has a pending application for adjustment of status;
- e. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture who:

Figure 3: Citizenship and Non-Citizenship – 3

e. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231,or under the Convention Against Torture who:

i. Has been granted employment authorization; or

ii. Is under the age of 14 and has had an application pending for at least 180 days;

f. Has been granted withholding of removal under the Convention Against Torture;

g. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C.1101(a)(27)(J);

h. Is lawfully present in American Samoa under the immigration laws of American Samoa; or

i. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b)).

j. Exception: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (a) through (i) of this definition.

☒ k. Other

Description:

Character count: 0/4000

D. Emergency Coverage

☐ The state assures that it provides limited Medicaid services for treatment of an emergency medical condition, not related to an organ transplant procedure, as defined in 1903(v)(3) of the Social Security Act and implemented at 42 CFR 440.255, to the following individuals who meet all Medicaid eligibility requirements, except documentation of citizenship or satisfactory immigration status and/or present an SSN:

1. Qualified non-citizens subject to the 5 year waiting period described in 8 U.S.C. 1613(a)
2. Non-qualified non-citizens, unless covered as a lawfully residing child or pregnant woman by the state under the option in accordance with 1903(v)(4) and implemented at 435.406(b).

Figure 4: Citizenship and Non-Citizenship – 4

E. Additional Information (optional)

Character count: 0/4000

Validation & Navigation

Would you like to validate the reviewable unit data?

☐ Yes ☒ No

Warning: Any field containing more than 4000 characters will be truncated when saved.

Navigate to Reviewable Unit

-- Select Reviewable Unit --

Not Started In Progress Complete

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Figure 5: Citizenship and Non-Citizenship – 5



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S94-Eligibility Process PRA document

Version 1.0

08/21/2017

Document Number: 234-QSSI-MACPro-PRA-S94-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S94-Eligibility Process – Screenshots

1.1 Eligibility Process

Medicaid State Plan Eligibility

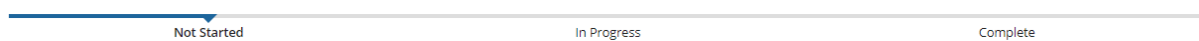
General Eligibility Requirements

Eligibility Process

MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0009D

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CMS-10434 OMB 0938-1188



Package Header

Package ID	CA2017MS0009D	SPA ID	N/A
Submission Type	Draft	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

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The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining, verifying and renewing eligibility, and furnishing Medicaid.

A. Submission of Application

+/-

☐ 1. The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person. These modes of submission are available to all individuals applying for coverage, including those who may be eligible based on the applicable Modified Adjusted Gross Income (MAGI) standard and those who may be eligible on a basis other than MAGI.

2. The agency also accepts applications by other electronic means:

☒ Yes ☐ No

Figure 1: Eligibility Process – 1

☒ Yes ☐ No

Name of other electronic means:	Description:	Delete
No items available		

You must add at least one electronic means

[ADD ELECTRONIC MEANS](#)

☒ 3. The agency ensures that any application or supplemental form is accessible to persons who are limited English proficient and persons who have disabilities, consistent with 42 CFR 435.905(b).

B. Establishment of Outstation Locations +/-

☒ The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals:

1. Parents and Other Caretaker Relatives,
2. Pregnant Women, and
3. Infants and Children under Age 19.

C. MAGI Renewals +/-

☐ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Once every 12 months
2. Without requiring an in-person interview
3. Without requiring information from the individual if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency
4. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:
 - a. Provides the individual with a pre-populated renewal form containing the information available to the agency (including information gathered from electronic data sources).

Figure 2: Eligibility Process – 2

a. Provides the individual with a pre-populated renewal form containing the information available to the agency (including information gathered from electronic data sources).

b. Provides the individual with a reasonable period of time from the date of the prepopulated renewal form to respond and provide any necessary information. The time period used by the state is:

☐ i. 30 days

☒ ii. More than 30 days

The number of days is:

c. Permits an individual, or authorized person acting on behalf of the individual, to submit the renewal form via the Internet website described in 42 CFR 435.1200(f) (d), by telephone, via mail, and in person.

d. Verifies information provided by the beneficiary in accordance with 42 CFR 435.925 through 435.956

e. Reconsiders eligibility, without requiring a new application, for individuals who are terminated for failure to submit the renewal form or necessary information if the individual subsequently submits the renewal form. For this purpose, the renewal form is accepted within the time period after the termination date selected below:

☐ i. 90 days

☒ ii. More than 90 days.

The number of days is:

D. Renewals on a Basis Other than MAGI +/-

☒ Redeterminations of eligibility for individuals whose financial eligibility is not based on the MAGI standard are performed as follows, consistent with 42 CFR 435.916:

1. Frequency:
 - ☐ a. Once every 12 months
 - ☐ b. Once every 6 months
 - ☒ c. Other, more frequent than once every 12 months

Figure 3: Eligibility Process – 3

☒ c. Other, more frequent than once every 12 months

Frequency (once every x months):

2. Without requiring information from the individual, if the agency is able to determine eligibility based on reliable information contained in the individual's account or other more current information available to the agency.

3. If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, the agency:

☒ a. Provides the individual with a renewal form

i. The renewal form is pre-populated with information available to the agency (including information gathered from electronic data sources).

☐ Yes ☐ No

ii. As part of this process, the agency:

(1) Provides the individual with a reasonable period of time from the date of the prepopulated renewal form to respond and provide any necessary information. The time period used by the state is:

☐ (a) 30 days

☒ (b) More than 30 days

The number of days is:

(2) Permits an individual, or authorized person acting on behalf of the individual, to submit the renewal form using the following methods:

☐ (a) Via the internet website described in 42 CFR 435.1200(f)

☐ (b) By telephone

☐ (c) Via mail

☐ (d) In person

☒ (e) By other means

Figure 4: Eligibility Process – 4

☒ (e) By other means

Description:

Character count: 0/4000

(3) Verifies information provided by the beneficiary in accordance with 42 CFR 435.925 through 435.956

(4) Reconsiders eligibility, without requiring a new application, for individuals who are terminated for failure to submit the renewal form or necessary information if the individual subsequently submits the renewal form. For this purpose, the renewal form is accepted within the time period after the termination date selected below:

☒ Yes ☐ No

☐ (a) 90 days

☒ (b) Other

The number of days is:

☐ b. Utilizes an alternative process to redetermine eligibility.

E. Determination of Ineligibility

☐ 1. Prior to making a determination of ineligibility, the agency considers all bases of eligibility, consistent with 42 CFR 435.911

☐ 2. For individuals determined ineligible for Medicaid, the agency determines potential eligibility for other insurance affordability programs and complies with the procedures set forth in 42 CFR 435.1200(e)

F. Assistance with Application and Renewal

☐ The agency provides assistance to any individual seeking help with the application or renewal process in person, over the telephone, and online, and in a manner that is accessible to individuals with disabilities and those who are limited English proficient, consistent with 42 CFR 435.905(b)

G. Notices

Figure 5: Eligibility Process – 5

G. Notices +/-

☐ 1. The agency provides individuals with a choice to receive notices and information in an electronic format or by regular mail, in accordance with 42 CFR 435.918.

☐ 2. The agency provides applicants with timely and accurate notice of any approval or disapproval of Medicaid eligibility, which includes, but is not limited to: the basis and effective date of eligibility, the circumstances and procedures for reporting a change that may impact eligibility, the level of benefits and services approved, any applicable premiums or cost sharing, appeal rights, and if applicable, the amount of medical expenses which must be incurred to establish eligibility.

☐ 3. The agency makes notices, as well as cards evidencing eligibility for medical assistance, available to an individual who does not reside in a permanent dwelling or does not have a fixed home or mailing address.

Notices and cards are made available through the following method(s)

Character count: 0/4000

☐ 4. The agency provides beneficiaries with timely and adequate notice of proposed adverse action to terminate, discontinue, or suspend their eligibility or to reduce or discontinue services they may receive under Medicaid, and sends corresponding notice(s) to the individual at least 10 days prior to the action's effective date, as described in 42 CFR 431.211.

☐ 5. All notices provided by the agency are written in plain language. To ensure that notices are clear and understandable to consumer, the agency:

☐ a. Utilizes an in-house readability and plain language review process

☐ b. Contracts with an outside entity to complete a readability and plain language review

☒ c. Other

Description:

Character count: 0/4000

H. Authorized Representatives

Figure 6: Eligibility Process – 6

H. Authorized Representatives +/-

☐ 1. The agency permits applicants and beneficiaries to designate an individual or organization to act responsibly on their behalf in assisting with individuals' application and renewal of eligibility and other ongoing communications with the agency.

☐ 2. The agency requires that, as a condition of serving as an authorized representative, a provider or staff member or volunteer of an organization affirms that he or she will adhere to the regulations in 42 CFR 431, subpart F and at 45 CFR 155.260(f) (relating to confidentiality of information), §447.10 of this chapter (relating to the prohibition against reassignment of provider claims as appropriate for a facility or an organization acting on the facility's behalf), as well as other relevant State and Federal laws concerning conflicts of interest and confidentiality of information.

☐ 3. Designations of authorized representatives are accepted through all of the modalities described in 42 CFR 435.907(a) and are permitted at application and at other times. The agency accepts electronic, including telephonically recorded, signatures and handwritten signatures transmitted by facsimile or other electronic transmission.

I. Coordination of Eligibility and Enrollment +/-

☐ The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

J. Additional Information (optional) +/-

Character count: 0/4000

Figure 7: Eligibility Process – 7



Centers for Medicare & Medicaid Services
CMS eXpedited Life Cycle (XLC)

Medicaid and CHIP Program (MACPro)

S94a-Application PRA document

Version 1.0

08/17/2017

Document Number: 208-QSSI-MACPro-PRA-S94a-D

Contract Number: HHSM-500-2007-00024I: HHSM-500-T0014

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1. S94a-Application – Screenshots

1.1 Application

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | CA2017MS0013D

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CMS-10434 OMB 0938-1188

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Package Header Package ID CA2017MS0013D Submission Type Draft Approval Date N/A Superseded SPA ID N/A SPA ID N/A Initial Submission Date N/A Effective Date N/A		

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A. MAGI Paper Application

+/-

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- ☐ 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- ☒ 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Please click on an application to view, edit or delete.

Figure 1: Application - 1

☒ 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Please click on an application to view, edit or delete.

Name
No items available

Please add at least one application

[ADD APPLICATION](#)

☒ 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Please click on an application to view, edit or delete.

Name
No items available

Please add at least one application

[ADD APPLICATION](#)

Figure 2: Application – 2

☒ 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Please click on an application to view, edit or delete.

Name	Description
No items available	

Please add at least one application

[ADD APPLICATION](#)

B. MAGI Online Application

+/-

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

☐ 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

☒ 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Please click on an application to view, edit or delete.

Name
No items available

Please add at least one application

[ADD APPLICATION](#)

☒ 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs

Figure 3: Application – 3

☒ 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs

Please click on an application to view, edit or delete.

Name
No items available

Please add at least one application

[ADD APPLICATION](#)

☒ 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Please click on an application to view, edit or delete.

Name	Description
No items available	

Please add at least one application

[ADD APPLICATION](#)

C. Basis Other than MAGI - Paper Application

+/-

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

☒ 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.

Figure 4: Application – 4

The supplemental form(s) used to collect additional information has been uploaded.

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; xlsx; pptx

☐	Name	Date Created	Type
No items available			

A document is required

UPLOAD 

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

☒ 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

Please click on an application to view, edit or delete.

Name
No items available

Please add at least one application

ADD APPLICATION

☒ 3. One or more applications used to apply for multiple human service programs

Figure 5: Application – 5

☒ 3. One or more applications used to apply for multiple human service programs

Please click on an application to view, edit or delete.

Name
No items available

Please add at least one application

ADD APPLICATION

☒ 4. Other alternative applications

Please click on an application to view, edit or delete.

Name	Description
No items available	

Please add at least one application

ADD APPLICATION

D. Other than MAGI - Online Application

+/-

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

☒ 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to collect additional information have been uploaded

Figure 6: Application – 6

Screenshots or other documentation of the online form(s) used to the collect additional information have been uploaded

Saved Documents

- Maximum file size : 2MB
- Valid file extensions: pdf; ppt; doc; docx; xls; pptx

☐	Name	Date Created	Type
No items available			

A document is required

UPLOAD 

DELETE DOCUMENT(S) SAVE DOCUMENT(S)

☒ 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

Please click on an application to view, edit or delete.

Name
No items available

Please add at least one application

ADD APPLICATION

☒ 3. One or more application used to apply for multiple human service programs

Figure 7: Application – 7

☒ 3. One or more application used to apply for multiple human service programs

Please click on an application to view, edit or delete.

Name
No items available

Please add at least one application

ADD APPLICATION

☒ 4. Other alternative applications

Please click on an application to view, edit or delete.

Name	Description
No items available	

Please add at least one application

ADD APPLICATION

E. Additional Information (optional)

+/-

Character count: 0/4000

Figure 8: Application – 8