

**E-0000 CATEGORY****E-100 GENERAL INFORMATION**

Eligibility for the Medicaid and Children's Health Insurance Program (CHIP) is limited to certain groups of individuals authorized by Congress. When authorizing a group, Congress also establishes specific requirement(s) which must be met to qualify as a member of that group.

Each designated group is assigned a category of assistance. The requirement(s) which must be met to fit into that group or category is known as the categorical requirement(s).

**E-200 CATEGORIES OF ASSISTANCE FOR WHICH BHSF DETERMINES MEDICAID ELIGIBILITY**

The Patient Protection and Affordable Care Act, collectively referred to as the Affordable Care Act of 2010 (ACA), was enacted on March 23, 2010. Effective January 1, 2014, the ACA required states to adopt a new methodology for determining eligibility for Medicaid, which is based on [Modified Adjusted Gross Income \(MAGI\)](#).

As a result of ACA, programs are grouped by those that use MAGI methodology and those that do not (non-MAGI). \*\*

MAGI Eligibility Groups

- Adults ages 19 through 64
- Pregnant Women
- Infants and Children under age 19
- Parent or other caretaker relative with a dependent child
- Former foster care
- Medically Needy
- Transitional Medical Assistance
- Tuberculosis Infected
- Breast or Cervical Cancer
- Family Planning Services

Non-MAGI Eligibility Groups

- Aged, Blind and Disabled
- Qualified Disabled and Working Individuals

- Medicare Beneficiaries entitled to Medicare Part A
- Medically Needy
- Institutionalized Individuals under a Special Income Level
- Home and Community-Based Services
- Program of All-Inclusive Care for the Elderly
- Family Opportunity Act Children with Disabilities

\*\*

**E-210 AGED (A)**

Individuals aged 65 or older. An individual is categorically eligible beginning with the month s/he turns age 65.

**Note:**

If age cannot be verified for the Aged category, eligibility shall be considered in the Blind or Disabled category.

**E-220.1 Reserved**

**E-210.2 Reserved**

**E-220 BLIND (B)**

By SSA standards, blindness is established when an Individual has a central visual acuity 20/200 or less in the better eye with the use of a correcting lens or a visual field limitation in the better eye of no greater than 20 degrees.

**E-220.1 Reserved**

**E-220.2 Reserved**

**E-230 PARENTS AND CARETAKER RELATIVES (C and M)**

This category includes families with minor or unborn children who meet all eligibility requirements based on the Aid to Families with Dependent Children (AFDC) State Plan in effect 7-16-96.

The Personal Responsibility and Work Opportunity Act of 1996 (P.L. 104-193) eliminated the AFDC program and replaced it with a block grant program for temporary assistance for needy families (TANF). The law also established a new mandatory Medicaid eligibility group for low-income families with children (LIFC) using the AFDC State Plan in effect July 16, 1996 for eligibility criteria effective with the date the State implemented its TANF program (10-1-96 in Louisiana).

The Affordable Care Act of 2010 established a new Medicaid eligibility group called Parents and Caretaker Relatives (PCR). These adults were formerly considered for the Low Income Families with Children (LIFC) program as a parent or caretaker relative.

**E-230.1**      **Reserved**

**E-230.2**      **Reserved**

**E-230.3**      **Pregnant Women**

The individual must have been pregnant during the months which assistance is requested. The 60-day postpartum period is considered as part of the pregnancy. Therefore, assistance may be requested retroactively for the postpartum period.

\*\*

**E-231**      **RESERVED**

**E-240**      **DISABLED (D)**

\*\*

SSA defines disability as the inability to engage in any substantial gainful activity:

- By reason of any medically determinable physical impairment or mental impairment; and
- That can be expected to result in death or has lasted or can be expected to last for a period of not less than 12 consecutive months.

**Note:**

For a child under age 18 the determination of disability must include consideration of the child's functional capacity at each level of development.

A disability decision rendered by SSA/SSI takes precedence over disability determination made by the Medical Eligibility Determination Team (MEDT).

Blindness takes precedence over disability if the applicant/enrollee meets the categorical requirement of blindness.

**E-240.1      Reserved**

**E-240.2      Reserved**

**E-250      MEDICARE BENEFICIARIES (Q)**

Individuals \*\* must be entitled to or enrolled in Medicare Part A.

**E-250.1      Reserved**

**E-250.2      Reserved**

**E-260      TUBERCULOSIS INFECTED (TB)**

Individuals who have been diagnosed with active Tuberculosis (TB) or suspected of being infected with TB.

The applicant must be determined TB-infective by \*\* MEDT. Use the MEDT package to request a TB determination from MEDT. The agency representative shall provide all available medical and social information.

**E-260.1      Reserved**

**E-260.2      Reserved**

**E-270 REFUGEES (E)**

Individuals who have entered the United States as refugees. Eligibility must be determined for existing Medicaid programs first. If the refugee is not eligible for an existing program, then eligibility is determined for the time-limited Refugee Medical Assistance (RMA). Those refugees who receive cash benefits through the Refugee Resettlement Agency are automatically eligible for RMA.

**E-280 ADULTS**

The Affordable Care Act (ACA) of 2010 established a new Medicaid eligibility group for individuals age 19 through 64, hereafter referred to as the Adult Group.

**E-300 CATEGORIES FOR WHICH BHSF DOES NOT DETERMINE ELIGIBILITY**

BHSF \*\* does not have responsibility for eligibility determination for \*\* Categories F, I, O, and V.

**E-310 Reserved****E-320 CATEGORY F**

The Department of Children and Family Services (DCFS) has responsibility for determining eligibility for children in state custody who are certified in these cases.

Category F refers to children directly served by DCFS. DCFS has responsibility for determining eligibility for these cases. Policy used to determine eligibility is contained in the Children, Youth, and Family Services (CYFS) Financial Assessment Manual.

This category includes minors under the age of 18 who are:

- Foster children whose income and resources are at or below the PCR standard, but are not Title IV-E eligible because of their inability to meet the criteria of the AFDC State Plan in effect 6/95.
- Foster children whose income and resources are at or

below the standards for Regular Medically Needy;

- State Adoption Subsidy children who were Medicaid eligible prior to being placed for adoption;
- Foster children who are SSI eligible; and
- Foster children who meet the standards for certification as CHAMP or CHAMP-PW.

**E-330****CATEGORY I**

Category I refers to children eligible under Title IV-E (DCFS and OJJ). DCFS has responsibility for determining eligibility for these cases. Policy used to determine eligibility is contained in the \*\* CYFS Financial Assessment Manual.

This category includes minors under the age of 18 who are:

- Children of a Title IV-E eligible foster child;
- Children in the custody of OCS who entered care from PCR eligible households or who would have been eligible for PCR had the family applied;
- Title IV-E Adoption Subsidy children;
- COBRA IV-E Adoption Subsidy children who were Title IV-E Adoption Assistance eligible in their state of origin;
- COBRA IV-E Foster children who are Title IV-E Foster Care eligible in their state of origin; and
- Children in the custody of OJJ who entered care from PCR eligible households or who would have been eligible for PCR had the family applied.

**E-340****CATEGORY O**

Category O refers to DCFS and OJJ children whose medical assistance benefits are state-funded. DCFS has responsibility for determining eligibility for these cases. These children are not Title XIX-Medicaid eligible.

**E-350****CATEGORY V**

Category V refers to OJJ children. DCFS has responsibility for

determining eligibility for these cases. Policy used to determine eligibility is contained in the CYFS Financial Assessment Manual.

This category includes minors under the age of 21 who are:

- Children in the custody of OJJ whose income and resources are at or below the PCR standard, but are not IV-E eligible because of their inability to meet the deprivation requirement;
- Children in the custody of OJJ whose income and resources are at or below the standards for Regular Medically Needy;
- Children in the custody of OJJ who are SSI eligible; and

\*\*

- Children in the custody of OJJ who meet the standards of CHAMP or CHAMP-PW.