

**H-3030 CHILDREN UNDER AGE 19 GROUP-LaCHIP****H-3031 GENERAL INFORMATION**

The Balanced Budget Act of 1997, enacted on August 5, 1997, established a children's health insurance program under Title XXI of the Social Security Act. The purpose of this program is to enable States to initiate and expand the provision of child health assistance to uninsured, low-income children.

The law allows Louisiana to expand coverage to "targeted low-income children" under an expansion of Medicaid (for children who would not qualify for Medicaid under State rules in effect as of April 15, 1997), a separate state child health insurance program, or through a combination of these programs.

Senate Bill No. 78 of the First Extraordinary Session of the 1998 Louisiana Legislature authorized implementation of the State Children's Health Insurance Program (LaCHIP) as a combination of an expanded Medicaid program and a separate child health insurance program and placed administrative authority with the Department of Health and Hospitals. Initial implementation involved only an expansion of Medicaid.

A "targeted low-income child" is one:

- Who is under age 19;
- Whose MAGI-based income meets the specified cut-off level;
- Who does not have other insurance; and
- Who has been determined eligible for child health assistance under the state plan.

By opting to expand health insurance coverage to targeted low-income children through a Medicaid expansion, a State may cover the same groups of children which they would be permitted to cover under a separate state child health insurance program. For Medicaid purposes, these children are referred to as "optional targeted low-income children".

The Patient Protection and Affordable Care Act of 2010, referred to as the Affordable Care Act (ACA), combines all mandatory and optional

eligibility groups for individuals under age 19 into one coverage group. The Children Under Age 19 Group includes those children covered under LaCHIP. Eligibility for applicants/beneficiaries in the Children Under Age 19 Group is determined by using Modified Adjusted Gross Income (MAGI) methodology

A LaCHIP child is a child who:

- Is under the age of 19;
- Is not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spend-down liability).
- Does not have health insurance;
- Has MAGI-based income at or below 217 percent of the Federal Poverty Level (212 percent FPL plus 5 percent disregard).

**Note:**

Children certified in Category/Type Case 03-07:

- Ages 6-18 years old, and
- MAGI income between 108 percent and 147 percent FPL, and
- Do not have other health insurance

The state is allowed to collect enhanced funding for this group.

## **H-3032 ELIGIBILITY DETERMINATION PROCESS**

Determine eligibility by applying the following criteria. The elements have been listed in the most logical order, but work on all steps simultaneously.

### **H-3032.1 Determine Assistance Unit**

The assistance unit consists of the child(ren) under age 19.

### **H-3032.2 Establish Categorical Requirement**

Verification must be provided that each child is under age 19.

**H-3032.3 Establish Non-financial Eligibility**

Verify eligibility for each member of the assistance/benefit unit with regard to the following factors:

- [Assignment of Third Party Rights](#) [I-200](#)
- [Citizenship/Identity and Qualified Non-Citizen Status](#) [I-300](#)
- [Enumeration](#) [I-600](#)
- [Residence](#) [I-1900](#)
- [Lack of Creditable Health Coverage](#) [I-2200](#)

Evaluate the need for Support Enforcement Services (SES) referral. Refer to [I-2000 Support Enforcement Services \(SES\)](#).

**H-3032.4 Establish Need**

Household composition and countable income for LaCHIP Children is based on MAGI. Refer to [I-1550, MAGI Determinations](#).

Compare MAGI-based income to LaCHIP Children Income Standard. Refer to [Z-200, Federal Poverty Income Guidelines](#).

**H-3032.5 Eligibility Decision**

Evaluate all eligibility requirements and verifications received to make the eligibility decision to either reject/close, certify, or extend eligibility.

**H-3032.6 Certification Period**

The certification period may be effective no earlier than three months prior to the application date provided the individual is otherwise eligible. The 12-month certification period begins with the month of application.

Retroactive medical eligibility shall be explored for the three months prior to the month of application. Refer to [H-1800, Retroactive Medical Eligibility](#).

**H-3032.7 Notice of Decision**

Send the appropriate notice of decision to the applicant/beneficiary.