

Enrollee Populations

- **Mandatory (42 CFR §438.1(a) (5)(i))**

The following Medicaid enrollees are mandated to participate in a Coordinated Care Network

- Children (Under 19 years of age) including those eligible under Section 1931, poverty-level related groups and optional groups of older children and include:
 - **LIFC Program:** (Low Income Families with Children) individuals and families who meet the eligibility requirements of the AFDC State Plan in effect on July 16, 1996.
 - **FITAP Program:** (Families in Temporary Need of Assistance) individuals and families receiving cash assistance through the state's Temporary Assistance to Needy Families (TANF) Program administered by the Department of Social Services.
 - **CHAMP-Child Program:** children up to age 19, who meet financial and non-financial eligibility criteria. Deprivation or insurance coverage is not an eligibility requirement.
 - **Deemed Eligible Child Program:** infants born to Medicaid eligible pregnant women regardless if the infant remains with the birth mother or not throughout the first year of life.
 - **Youth Aging Out of Foster Care:** children under age 21 who were in foster care (and already covered by Medicaid) on their 18th birthday but have aged out of foster care.
 - **Continued Medicaid Program:** short-term coverage for families who lose LIFC or TANF eligibility because of child support collections, an increase in earnings, or an increase in the hours of employment.
 - **Regular Medically Needy Program:** individuals and families who have more income than is allowed for regular on-going Medicaid.
- Parents including those eligible under Section 1931 and optional group of caretaker relatives and include:

- **LIFC Program:** (Low Income Families with Children) individuals and families who meet the eligibility requirements of the AFDC State Plan in effect on July 16, 1996.
 - **FITAP Program:** (Families in Temporary Need of Assistance) individuals and families receiving cash assistance through the state's Temporary Assistance to Needy Families (TANF) Program administered by the Department of Social Services.
 - **Continued Medicaid Program:** short-term coverage for families who lose LIFC or FITAP eligibility because of child support collections, an increase in earnings, or an increase in the hours of employment.
 - **Regular Medically Needy Program:** individuals and families who have more income than is allowed for regular on-going Medicaid.
- Aged, Blind & Disabled Adults age 18 or older who do not meet any of the conditions for Exclusion and include:
- **Supplemental Security Income (SSI) Program:** individuals 18 and over who receive cash payments under Title XVI (Supplemental Security Income) administered by the Social Security Administration.
 - **Extended Medicaid Programs:** certain individuals who lose SSI eligibility because of a Social Security cost of living adjustment (COLA) or in some cases entitlement to or an increase in Retirement, Survivors, Disability Insurance (RSDI) benefits, i.e., Social Security benefits. SSI income standards are used in combination with budgeting rules which allow the exclusion of cost of living adjustments and/or certain benefits. Extended Medicaid consists of the following programs:
 - **Disabled Adult Children:** individuals over 18 who become blind or disabled before age 22 and lost SSI eligibility on or before July 1, 1987, as a result of entitlement to or increase in RSDI Child Insurance Benefits.
 - **Disabled Widows/Widowers:** disabled widows/widowers who would be eligible for SSI had there been no elimination of the reduction factor and no subsequent COLAs.

- **Early Widows/Widowers:** individuals who lose SSI eligibility because of receipt of RSDI early widow/widowers benefits.
- **Pickle:** aged, blind, and disabled persons who become ineligible for SSI or MSS as the result of cost of living increase in RSDI or receipt and/or increase of other income.
 - **Group One:** consists of individuals who concurrently received and were eligible to receive both SSI and RSDI in at least one month since April 1, 1977, and lost SSI as the direct result of an RSDI COLA.
 - **Group Two:** consists of individuals who were concurrently eligible for and received both SSI and RSDI in at least one month since April 1, 1977, and lost SSI due to receipt and/or increase of income other than an RSDI COLA, and would again be eligible for SSI except for COLAs received since the loss of SSI.
- **Disabled Widows/Widowers and Disabled Surviving Divorced Spouses Unable To Perform Any Substantial Gainful Activity:** widow/widowers who are not entitled to Part A Medicare who become ineligible for SSI due to receipt of SSA Disabled Widow/widowers Benefits so long as they were receiving SSI for the month prior to the month they began receiving RSDI, and they would continue to be eligible for SSI if the amount of the RSDI benefit were not counted as income.
- **Blood Product Litigation Program:** individuals who lose SSI eligibility because of settlement payments under the Susan Walker v. Bayer Corporation settlement and the Ricky Ray Hemophilia Relief Fund Act of 1998.
- **Medicaid Purchase Plan Program:** working individuals between ages 16 and 65 who have a disability that meets Social Security standards.
- **Disability Medicaid Program:** disabled and aged (65 or older) individuals who meet all eligibility requirements of the SSI program without first having a SSI determination made by the Social Security Administration.
- CHIP (Title XXI) Children enrolled in Medicaid-expansion CHIP Program (LaCHIP Phase I, II, & III) and include:

- **LaCHIP Program: uninsured** low-income children under age 19 who do not otherwise qualify for Medicaid.
- Pregnant Women: Individuals whose basis of eligibility is pregnancy, who are eligible for pregnancy related services, and whose eligibility extends 60 days after the end of the pregnancy and include:
 - **LaMOMS (CHAMP-Pregnant Women) Program:** pregnant women for coverage for prenatal care, delivery and 60 day postpartum care.
 - **LaCHIP Phase IV Program:** prenatal care services, from conception to birth, for non-citizen uninsured mothers.
- Women under age 65 with breast and/or cervical cancer and includes:
 - **Breast and Cervical Cancer (BCC) Program: uninsured** women under age 65 who are not otherwise eligible for Medicaid and are identified through the Centers for Disease Control (CDC) National Breast and Cervical Cancer Early Detection Program as being in need of treatment for breast and/or cervical cancer, including pre-cancerous conditions and early stage cancer.
- **Voluntary 42 CFR §(438.6(d) (2)**

Participation in a CCN is voluntary for the following populations.

By default, they will be enrolled in the CCN program but may request disenrollment at any time, effective the first day of the following month:

- Children under age 18 receiving Supplemental Security Income or who receive services through Children's Special Health Services Clinics;
- Individuals who are Native Americans/Alaskan Natives who are members of a federally recognized tribe; and
- Individuals in foster care, receiving adoption assistance or are otherwise in an out-of-home placement.
 - **Family Opportunity Act Medicaid Buy-In Program:** children with disabilities born on or after October 1, 1995

- **Excluded Populations:**

The following individuals enrolled in Medicaid are excluded from mandated participation and cannot voluntarily enroll in the Coordinated System of Care Program:

- Individuals with other health insurance that includes a primary care component, including Medicare and include:
 - **Qualified Medicare Beneficiary (QMB) Program:** Pays the Medicare premiums, the Medicare deductibles and Medicare co-insurance for Medicare covered services for Medicare recipients under 100% of the Federal Poverty Income guidelines.
 - **Qualified Disabled Working Individual Program:** Provides payment of Medicare Part A premium for certain non-aged individuals who lost Social Security disability benefits and premium free part A Medicare coverage because of Substantial Gainful Activity.
 - **Specified Low Income Medicare Beneficiary (SLMB) Program:** Pays the Part B Medicare premium only for Medicare recipients between 100% and 120% of the Federal Poverty Income Guidelines.
 - **Qualified Individual 1 (QI1) Program:** Pays the Part B Medicare premium only for Medicare recipients between 120% and 135% of the Federal Poverty Income Guidelines.
 - **Tuberculosis Infected Individual Program:** tuberculosis-related services for persons who have been diagnosed as, or are suspected of, being infected with tuberculosis.
- NOTE:** Individuals from the listed programs in the required groups could also fall into this group.
- Individuals Residing in Nursing Facilities (NF) or Intermediate Care Facilities for the Developmentally Disabled (ICF/DD);
- Individuals receiving services through any Home and Community Based Waiver and include:

- **Adult Day Health Care (ADHC):** direct care in a licensed adult day health care facility for those individuals who would otherwise require nursing facility services.
- **New Opportunities Waiver (NOW):** individuals who would otherwise require ICF/MR services.
- **Elderly and Disabled Adult (EDA):** services to persons aged 65 and older or disabled adults who would otherwise require nursing facility services.
- **Children=s Choice (CC):** supplemental support services to disabled children under age 18 on the NOW waiver registry.
- **Residential Options Waiver (ROW):** individuals living in the community who would otherwise require ICF/DD services.
- **Supports Waiver**
- **And There is Another Newer One—Adult Residential ???**
- Individuals under the age of 21 who are listed on the New Opportunities Waiver (NOW) Registry, also known as *Chisholm* Class Members;
- Individuals in a Managed Care Program, including PACE and include:
 - **Program of All-Inclusive Care for the Elderly (PACE):** a community-based alternative to placement in a nursing facility and includes a complete “managed care” type benefit that combines medical, social and long-term care services.
- Individuals with a limited eligibility period (such as Spend-Down Medically Needy);
 - **Spend-down Medically Needy Program:** An individual or family who has income in excess of the prescribed income standard can reduce excess income by incurring medical and/or remedial care expenses to establish a temporary period of Medicaid coverage (up to three months).

- **Emergency Services Only-** emergency services for aliens who do not meet Medicaid citizenship/ 5-year residency requirements.
- Individuals Enrolled in Louisiana's separate state CHIP plans: LaCHIP Prenatal Option (LaCHIP Phase IV) and LaCHIP Affordable Plan (LaCHIP Phase V) and include:
 - **LaCHIP Affordable Plan Program:** benchmark coverage with premium to **uninsured** low-income children under age 19 who do not otherwise qualify for Medicaid or other LaCHIP program.
- Individuals enrolled in and receiving Family Planning services only (Take Charge).
 - **Take Charge Program:** family planning services to **uninsured** women ages 19 – 44 who are not otherwise eligible for another Medicaid program .