

## **0326**

## **OVERVIEW OF MA**

### **0326.05**

### **MANUAL ORGANIZATION**

REV:01/2002

Sections 0326 through 0348 of this manual set forth the policies and procedures which govern Medical Assistance eligibility for families with dependent children, poverty level children, pregnant women and children in foster care:

- o The remainder of this section, OVERVIEW OF MA, briefly summarizes eligibility requirements and lists coverage groups applicable to family cases;
- o Section 0328, CHARACTERISTIC REQUIREMENTS, describes the characteristic requirements for family cases and the process of verification;
- o Section 0330, INCOME GENERALLY, contains general provisions which apply to the consideration of an applicant's income, e.g., income limits, definitions, what income is counted;
- o Section 0332, BUDGET PERIODS, defines a budget period and describes the budget periods for Categorically Needy, Medically Needy and Flex-Test cases;
- o Section 0334, DETERMINING INCOME ELIGIBILITY, sets out the provisions governing whose income is counted for determining income eligibility;
- o Section 0336, FLEXIBLE TEST OF INCOME, contains the policies governing the spend down of excess income to achieve Medically Needy eligibility;
- o Section 0338, RESOURCES GENERALLY, contains general provisions which apply to the evaluation of an applicant/recipient's income - resource limits, definitions, excluded resources and provisions governing the reduction of excess resources;
- o Section 0340, EVALUATION OF RESOURCES, contains the policies for evaluating specific types of resources;
- o Section 0342, CATEGORICALLY NEEDED COVERAGE GROUPS, describes the eligibility requirements and other specific provisions of family categorically needy coverage groups, including Section 1931 families and Extended Benefits;
- o Section 0344, POVERTY LEVEL COVERAGE GROUPS, describes the coverage provisions for pregnant women and children born after September 30, 1983 with income within a certain percentage of the Federal Poverty Level;
- o Section 0346, MEDICALLY NEEDED COVERAGE GROUPS, describes the eligibility requirements and other specific provisions of family Medically Needy coverage groups;

- o Section 0348, THE RITE CARE PROGRAM, describes the statewide managed care demonstration project to provide medical, dental and mental health services to certain categories of under-insured pregnant women and children who meet the program's eligibility requirements;
- o Section 0349, THE RITE SHARE PROGRAM, describes the requirements for enrolling MA eligible individuals and families in DHS approved employer sponsored health insurance plans.

## **0326.10 ELIGIBILITY REQUIREMENTS FOR FAMILIES**

REV:01/2008

To be eligible for Medical Assistance (MA), a family must meet the program's technical, characteristic, financial and cooperation requirements.

### SECTION 1931 ELIGIBILITY

There are two distinct groups of families eligible for MA under Section 1931: Family Independence Program (FIP) cash assistance families (CATEGORICALLY NEEDY ELIGIBLE); and MA Only families with income at or below one hundred ten percent (110%) of the federal poverty level income guidelines (FPL). The eligibility criteria for each group are outlined below:

#### 1. SECTION 1931 MA AND ELIGIBILITY FOR FIP CASH ASSISTANCE

The eligibility profile of families who qualify for cash assistance through the Family Independence Program (FIP) falls within the parameters of Section 1931 eligibility. Consequently, as long as the family meets all of the rules and regulations of the Medical Assistance Program, FIP eligible families are eligible for coverage under Section 1931 irrespective of whether they receive cash assistance.

Families who qualify for Medical Assistance and receive FIP cash assistance are categorically eligible for MA. Countable family income is calculated using FIP income disregards, e.g., the earned income disregard of one hundred seventy dollars (\$170) plus one-half of the balance). Countable resources are determined using FIP resource rules. Families who apply for FIP and the concurrent MA benefits complete the DHS-1 and DHS-2 when filing an application.

FIP eligible families who are not receiving cash assistance are also Section 1931 eligible. This includes families participating in the Job Development Incentive Program (WSUP), as well as those who decline cash assistance for any reason and at any point during their period of eligibility. However, all Section 1931 families are NOT eligible for FIP.

#### 2. SECTION 1931 MEDICAL ASSISTANCE ONLY

Section 1931 MA only families are those who: 1) meet the characteristics of age and relationship (a child living with at least one parent or caretaker relative); and 2) when using the MA income methodology, e.g., the \$90 earned income disregard, have countable family income not exceeding one hundred ten percent (110%) of poverty. There are no resource tests for any members of Section 1931 families. Families who apply for MA Only under Section 1931 may use the MARC-1 (mail-in application) when requesting benefits.

Both FIP families and Section 1931 MA only families must enroll in either Rite Care managed care (Section 0348) or in Rite Share employer-based group health insurance (Section 0349), as determined by the Department.

To illustrate the major similarities and differences:

FIP FAMILY	SECTION 1931 FAMILY
Must meet age and relationship requirements;	Must meet age and relationship requirements;
Must meet citizenship, qualified alienage, and identity requirements	Must meet citizenship, qualified alienage, and identity requirements
FIP Earned Income Disregard (\$170 plus one-half of balance)	MA Earned Income Disregard (\$90);
FIP Income Standard;	110% FPL Income Standard;
Must meet FIP resource limits;	No resource test (parents or children);
Must file DHS-1 and DHS-2;	May file DHS 1&2 or MARC-1 (mail-in application with relaxed verification rules);
Must enroll in Rite Care or Rite Share;	Must enroll in Rite Care or or Rite Share
Twelve month recertification.	Twelve month recertification.

#### MA FAMILY WAIVER ELIGIBILITY

Families with income greater than one hundred ten percent (110%) of the federal poverty level income guidelines (FPL), but less than or equal to one hundred eighty-five percent (185%) of FPL, may qualify for MA under the MA Family Waiver, if they meet all other eligibility criteria for Section 1931.

#### MEDICALLY NEEDED ELIGIBILITY

Families ineligible for MA under Section 1931 or the MA Family Waiver may attain Medically Needy eligibility status if the family has:

1. an AFDC characteristic;
2. countable resources within the Medically Needy resource limit; and
3. either countable income within the Medically Needy income limit or spent down excess income on allowable medical expenses to within the Medically Needy Income Limit.

Medically Needy families, with the exception of those qualify through the spend down excess income, must enroll in Rite Care managed care or Rite Share employer-based group health insurance.

Families who spend down excess income receive the Medically Needy scope of services through fee-for-services providers.

**POVERTY LEVEL PREGNANT WOMEN AND CHILDREN**

Pregnant women and children may be eligible under special Title XIX and Rite Care waiver poverty level coverage groups. Poverty level coverage groups require the applicant to have income to within a certain percentage of the Federal Poverty Level and to meet the eligibility requirements of the particular coverage group. After enrollment, pregnant women and children receive their medical care either through Rite Care or Rite Share.

**0326.10.05 Family Categories - Eligibility Tests**

REV:09/2001

Some eligibility tests (e.g., citizenship/alienage, cooperation, residency) are applied to all categories of MA, whereas others are applied only to certain coverage groups. The chart below identifies the income, resource, relationship and deprivation tests applicable to each of the family categories.

FAMILY MA COVERAGE GROUPS  
ELIGIBILITY TESTS

	INCOME TEST	RESOURCE TEST	RELATIONSHIP TEST	DEPRIVATION TEST
SECTION 1931	Y	N	Y	N
CAT NEEDY	Y	Y	Y	Y
MED NEEDY	Y	Y	Y	Y
PREGNANT WOMAN	Y	N	N	N
POVERTY LEVEL/ FAMILY WAIVER	Y	N	N	N RITE CARE CHILD

**0326.15 COVERAGE GROUPS**

REV:01/2007

The following is a summary listing of the Medical Assistance coverage groups applicable to families. Following each listing is a reference to the specific section where the requirements of that particular coverage group may be found.

Categorically Needy Coverage Groups are:

- o FIP Recipients and Section 1931 Families (0342.05)
- o Deemed FIP Recipients, Less than \$10 in Monthly

Benefits (0342.10)

- o Deemed FIP Recipients, Zero Benefits Due to Work Support Program (0342.10)
- o Deemed FIP Recipients, Zero Benefits Due to Recoupment (0342.10)
- o FIP Closures Due To Increased Child Support (0342.15)
- o Persons Who Would be Eligible for AFDC Except for RSDI Benefit Increase (0342.20)
- o Qualified Pregnant Women - No Deprivation Factor (0342.25)
- o Qualified Pregnant Women (0342.30)
- o Qualified Post Partum Women (0342.35)
- o Post Partum Women - Family Planning Services (0342.35.05)
- o Newborn Children of MA Eligible Mother (0342.40)
- o Ribicoff Child (0342.45)
- o Extended Benefits - FIP Closure Due to Employment (0342.50)
- o Individuals Receiving DHS Day Care Subsidy (0342.55)
- o FIP Eligible Institutionalized Individual (0342.65)
- o Adoption Subsidy or IV-E Foster Child (0342.70)
- o Non IV-E Foster Child Under Age 18 (0342.75)
- o Non IV-E Foster Child Older Than Age 18, But Not Yet 21 (0342.80)
- o Non IV-E Foster Child With State Subsidized Adoption Assistance (0342.85)
- o Refugee Medical Assistance (0342.90)
- o Closed FIP Case - HMO Enrollee (0342.95)

Poverty Level Family Coverage Groups are:

- o Pregnant Women - Poverty Level (0344.05)
- o Child Younger than Six (6) Years of Age - Poverty Level (0344.10)
- o Children Who Have Attained Age Six (6) But not Age Nineteen (19) - Poverty Level (0344.15)

- o Title XIX Waiver Group for Families, Pregnant Women, Extended Family Planning and Children under Nineteen (19) - (0348.10.05)
- o State-Funded Pregnant Women (0348.10.10)
- o State-Funded Extended Family Planning (0348.10.10.10)
- o State-Funded Non-Citizen Children who have received Medical Assistance benefits from the State of Rhode Island on or before December 31, 2006 and possessing an immigration status which makes them ineligible for Title XIX benefits (0348.10.10.15)
- o Other Non-Title XIX Rite Care Groups (0348.10.15)

Medically Needy Family Coverage Groups are:

- o Families With AFDC Characteristics (0346.05)
- o Qualified Pregnant Women - No Deprivation Factor (0346.10)
- o Qualified Pregnant Women (0346.15)
- o Qualified Post Partum Women (0346.20)
- o Newborn Children of MA Eligible Mother (0346.25)
- o Ribicoff Child (0346.30)
- o Non IV-E Foster Child Under Age 18 (0346.35)
- o Non IV-E Foster Child Age 18 But Not Yet 21 (0346.40)
- o Non IV-E Child With State Subsidized Adoption Agreement (0346.45)
- o Refugee Medical Assistance (0346.50)