

Medicaid and CHIP

MAC

Learning Collaboratives

Expanding Coverage Learning Collaborative

**Requirements and Strategies for
Updating Your State's Online Application**

September 9, 2021

3:30 pm – 5:00 pm ET

- **Setting the Stage**
- **Background on the Alternative Single, Streamlined Online Application**
- **Six Common Challenge Areas for States Updating an Application**
 - Household Composition & Income Counting
 - Citizenship & Immigration Status
 - Special Considerations for American Indians & Alaska Natives (AI/ANs)
 - Implementation of Questions Related to Absent Parents & Medical Support
 - Identifying Applicants Potentially Eligible for Medicaid on a Non-MAGI Basis
 - Accounting for Applicants Without a Fixed Address
- **Working with CMS**

Setting the Stage

Benefits of a Well-Designed Application

The single, streamlined application collects the information needed to make an accurate determination of eligibility for health coverage, regardless of the program for which an individual is eligible, and a well-designed application collects this information in a manner that minimizes burden for both applicants and states.

Benefits for Applicants and States

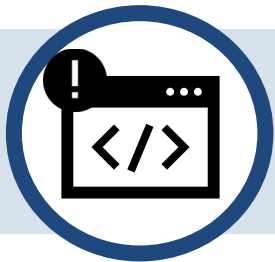
- Increases the number of individuals who **successfully complete** the application
 - Supports consumer comprehension, reducing the number of applicants who abandon their application because it is confusing or too long and burdensome to complete
- Facilitates **timely** eligibility determinations
 - Streamlines enrollment by collecting the specific information needed to maximize the use of electronic verification
 - Minimizes the need for manual verification processes and requests for additional information from applicants that can be labor-intensive and fiscally burdensome
- Ensures **accurate** eligibility determinations
 - Ensures applicants are not wrongfully denied or terminated due to incomplete information
 - Prevents applicants from being placed in an inappropriate eligibility group by collecting all of the information needed to determine eligibility

Learning Objectives

This deck reflects lessons that states and CMS have learned about application design. CMS is sharing these lessons to support states as they continue to make modifications to improve their single, streamlined online applications.



Refresh on federal requirements for the design of alternative single, streamlined online applications for health coverage with a focus on Medicaid and CHIP requirements.



Discussion of key areas where states experience challenges updating and revising applications.



Reviewed statute, regulation, and sub-regulatory guidance on federal requirements for applications.



Reviewed the Federally-facilitated Marketplace (FFM) application and selected state applications to identify strategies and approaches for fulfilling federal requirements.



Identified six common challenges states experience in updating applications.



Interviewed states to better understand specific challenges and considerations driving application design, and to identify state strategies to address those challenges and considerations.

Key Terms Used Throughout This Presentation

Term	Description
Application or Online Application for Health Coverage	“Application” refers to the “alternative single, streamlined online application”, as described in 42 CFR 435.907, which allows individuals to apply for health coverage (see below) using a single application accessed through an online platform.
Federal Model	“Federal Model” refers to the single, streamlined online application used in the Federally-facilitated Marketplace (FFM) and found on HealthCare.gov.
Health Coverage	“Health Coverage” refers to all insurance affordability programs that provide financial assistance to individuals (i.e., Medicaid, the Children’s Health Insurance Program (CHIP), the Basic Health Program (BHP), and premium tax credits and cost sharing reductions to purchase coverage through the Exchange).
MAGI and Non-MAGI Determinations	MAGI stands for “modified adjusted gross income.” State agencies must use MAGI methodologies to calculate household income and determine financial eligibility for certain Medicaid eligibility groups and for CHIP. Financial eligibility for certain Medicaid populations (e.g., aged or disabled) is based on methodologies other than the MAGI standard (i.e., non-MAGI). This presentation addresses eligibility based on MAGI and screening for non-MAGI eligibility.

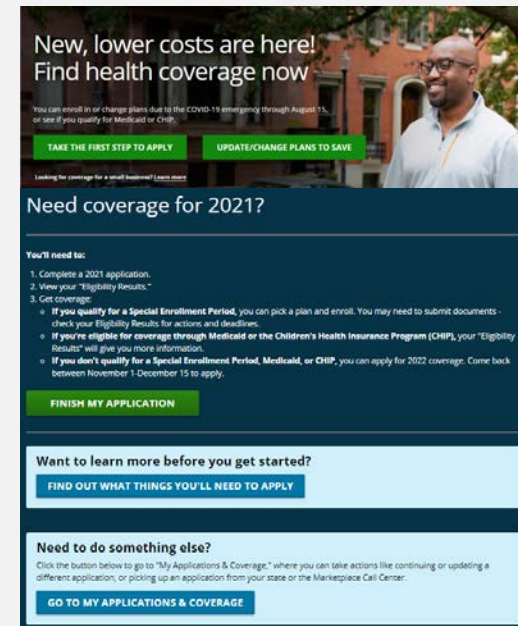
Note: Requirements discussed in this presentation apply specifically to online applications, unless otherwise noted.

Background on the Alternative Single, Streamlined Online Application

Developing an Alternative Application

State Medicaid and CHIP agencies may use either the federal model application or they may develop an alternative application for CMS approval.

- An alternative application developed by a state may be no more burdensome than the federal model application (*42 CFR 435.907(b)(2); 42 CFR 457.330*);
- States may use an alternative application that evaluates eligibility for multiple benefit programs (e.g., health coverage and SNAP) approved in accordance with 42 CFR 435.907(b)(2). If states use a multi-benefit application, they must:
 - Provide an option to apply for health coverage only;
 - Collect the information necessary to determine eligibility for all health coverage programs; and
 - Not delay or prevent a health coverage determination due to missing information related to a non-health program.
- The agency must accept applications from the applicant, an adult in the applicant's household or family, an authorized representative, or a person acting responsibly if the applicant is a minor or is incapacitated (*42 CFR 435.907(a), 42 CFR 457.330*).
- The agency must ensure that any application is accessible to those with limited English proficiency and those living with disabilities (*42 CFR 435.907(g), 42 CFR 457.330*).



General Dynamic Functionality Requirements

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Online applications must have dynamic functionality that conditionally displays or requests information based on information provided by the applicant(s).







Application MUST:	Application MUST NOT:
<ul style="list-style-type: none">✔ Target questions to the appropriate people on the application (<i>42 CFR 435.907(e)(1), 42 CFR 457.330</i>).	<ul style="list-style-type: none">✘ Display citizenship or immigration questions for non-applicants.
<ul style="list-style-type: none">✔ Ask only questions necessary for determining eligibility for health coverage or for administering the State Plan. Responses must not be required for questions not needed for an eligibility determination (<i>42 CFR 435.907(e)(1), 42 CFR 457.330</i>).	<ul style="list-style-type: none">✘ Display questions related to other benefit programs if applicants are applying only for health coverage on a multi-benefit application.
<ul style="list-style-type: none">✔ Minimize the burden on the applicant's household (<i>42 CFR 435.907(b)(2); 42 CFR 457.330; 42 CFR 435.1200(b)(3)(i); 45 CFR 155.302(d)(2)</i>).	<ul style="list-style-type: none">✘ Trigger optional non-MAGI eligibility questions if applicant answers negatively to non-MAGI screening questions.
<ul style="list-style-type: none">✔ Request information necessary to determine eligibility for all MAGI-based health coverage programs (<i>42 CFR 435.907(e)(2), 42 CFR 457.330, 45 CFR 155.405(a)</i>).	

Six Common Challenge Areas for States Updating an Application

Common Challenges in Select Application Areas

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CMS has identified several application areas for a closer review of requirements, key challenges and issues, considerations, and model approaches.

- #1  Household Composition & Income Counting
- #2  Citizenship & Immigration Status
- #3  Special Considerations for American Indians & Alaska Natives (AI/ANs)
- #4  Implementation of Questions Related to Absent Parents & Medical Support
- #5  Identifying Applicants Potentially Eligible for Medicaid on a Non-MAGI Basis
- #6  Accounting for Applicants Without a Fixed Address

Framework for Updating an Application

We will use the following framework in reviewing each challenge area:

Content



Applications must request necessary information, omit unnecessary questions, and clearly indicate whether questions are optional.

- *Example: Application asks only for relevant income types and omits those that are not consistent with MAGI income counting rules (e.g., child support).*

Design and Navigation



Application design and flow are well organized and leverage dynamic functionality to minimize burden for applicant.

- *Examples: Questions related to non-MAGI eligibility appear only after an applicant has been screened for potential non-MAGI eligibility; citizenship/immigration status is not asked of non-applicants.*

Language



Applications explain complex terms or policies using instructional text, help text, or the application question.

- *Examples: Application defines who to include in an applicant's household and explains why American Indian/Alaska Native status is requested.*

Common Challenge Area #1:

Household Composition & Income Counting

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Content Requirement:

Ensure Correct Determination of Financial Eligibility for Each Applicant

▪ Medicaid/CHIP Requirements:

1. The single, streamlined application is used to determine financial eligibility based on MAGI, as described at 42 CFR 435.603 and 457.315.
2. A determination of MAGI requires correctly identifying all individuals in the applicant's MAGI-based household and then identifying both whose income counts and what income is counted toward the household MAGI.

▪ Implementation:

- Establish the applicant's MAGI-based household by asking questions to determine:
 - Applicant's planned tax filing status (tax filer, tax dependent, or non-filer); and
 - *If tax filer:* whether filing jointly and/or claiming tax dependents
 - *If tax dependent:* by whom, relationship to tax filer, and whether individual is subject to any exceptions described in 42 CFR 435.603(f)(2)
 - *If non-filer:* For adults, whether there are sons/daughters, including stepchildren living with the individual, their age(s), and their spouses. For children, determine the parents or stepparents, any siblings, and any sons/daughters they live with, including stepchildren.
 - Applicant's marital status (married and living with spouse, married and not living with spouse, or unmarried) (42 CFR 435.603(f), 42 CFR 435.603(k)(1)).

#1: Household Composition & Income Counting

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Content Requirement:

Ensure Correct Determination of Financial Eligibility for Each Applicant

Implementation Continued:

- Establish income based on MAGI by asking for countable income types and allowable deductions (*42 CFR 435.603(e)*; *42 CFR 435.603(k)(2)*; *42 CFR 457.315*; *SHO 19-003*);
- Ensure that American Indian and Alaska Native (AI/AN) income excluded from MAGI-based income is not counted (*42 CFR 435.603(e)(3)*);
- Establish whether children's and tax dependents' income counts toward household income by asking questions to determine whether the individual's income meets the tax filing threshold (*42 CFR 435.603(d)(1)*); and
- Account for reasonably predictable changes, if elected by the state, by asking questions to determine whether future household income will fluctuate throughout the year (*42 CFR 435.603(h)(3)*).

Note: Failure to include all questions needed to calculate household size and income may result in inaccurate eligibility determinations.

#1: Household Composition & Income Counting

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Design and Navigation Strategies

- Place household composition questions strategically to reduce unnecessary and repetitive questions;
- Ask household composition questions either person-by-person or only once per household;
- Use system logic to list potential tax dependents or family members, while allowing applicants to add a dependent if not listed;
- Set a minimum applicant age for asking certain questions (e.g., whether an individual is married, has children, or expects to claim tax dependents); and
- Provide dropdown lists of relevant MAGI-based household relationships, common income types, unearned income, and deductions. If provided:
 - Order drop-down lists according to relevance; and
 - Allow applicants to provide relevant income information not listed in the dropdown (e.g., provide option to enter unlisted income, unearned income, or deductions in a free text field).



Federal Model Example

Will Tom and Mia claim any dependents on their 2021 federal tax return?

[Learn more about dependents.](#)

Yes

No

Who will Tom and Mia claim as a dependent on their 2021 federal tax return?

Sydney

Evan

[Add a dependent](#)

Likely tax dependents are prepopulated

#1: Household Composition & Income Counting



Language Strategies

Use help text to answer common questions and explain complex terms such as:

- *Household* (which family members to include in the household of an individual who does not expect to file taxes);
- *Income* (what types of income should be reported when determining eligibility on a MAGI basis and what types of income should be excluded); and
- *Deductions* (which ones to include on the application).



Federal Model Example

Learn more about types of income to report, including COVID-19-related income

Don't report income from these sources:

- COVID-19 stimulus checks.
- Proceeds from loans (like student loans, home equity loans, bank loans, or personal loans).
- Child support.
- Veterans payments.

Help text describes several income types not counted toward MAGI

#1: Household Composition & Income Counting

Language Strategies

Provide clear instructions that:

- Explain complex terms;
- Assist individuals with understanding next steps; and
- Indicate whether questions are optional.



Federal Model Example

Self-employment (like own business, consulting, or freelance work)



Enter the net income (profit) this person earns from their own trade or business, like profit earned from goods they sell or services they provide.

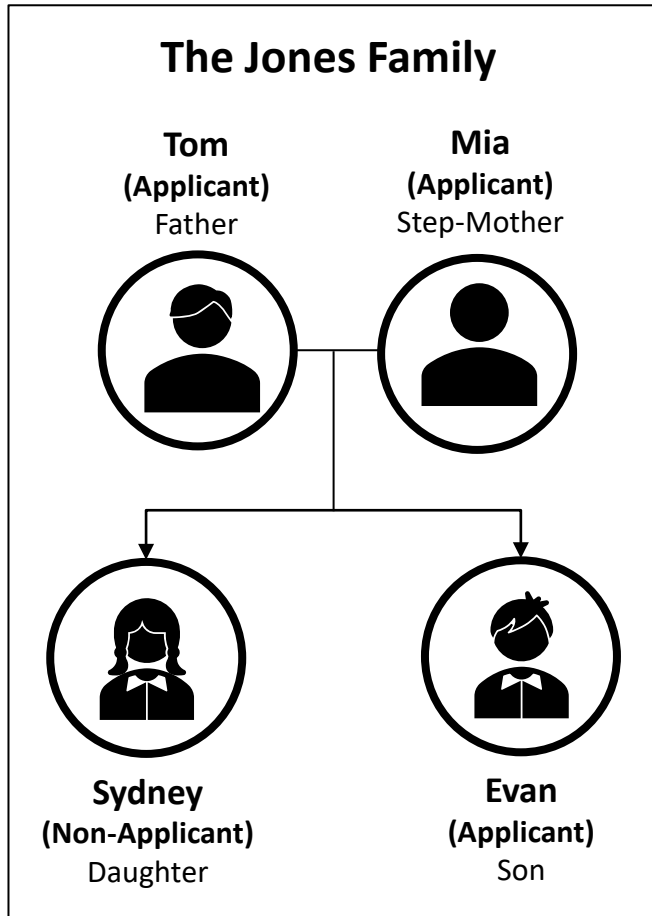
If this person gets a regular paycheck from an employer, select "Job" above instead.

[Learn more about self-employment income.](#)

Instructions explain which income types to list under self-employment

#1: Household Composition & Income Counting

Example – The Jones Family Experience



Tom and Mia are married and Tom's children, Sydney and Evan, live with them.

- Instructional text tells Tom to identify Mia as a step-parent to Sydney and Evan when describing the relationships among members of his household, and to include Sydney in the household, even though she's a non-applicant.
- When determining MAGI, the state must collect information on both the tax filers and their dependents in the household and parents (including step-parents) and their children in the household, including the non-applicants; this information is essential to ensuring that the household is composed correctly and income is counted appropriately.

Tom is a freelance carpenter; the majority of his income is received through contract work.

- Help text explains that freelance work like Tom's should be included under self-employment income.
- If Tom incorrectly described his income as wages, he wouldn't have the opportunity to account for taxes and other business expenses that could be deducted and his family may be incorrectly determined ineligible for Medicaid because his income appears too high.

Recap: Household Composition & Income Counting

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An online application for health coverage:

MUST:

- ✔ Provide clear and correct definitions and instructions for collecting information on household composition and income.
- ✔ Include all relevant family relationships for MAGI-based household composition (e.g., natural or biological, adopted, or step-parents/children).
- ✔ Provide applicants with specific options, such as a dropdown list with common income types (e.g., wages, self-employment).
- ✔ Provide a “free text” or “other” field for applicants to enter additional types of income.
- ✔ Compare the income information, provided for children and tax dependents, to the tax filing threshold to determine whether it counts in toward household income.

MUST NOT:

- ✘ Assume that applicants understand household composition or income counting rules.
- ✘ Ask applicants to provide information about individuals not included in a MAGI-based household (e.g., unmarried partner, alien sponsor).
- ✘ Ask applicants to report income types not counted under MAGI (e.g., child support, gifts, workers’ compensation).
- ✘ Limit types of income deductions or unearned income that can be reported to only those included in a drop-down list (i.e., omit an “other” option).
- ✘ Ask whether an individual expects to meet the tax filing threshold.

Common Challenge Area #2: Citizenship & Immigration Status



Content Requirement:

Ensure That Each Applicant's Citizenship or Immigration Status Can be Verified

▪ Medicaid/CHIP Requirements:

1. Applicants must be either a U.S. citizen or national, or they must have an eligible immigration status to be enrolled in Medicaid (*42 CFR 435.406; 42 CFR 457.320(d); Section 1902(a)(46)(B) of the Social Security Act; SHO 10-006*).
2. States must attempt to verify the citizenship or immigration status of each applicant through electronic data sources (*Sections 1137(d)(2); 1137(d)(3) and 1902(ee) of the Social Security Act; 42 CFR 435.956; 42 CFR 457.380(b)(1)(i)*).
3. States must provide a reasonable opportunity period (ROP) to otherwise eligible individuals who attest to U.S. citizenship or eligible immigration status if the state agency is unable to verify citizenship or immigration status (*Sections 1902(ee)(1)(B)(ii)(II); 1902(a)(46)(B); 1903(x)(4) and 1137(d)(4)(A) of the Social Security Act; 42 CFR 435.956(b); 42 CFR 457.380(b)(1)(ii)*).
4. Otherwise eligible individuals who are not U.S. citizens or nationals and who do not attest to an eligible immigration status are entitled to coverage necessary for treatment of an emergency medical condition (*Sections 1903(v)(2) and 1903(v)(3) of the Social Security Act*).

#2: Citizenship & Immigration Status



Content Requirement:

Ensure That Each Applicant's Citizenship or Immigration Status Can be Verified

Implementation:

- Ask whether the individual is a:
 - U.S. citizen (including Naturalized or derived) or national; or
 - Has an eligible immigration status.
(Section 1902(a)(46)(B) of the Social Security Act; 42 CFR 435.406; 42 CFR 457.320(d); SHO 10-006)
- If applicant attests to eligible immigration status, request additional information to verify status, as applicable, including:
 - Department of Homeland Security (DHS) document type and number;
 - Non-DHS verifiable document type;
 - Residence in the U.S. since 1996 to determine exemption from the 5-year waiting period;
 - Veteran or active duty military status of applicant, their spouse, or parent to determine exemption from the 5-year waiting period; and
 - *(At state option)* the applicant's noncitizen status (e.g., lawful permanent resident or asylee).

Note: Failure to include all questions needed to verify citizenship or immigration status may impact a state's ability to conduct electronic verification successfully and result in providing unnecessary ROPs and delayed final eligibility determinations due to missing information.

#2: Citizenship & Immigration Status

Design and Navigation Strategies

Leverage dynamic functionality to reduce applicant burden. For example:

- Display citizenship/immigration questions only to applicants;
- Allow applicants who attest to eligible immigration status to submit their application without requiring additional immigration information (e.g., immigration document type or number);
- If applicants attest to being a Naturalized or derived citizen, request certificate and alien number and do not ask additional immigration questions (e.g., immigration document type, Veteran status, residence in U.S. since 1996);
- If applicants do not attest to eligible immigration status, do not display any additional immigration questions.

✓ Federal Model Example

Is Evan a naturalized or derived citizen?
[Learn more about naturalized or derived citizenship.](#)

Yes
 No

Does Evan have one of these documents?
Optional.
[Learn more about these documents.](#)

Naturalization Certificate

Evan's Naturalization Certificate number
Optional.
[Learn where to find this document number.](#)

Evan's alien number
Optional.
[Learn where to find this document number.](#)

Certificate of Citizenship

Annotations:

- Naturalization questions are not included in the immigration questions
- Providing Naturalization Certificate number is optional

#2: Citizenship & Immigration Status

Design and Navigation Strategies

Provide a comprehensive and accurate dropdown list of immigration document types, including document types that cannot be verified by DHS. If a dropdown list of eligible immigration statuses is provided, ensure that it is comprehensive and accurate. Dropdown lists:

- Must include a “free text” or “other” field to ensure applicant’s ability to provide relevant immigration information is not limited; and
- Must not provide “undocumented” or “no status” options.

✓ Federal Model Example

Tom's immigration status

Does Tom have eligible immigration status?

[Learn more about eligible immigration status.](#)

- Yes, Tom has eligible immigration status.
- I would like to continue through the application without answering this question. I understand that if I don't answer it, **Tom won't be eligible for full Medicaid or Marketplace coverage** and will be considered for only coverage of emergency services, including labor and delivery services.

Select the document type that corresponds with Tom's most current documentation and status.

Optional

- Permanent Resident Card (Green Card), I-551, Temporary I-551 stamp, I-327
- Machine Readable Immigrant Visa with temporary I-551 language
- Employment Authorization Card I-766
- Arrival/Departure Record I-94, I-94A
- Refugee Travel Document I-571
- Nonimmigrant Student or Exchange Visitor Status I-20, DS2019
- Notice of Action I-797
- Other document or status
- Unexpired foreign passport
- None of these

Applicant is not asked to identify as undocumented

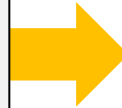
List of document types includes an “other” option

#2: Citizenship & Immigration Status

Language Strategies

Use clear instructions and help text to explain complex terms such as:

- Who is considered a U.S. national;
- Different types of eligible immigration statuses;
- Active duty military or Veteran status impact on Medicaid eligibility; and
- What the “5-year waiting period” is and how it affects Medicaid eligibility.



✓ Federal Model Example

Tom's immigration status

Has Tom lived in the U.S. since 1996?

Optional.

[Learn more about how to answer this question](#)

Yes

No

Learn more about how to answer this question

Close

Select "Yes" if this person came to live in the U.S. before August 22, 1996.

Asks questions to determine exemption from the 5-year waiting period

#2: Citizenship & Immigration Status

Language Strategies

Provide clear instructions that:

- Applicants who attest to eligible immigration status must be able to submit the application without being required to provide immigration document type or number; and
- Applicants who do not attest to eligible immigration status:
 - Can be considered for emergency-only coverage,
 - Are not asked to provide immigration document type or number, and
 - Are not asked questions to determine exemption from the 5-year waiting period.



Federal Model Example

Mia's immigration status

Does Mia have eligible Immigration status?

[Learn more about eligible immigration status.](#)



Yes, Mia has eligible immigration status.

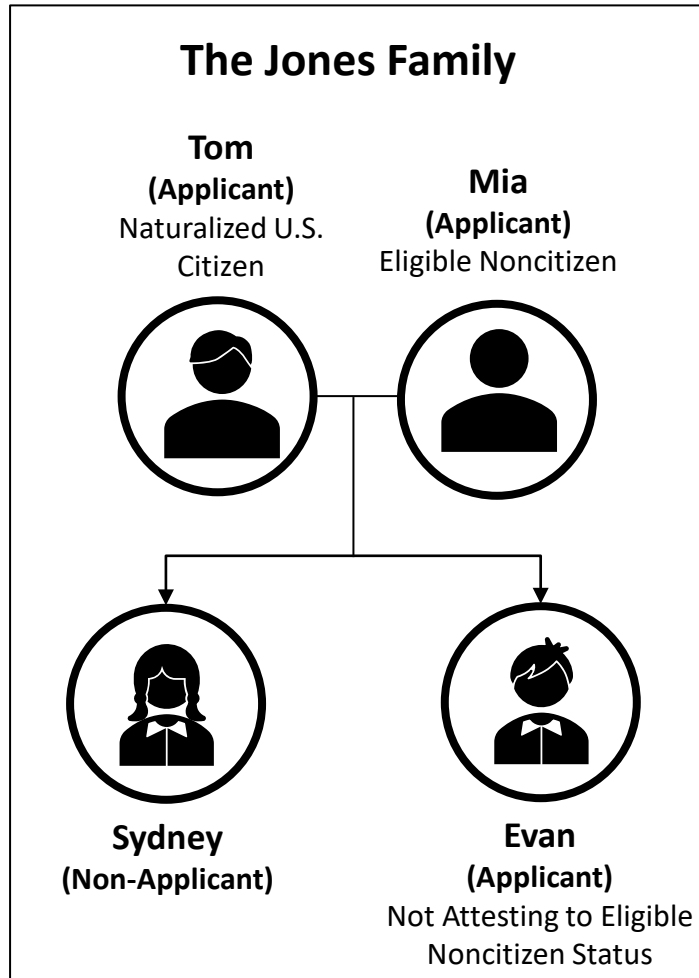


I would like to continue through the application without answering this question. I understand that if I don't answer it, **Mia won't be eligible for full Medicaid or Marketplace coverage** and will be considered for only coverage of emergency services, including labor and delivery services.

Instructions provide additional information about continuing without an attestation

#2: Citizenship & Immigration Status

Example – The Jones Family Experience



Tom is a Naturalized U.S. citizen applying for coverage.

- After answering yes to being a U.S. citizen, the application asks if he is a Naturalized or derived U.S. citizen.
- If yes, it asks for additional documentation of his naturalized status (e.g., Naturalization Certificate number and alien number), but does not require it for submission.
- The request for Naturalization Certificate number is not included in the immigration section.
- If the state is unable to verify his citizenship status it must provide an ROP.

Mia attests to an eligible immigration status, but does not see her specific immigration document type on the list. Mia is able to select an “other document or status” option.

Tom would like Evan to be considered for emergency-only coverage.

- The application does not need to collect his status; instead all that is needed is an omission of an attestation of eligible status.

Recap: Citizenship & Immigration Status

An online application for health coverage:

MUST:	MUST NOT:
✔ Ask whether applicants are U.S. citizens or U.S. nationals and request necessary information (certificate and alien number) to verify citizenship status for Naturalized or derived U.S. citizens.	✘ Request Veteran or active duty status of non-applicants or applicants who attest to being a U.S. citizen.
✔ If applicants do not attest to being U.S. citizens or nationals: <ul style="list-style-type: none">▪ Request attestation of eligible immigration status or specific status (enables state to determine whether to provide ROP); and▪ Determine exemption from 5-year bar by asking applicants about veteran status, and whether they have lived in the U.S. since 1996.	✘ Ask citizenship/immigration questions of non-applicants, even as an optional questions.
✔ Target citizenship/immigration questions to applicants only.	✘ Provide a “no” option to attest to eligible immigration status to avoid collecting unnecessary sensitive information.
✔ Provide a “yes” option to attest to eligible immigration status.	✘ Require applicants to provide immigration status, document type, and number to complete the application.
✔ Include a comprehensive and accurate list of immigration document types and immigration statuses (if state opts to list immigration statuses).	✘ Ask questions to determine noncitizen eligibility for applicants who are not attesting to eligible status (may only be eligible for emergency Medicaid coverage.)

Common Challenge Area #3:

Special Considerations for AI/ANs



Content Requirement:

Ensure the Correct Application of MAGI and Cost-Sharing Protections for AI/ANs

▪ Medicaid/CHIP Requirements:

1. Certain types of tribal income are excluded from MAGI when determining eligibility for Medicaid and CHIP (*42 CFR 435.603(e), 42 CFR 457.315*).
2. AI/ANs may be exempt from cost-sharing and/or premiums in Medicaid based on eligibility for or receipt of services furnished by an Indian Health Care provider or through Purchased or Referred Care (*42 CFR 447.56(a)(x), 42 CFR 457.535*).
3. AI/AN children are exempt from all cost-sharing and premiums in CHIP (*42 CFR 457.535*).

▪ Implementation:

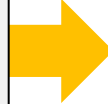
- All household members must be asked if they are AI/AN. This question must be separate from questions pertaining to race and ethnicity.
 - Applicants who indicate they are AI/AN should be asked if they have received, or are eligible to receive, services from an Indian Health Care provider to determine if they are eligible for Medicaid cost-sharing and/or premium exemptions.
- Tribal income for applicants and non-applicant household members must be collected in a way that ensures it is excluded from MAGI determinations so eligibility may be determined correctly.

Note: Cost-sharing reductions for a qualified health plan available through the Marketplace are available only to members of federally recognized tribes and Alaska Native shareholders.

#3: Special Considerations for AI/ANs

Design and Navigation Strategies

- Ask AI/AN status question of all household members; and
- Use dynamic functionality to ask additional questions to determine if AI/AN applicants are exempt from premiums and/or cost sharing.



Federal Model Example

Household information

Do any of these situations apply to any household members?

Select all that apply. This information may help with savings on coverage.

Is American Indian or Alaska Native

Is currently incarcerated (detained or jailed)

None of these apply

Note that this question is targeted to all household members.

#3: Special Considerations for AI/ANs

Design and Navigation Strategies

- Ensure AI/AN income is excluded from MAGI-based income either by providing clear instructions not to include it or asking specific questions to identify it, so that the state can exclude it when calculating income.

Excluded income includes those income types referenced at 42 CFR 435.603, including but not limited to:

- Per capita payments from a tribe that are derived from natural resources, usage rights, leases, or royalties;
- Payments from natural resources and royalties from land designated as Indian trust land; and
- Money from selling things with cultural significance.



Federal Model Example

You told us Tom is American Indian or Alaska Native.
How much of this income comes from a type of tribal income?
[See what counts as American Indian or Alaska Native income.](#)

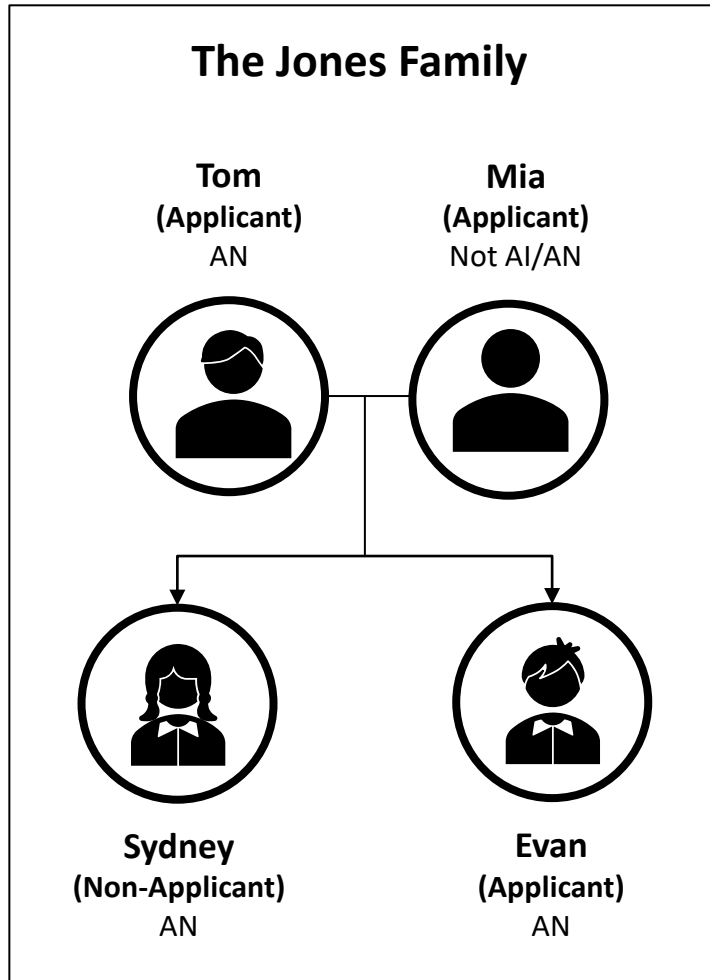
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None of this income is tribal income.

Note that the application allows an applicant to easily indicate that no reported income is considered tribal income.

#3: Special Considerations for AI/ANs

Example – The Jones Family Experience



As Tom was completing the application, he was unsure about reporting his family's AI/AN status.

- Help text informed Tom that reporting his family's AI/AN status could result in cost savings and would not impact their ability to access services from Indian Health Care providers.
- Not reporting his family's status could result in a determination of ineligibility for Medicaid and CHIP or the family may be required to pay premiums and copayments from which they would otherwise be exempted.

Tom receives a recurring distribution from an Alaska Native Settlement Trust.

- Because Tom indicated that he is an Alaska Native, the application is designed to specifically ask him to list any AI/AN income so that it can be excluded if appropriate from his household's MAGI.
- Incorrectly counting Tom's trust income could make the family ineligible for Medicaid.

Recap: Special Considerations for AI/ANs

An online application for health coverage:

MUST:	MUST NOT:
<ul style="list-style-type: none">✔ Include an attestation question for AI/AN status of all household members (e.g., “are you or is anyone included in this application an AI/AN?”).	<ul style="list-style-type: none">✘ Use response to questions of race, ethnicity, or tribal membership to determine AI/AN status.
<ul style="list-style-type: none">✔ Direct households to either include and identify tribal income so that it may be excluded from the determination OR clearly identify income that is excluded from MAGI and therefore should not be reported for Medicaid or CHIP eligibility.*	<ul style="list-style-type: none">✘ Request applicants and non-applicants to report AI/AN income without a way for the household to identify this as excluded income.
<ul style="list-style-type: none">✔ Ask applicants who attest to AI/AN status whether they are eligible to receive services at an Indian Health Care provider (to determine if exempt from premiums).	
<ul style="list-style-type: none">✔ Ask applicants who attest to AI/AN status whether they have received services from an Indian Health Care provider (to determine if exempt from cost-sharing).	

**Tribal income, when taxable, is counted when determining eligibility for advance premium tax credits and cost-sharing reductions.*

Common Challenge Area #4: Implementation of Questions Related to Absent Parents & Medical Support

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Content Requirement: Establish Cooperation in Identifying Absent Parents

■ Medicaid Requirements:

1. As a condition of eligibility, adult applicants, who are also applying for health coverage for a child, must attest to a willingness to cooperate with child support enforcement, including in establishing the identity of a child's non-custodial parent(s), obtaining medical child support, and pursuing liable third parties (*42 CFR 433.145*).
2. Applicants may establish good cause for not cooperating (*42 CFR 433.145(a)(2)*).
3. Pregnant women are exempt from the requirement to assist with establishing the identity of a child's parents and obtaining medical support from a non-custodial parent (*42 CFR 433.145(a)(2)*).
4. A child's eligibility may not be denied or terminated due to an adult's refusal to attest to a willingness to cooperate (*42 CFR 433.148(b)(2)*).

#4: Questions Related to Absent Parents



Content Requirement: Establish Cooperation in Identifying Absent Parents

■ Implementation:

○ Application **must**:

- Ask if a child applicant has an absent parent (*42 CFR 433.145*);
- Ask the adult applying on behalf of a child to attest to a willingness to cooperate with child support enforcement eligibility (*42 CFR 433.148(a)(2)*); and
- Provide notice of the right to establish good cause for not cooperating (*42 CFR 433.145*).

○ Application **must not**:

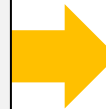
- Ask pregnant women to attest to a willingness to cooperate (*42 CFR 433.145(a)(2)*);
- Ask if a non-applicant child listed on the application has an absent parent (*42 CFR 435.907*);
- Collect detailed information about the absent parent, including name, SSN, or contact information (*42 CFR 435.907(e)(1)*; *42 CFR 433.148(a)(2)*). The state may collect this information post-enrollment, if needed; or
- Delay or deny a child's eligibility due to an adult's failure to attest to a willingness to cooperate (*42 CFR 433.148(b)*).

#4: Questions Related to Absent Parents

Design and Navigation Strategies

Use dynamic functionality to ensure absent parent information is only requested:

- If there are child applicants; and
- The adult applying on behalf of the child is also an applicant for health coverage.



Federal Model Example

Household information

Do any of these people have a parent living outside of the home?

Evan Jones

Note that Sydney Jones is not presented here because she is not applying for health coverage.

#4: Questions Related to Absent Parents

Language Strategies

- Use instructions and help text to explain that cooperation is requested so that state is able to pursue third parties who may be liable to pay for care or services for children enrolled in Medicaid.
- Define complex terms such as:
 - Cooperation;
 - Third-party; and
 - Good cause.



Federal Model Example

Read & agree to these statements

If you disagree with any of the statements or "attestations," you may be asked to provide additional information. In some cases, you must agree with the statement to continue your Marketplace application.

If a child on this application has a parent living outside of the home, I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency, and I may not have to cooperate.

[Learn more about having a parent living outside the home.](#)

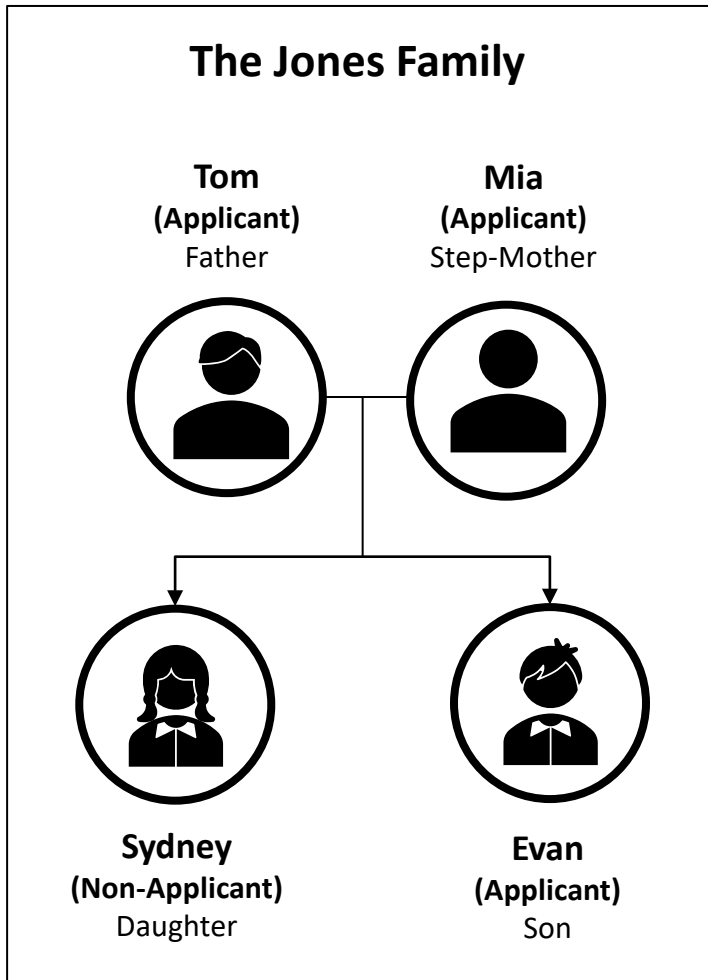
I agree to this statement.

Application collects the attestation without requesting detailed information about the absent parent

Instructions provide additional information about the good cause exception

#4: Questions Related to Absent Parents

Example – The Jones Family Experience



Sydney and Evan do not live with their biological mother.

- Evan is applying for health coverage, and because he lives with one parent and one step-parent, the application asks whether Evan has a parent living outside the home.
- Sydney is not applying for health coverage, so absent parent questions are not asked of her.
- The application may not ask for detailed information about Evan’s absent parent, such as name, address, or SSN. This information must be collected post-eligibility if needed.
- These questions do not impact Evan’s eligibility and the state may not delay Evan’s eligibility determination to seek detailed information about his biological mother.

Because Evan has an absent parent, Tom is asked to attest that he agrees to cooperate with child support enforcement.

- The application may allow Tom to indicate that he has good cause for not cooperating, or this information may be collected post-enrollment.
- If Tom refuses to cooperate post-enrollment, and fails to establish good cause for not cooperating, the state may terminate Tom’s eligibility, but may not terminate Evan’s eligibility.

Recap: Questions Related to Absent Parents

An online application for health coverage:

MUST:

- ✔ If an adult applying for health coverage applies for a child who does not reside with both parents, include a question that asks if the child has a parent who lives outside the home.
- ✔ If the child does have a parent living outside the home, provide an opportunity for the adult completing the application to agree to cooperate with child support enforcement via:
 - A standalone question; or
 - An attestation in the Rights & Responsibilities section of the application.

MUST NOT:

- ✘ Request detailed information about the absent parent, such as name, social security number or date of birth, at the point of application.
- ✘ Ask pregnant women to attest to a willingness to cooperate and provide absent parent information.
- ✘ Delay or deny a child's eligibility due to an adult's failure to attest to a willingness to cooperate.

Common Challenge Area #5: Identifying Applicants Potentially Eligible for Medicaid on a Non-MAGI Basis

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Content Requirement: Identify Applicants Who May Be Eligible On A Basis Other Than MAGI

■ Medicaid Requirements:

1. Applicants must be screened for eligibility on a basis other than the MAGI standard ("non-MAGI") (*42 CFR 435.911(c)(2)*).

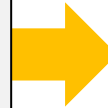
■ Implementation:

- Applications must include screening question(s) targeted to applicants, to determine whether they may be eligible for Medicaid on a basis other than MAGI (*42 CFR 435.907(c)*).
- States may use the two FFE application screening questions:
 - Do you have a special health care need, physical disability, or mental health condition that limits your ability to work, attend school, or take care of their daily needs; and
 - Do you need help with daily activities (like dressing or using the bathroom), or live in a medical facility or nursing home?
- Questions to identify those who may be eligible on a basis other than the MAGI standard must not be asked of non-applicant household members (*42 CFR 435.907(e)*).

#5: Identifying Potential Non-MAGI Applicants

Design and Navigation Strategies

Screening questions are not asked of non-applicants and do not appear for non-applicants, even as questions labeled “optional.”



Federal Model Example

Disabilities & help with activities

Do any of these people have a special health care need, physical disability, or mental health condition that limits their ability to work, attend school, or take care of their daily needs?

Optional. Select all that apply.

[Learn how to answer and why we're asking.](#)

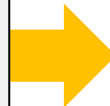
- Tom Jones
- Mia Jones
- Evan Jones

Note that Sydney is not included here because she is not applying for health coverage.

#5: Identifying Potential Non-MAGI Applicants

Language Strategies

- Use help or instructional text to provide information that an applicant might need to answer non-MAGI screening questions.
- Consider a broadly worded question so the screening will accurately capture the majority of those who are potentially eligible.



Federal Model Example

Learn how to answer and why we're asking

Select a person's name if one or more of these applies (even if you're not sure these conditions will qualify them for health coverage based on their disability):

- They're blind, deaf, or hard of hearing.
- They get Social Security Disability Insurance (SSDI) or Supplemental Security Insurance (SSI).

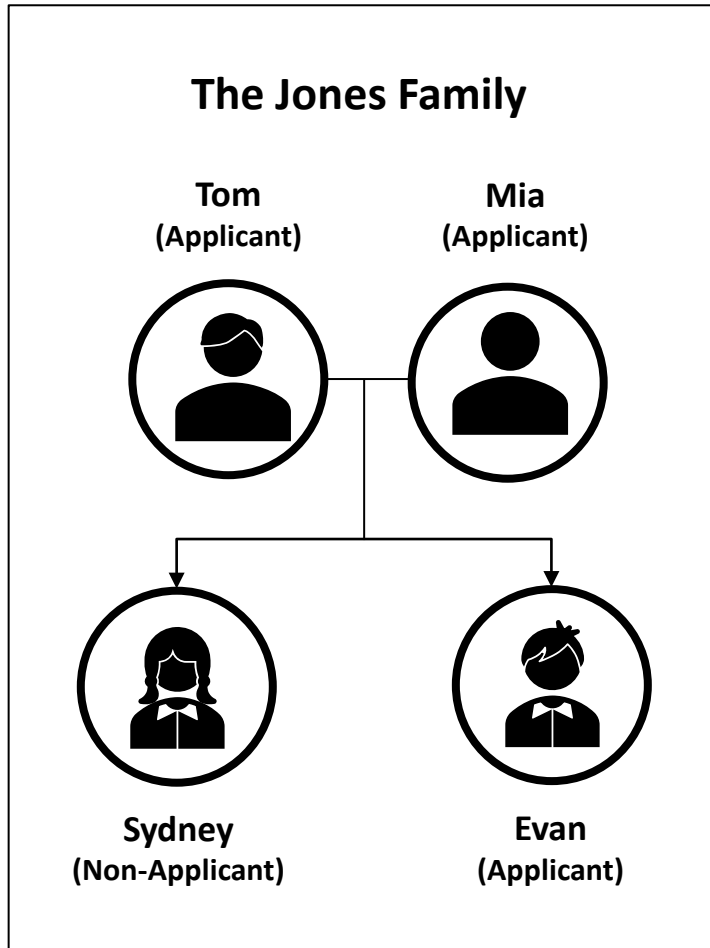
Disability is explained

Disabilities & help with activities

Do any of these people have a special health care need, physical disability, or mental health condition that limits their ability to work, attend school, or take care of their daily needs?

#5: Identifying Potential Non-MAGI Applicants

Example – The Jones Family Experience



Tom reaches the point in the application where he is asked if he or other applicant household members are disabled or might want to be considered for long-term services and supports.

- Instructional text explains to Tom that he may want to answer affirmatively to this question if he or any applying household members need help with bathing, dressing, or other daily activities.
- Because no one in this family needs assistance Tom answers no for each applying family member.

Sydney is not presented with this question because she is not applying for health coverage.

No other screening questions are presented and Tom is not asked any questions needed to determine eligibility on a basis other than the MAGI standard, such as questions about household resources.

Recap: Identifying Potential Non-MAGI Applicants

An online application for health coverage:

MUST:

- ✔ Target the screening question to identify those who may be eligible on a basis other than the MAGI standard ("non-MAGI") only to applicant household members.
- ✔ Include at least one screening question.
- ✔ *(If the application includes questions needed to determine non-MAGI eligibility)* Display additional optional non-MAGI questions used for a non-MAGI eligibility determination only if applicants answer affirmatively to a screening question. (Help or instructional text should inform applicants that information can be provided after application.)

MUST NOT:

- ✘ Target the screening question to non-applicant household members.
- ✘ Require applicants to answer eligibility questions needed to determine eligibility on a basis other than the MAGI standard (e.g., resource questions), regardless of how they answered the screening question.

Common Challenge Area #6: Accounting for Applicants Without a Fixed Address



Content Requirement: Ensure Applicants Without Fixed Addresses Can Enroll and Receive Notices and Medical Assistance Cards

▪ Medicaid/CHIP Requirements

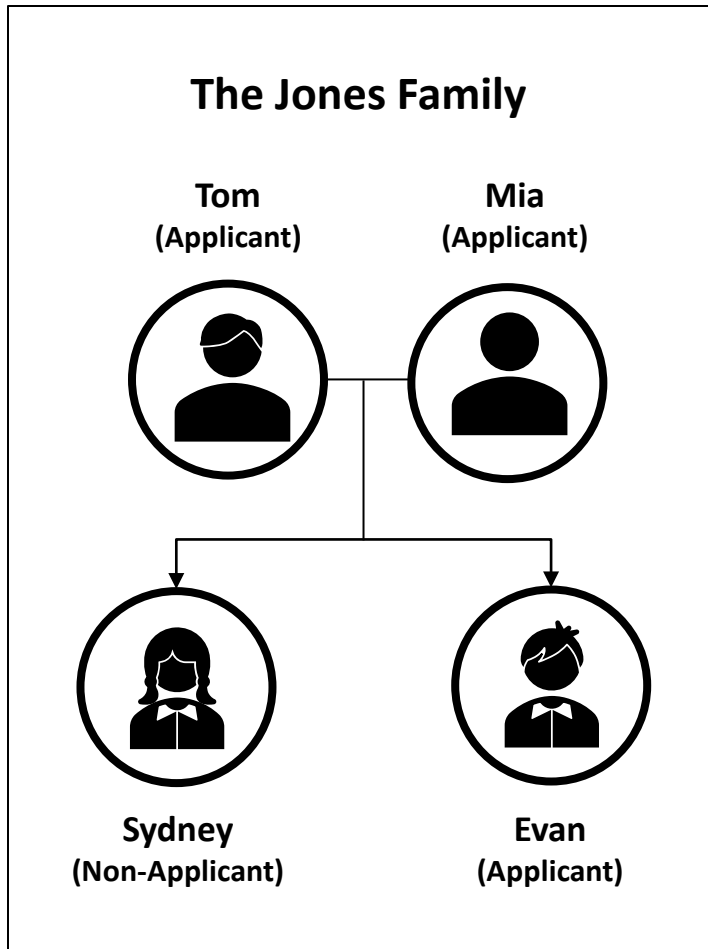
- A fixed (residential) or mailing address is not a condition of Medicaid or CHIP eligibility (*42 CFR 435.403; 42 CFR 457.320*).
- The state must establish a process for providing medical assistance cards to beneficiaries who do not have a fixed address (*Section 1902(a)(48) of the Social Security Act*).

▪ Implementation

- An applicant must be able to submit an application without providing a fixed (residential) address (*42 CFR 435.907(e); 42 CFR 457.330*).
- State Medicaid and CHIP Agencies must have a policy in place to provide notices and medical assistance cards to those who do not have a fixed (residential) or mailing address. It is recommended that the application communicate that policy to those applicants through help text.

#6: Applicants Without a Fixed Address

Example – The Jones Family Experience



As Tom completes the application for the Jones family, he is asked to provide the fixed (residential) address for himself, Mia, and Evan who are all applying for medical assistance.

- Sydney is not applying and therefore is not asked to provide her fixed address.
- Because the Jones family does not have a fixed address, they do not enter that information. A mailing address is requested of each applicant.

Recap: Applicants Without a Fixed Address

An online application for health coverage:

MUST:	MUST NOT:
<ul style="list-style-type: none">✓ Ask applicants for a fixed (residential) address; if none exists, the applicant must be able to proceed through the application.	<ul style="list-style-type: none">✗ Require applicants to provide a fixed (residential) address in order to submit an application.✗ Pre-populate applicant fixed (residential) or mailing addresses without explaining the source of the information.

Working with CMS

CMS encourages states to engage CMS policy and systems staff early in the process for technical assistance when designing or modifying applications.

- States seeking to make changes requiring CMS approval (e.g., changes to eligibility and enrollment [E&E] systems affecting the application) will want to work with the CMCS Children and Adults Health Programs Group (CAHPG) and Data and Systems Group (DSG).
 - CAHPG supports application revisions and policy changes.
 - DSG supports E&E system modifications.

Application Review & Approval Process

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Consulting CMS before making changes to your application will make the approval process much easier.

- CMS reviews and approves changes to states' paper and online applications through the state plan amendment (SPA) process.
- Application SPAs must be submitted through MACPro for Medicaid (Application RU) and MMDL for CHIP (CS24).
- States that implement changes to their application prior to submitting an application SPA often need to make additional changes before their application can be approved by CMS.
- Contact your State Lead, CHIP Project Officer, and your Eligibility & Enrollment Systems Lead early when you are thinking about modifications to your application.
- CMS staff will review draft application SPA materials prior to submission and are available to discuss potential design changes prior to development.

CMS.gov | IDM

Sign In

Username

Password

Agree to our [Terms & Conditions](#)

Sign In

OR

CMS PIV Card Only

Attention CMS PIV card users: The CMS PIV Card button will be active after initial login using your 4 character CMS EUA ID.

OR

New User Registration

Questions?

- [Federal Model Application](#)
- [2010 Medicaid and CHIP Coverage of “Lawfully Residing” Children and Pregnant Women \(SHO 10-006; CHIPRA 214\)](#)
- [2013 SMDL Guidance on State Alternative Applications for Health Coverage](#)
- [2016 Expanding Coverage Learning Collaborative \(LC\) Guidance on Household Composition](#)
- [2019 Changes to MAGI-based Income Methodologies \(SHO 19-003\)](#)
- [2020 Expanding Coverage LC Guidance on Income Counting](#)
- [Eligible Immigration Statuses](#)
- [Eligible Immigration Document Types](#)
- [2010 Medicaid and CHIP Coverage of “Lawfully Residing” Children and Pregnant Women \(SHO 10-006; CHIPRA 214\)](#)
- [2020 Expanding Coverage LC Guidance on Income Counting](#)