MAGI MEDICAL CATEGORIES

B-100 OVERVIEW

Eligibility for medical assistance is categorized in groups based on budgeting methodologies associated to the eligibility determination.

Family Medical groups - cover individuals, families and children in Nevada Check Up using the MAGI budgeting methodologies. These groups have no resource test.

Specialized Medical groups - cover individuals in specialized groups such as Aged Out, Rite of Passage and Breast and Cervical and allows for exemptions from income and resource determinations.

MAABD groups - cover aged, blind and disabled individuals using SSI budgeting methodologies. These groups have a resource test.

Individuals requesting medical assistance must be evaluated under all potential medical groups including Nevada Check Up prior to being referred to the Exchange. Individuals determined ineligible due to excess income will be referred to the Nevada Health Link to apply for advanced premium tax credits and shop for insurance. Lawful Permanent Residents (LPRs), which are ineligible because they are serving the 5 year bar, may be eligible to purchase insurance through the Exchange and receive advance premium tax credit.

If an applicant is pending an SSI decision, evaluate eligibility for all Medicaid categories, including the new childless adult group, until a decision is made by SSA.

If the individual is determined to be eligible in another category:

- approve eligibility in the appropriate month; and
- deny the MAABD pending SSI case effective the same month of approval; and
- keep SSI pending for months which are not covered by another category, until an SSI decision is received.

A new application is not required to move between a MAGI group and non-MAGI groups. Additional information may be required to process the conversion. See Conversions section in E-555 for more information.

For each individual in the household determine what coverage group the individual falls under based on the following hierarchy.

- Child
- Pregnant Woman
- Parent/Caretakers
- Childless Adult

For example if an individual is both a child (Age 0-19) and a parent and/or pregnant they would fall into the child category.

B-105 FAMILY MEDICAL COVERAGE GROUPS

B-110 PARENTS AND OTHER CARETAKER RELATIVES (435.110, 435.911)

Provides medical assistance to:

a. A relative of a dependent child by blood, adoption, or marriage with whom the child is living, who assumes primary responsibility for the child's care, and who is one of the following:

1. the child's father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew or niece;

2. the spouse of such parent or relative, even after the marriage is terminated by death or divorce; or

3. another relative of the child based on blood (including those of half-blood), adoption, or marriage;

4. the domestic partner of the parent or other caretaker relative;
- domestic partnerships and same-sex marriages must be registered in Nevada. Out of State is not recognized.

b. Parents and caretakers with household income that is at or below the AM income limit for the applicable family size.

c. Parents and caretakers with income between the AM income limit and 138% of FPL (AM1 aid code);

1. age 19 and under age 65; and

2. not pregnant; and

3. not entitled to or enrolled in Medicare under Part A or B; and

4. not otherwise eligible for medical coverage in any other group; and

5. not eligible if living with dependent child under the age 19 who is not receiving benefits under Medicaid. Nevada Check Up, or otherwise is enrolled in minimum essential coverage.

Note: Caretaker relative cases will list the child as the head of household with the caretaker listed as a specified caretaker.

B-110.1 Shared Custody

In the event of a shared custody agreement, when there is no court order defining the primary responsible parent, the custodial parent is the parent with whom the child spends most nights.

B-115 PREGNANT WOMEN (435.116, 435.911)

Provides medical assistance to:

a. Pregnant women during pregnancy and the two month postpartum period.

Note: Postpartum services are provided for two months following the child's birth month. Pregnant women must apply for assistance while pregnant to receive postpartum services. A Medicaid eligible woman who becomes pregnant is considered to have applied for assistance while pregnant and is eligible for postpartum services.

b. Pregnant women with household income that is at or below 165% FPL for the applicable family size.

Note: Each unborn is counted as an additional member when determining assistance unit size for the pregnant women's assistance unit.

Once eligibility is established a pregnant woman remains eligible for medical coverage throughout the pregnancy and postpartum period regardless of changes in countable income and cooperation with child support. The pregnant woman must still meet residency and TPL requirements.

Verification: Client attestation must be accepted for verification of pregnancy, EDC and the number of unborns.

B-120 INFANTS AND CHILDREN UNDER AGE 19 (435.118, 435.911)

Provides medical assistance to children who are:

a. Under the age of 19; and

b. Household income that is at or below the FPL for the child's age and applicable family size.

1. Children 0 through 5 up to 165% (CH aid code)

2. Children 6 through 18 up to 122% (CH aid code)

3. Children 6 through 18 above CH up to 138% (CH1 aid code)

Note: Individuals under the age of 19 who claim either Tax-Filer or Non-Filer status must follow all rules associated with their tax status (see MAM E-105).

B-120.1 Newborn Children (AKA OBRA) (435.117)

Provides medical assistance to children who are:

a. Born to a woman who has applied for, been determined eligible and is receiving Medicaid on the date of the child's birth (including prior medical months); and

b. Are eligible for one year from birth regardless of changes in income, household composition, and cooperation with other program requirements.

Note: Under HCR newborns will no longer receive the mother's aid code. Newborns born to a Medicaid eligible mother will be determined eligible for CH if income eligible or CH5 if income ineligible.

B-120.2 Nevada Check Up (NCU) - Children with Income Above Medicaid Limits and Below 205% FPL (42 CFR 457)

Provides medical assistance to children who:

a. are children under 6 with income between 166-205% FPL and children 6-18 with income between 139%-205% and eligible for at least one month of coverage; and

b. are not eligible for or currently enrolled in any other medical assistance group; and

c. are not currently insured (children with dental, vision and/or insurance coverage inaccessible in Nevada may be evaluated for NCU eligibility. Families may maintain any of the coverage listed above); and

d. submit an application which includes at least one child and at least one parent or adult responsible for the child;

e. are not an inmate of a public or penal institution (i.e., China Springs, Jan Evans, law enforcement, etc). Once released, the child will be reinstated to the previously established household status beginning the next administrative month;

- Children that are in the custody of Child Welfare Services (Division of Child and Family Services) will be terminated from NCU even when there is a reunification plan in place.

Note: It is possible for one child in a household to be covered by Medicaid, while another child in the same household is eligible for Nevada Check Up.

Verification: Client statement must be accepted for verification of other insurance, current enrollment and access to PEBP.

B-125 CHILDLESS ADULTS / INDIVIDUALS AGE 19 THRU 64 (435.119, 435.911)

Provides medical assistance to individuals who are:

a. age 19 and under age 65; and

b. not pregnant; and

c. not entitled to or enrolled in Medicare benefits under Part A or B; and

d. not otherwise eligible for medical coverage in any other group; and

e. members of a household that has income that is at or below 138% FPL for the applicable family size.

B-130 TRANSITIONAL MEDICAID COVERAGE (1925, 435.112)

Extended Medicaid coverage is provided to parents or other caretaker relatives who were eligible and enrolled in AM eligibility group in at least 3 out of the 6 months immediately preceding the month that eligibility is lost due to increased income from employment.

The agency must continue to provide Medicaid for 12 months to all members of the household. The 12 calendar month period begins the month after AM eligibility for the parent/caretaker is terminated.

Transitional Medicaid continues for 12 months regardless of changes in income.
Transitional Medicaid will only terminate if:

a. The assistance unit ceases to include a child. Terminate the Transitional Medicaid case, allowing for adverse, in the first month after the child is no longer residing in the home. Evaluate the assistance unit members for another medical category.

b. The household moves out of state.

c. Non-cooperation with Third Party Liability (TPL). For more information see MAM C-600 & C-610.1.

B-135 POST MEDICAL (435.115)

Extended medical assistance is provided to individuals eligible under AM who were eligible and enrolled in Medicaid in at least 3 out of the 6 months immediately preceding the month that eligibility is lost due to increased income from the collection of spousal support under IV-D.

Post Medical eligibility includes all parents or other caretaker relatives and children of such parents and caretaker relatives who were eligible and enrolled in at least 3 of the 6 months.

Note: The system does not determine Post Medical eligibility automatically and requires an override to create eligibility.

B-140 EMERGENCY MEDICAID MAGI (435.139, 435.406)

Provides limited medical assistance for emergency services to residents of the state who meet the eligibility requirements of any MAGI medical group (except Nevada Check Up) and who are qualified non-citizens who have not met the 5-year bar or are non-qualified non-citizens. Non-qualified non-citizens are not required to provide verification of a social security number or documentation of immigration status. These individuals are only entitled to coverage for emergency services.

Some non-citizens may be lawfully admitted, but only for a temporary or specified time period. These individuals do not meet Nevada residency requirements, they are:

- foreign government representatives on official business, and their families and servants;
- visitors for business or pleasure, including exchange visitors;
- aliens in travel status while traveling directly through the U.S.;
- crewman on shore leave;
- treaty traders and investors, and their families;
- foreign students;
- international organization representation and personnel, and their families and servants;
- temporary workers including agricultural contract workers; and
- members of foreign press, radio, film, or other information media and their families.

Individuals who request assistance under this category must meet all eligibility criteria, with the exception of citizenship, including:

a. residency; and

b. income eligibility for one of the MAGI groups;

c. provide verification of a medical service for the months services are requested.

Exception: Emergency medical does not apply to Nevada Check Up.

Individuals are approved for emergency medical only for the months requested and determined eligible. Individuals with chronic emergency medical conditions requiring continuous services may remain eligible under emergency medical category ongoing. For example: kidney failure, cancer, pregnancy.