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REPORT

Medicaid Financial Eligibility for Seniors and People with Disabilities in 2015

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Table of Contents

Introduction

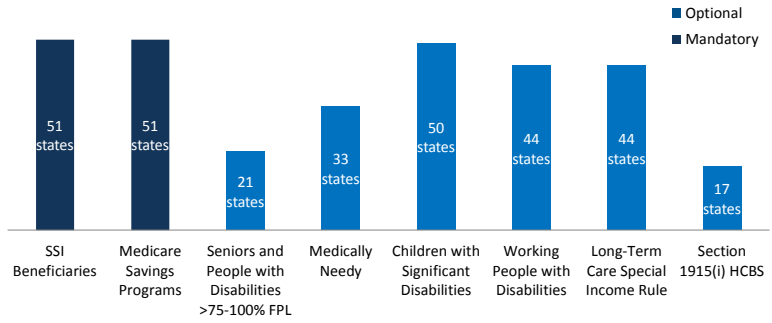
Today, the Medicaid program provides health and long-term care coverage to nearly 70 million Americans with low incomes. They include over 6 million poor seniors and more than 10 million children and adults who qualify for Medicaid based on a disability.[1] Medicaid beneficiaries with disabilities include individuals with physical conditions such as multiple sclerosis, epilepsy, and blindness; HIV/AIDS; spinal cord and traumatic brain injuries; disabling mental health conditions such as depression and schizophrenia; intellectual and developmental disabilities such as Down syndrome and autism; and other functional limitations.

Medicaid is important for seniors and people with disabilities because poverty is correlated with both old age and disability status. Most seniors are covered by Medicare, but the program has high out-of-pocket cost-sharing requirements, and many seniors have low incomes and modest savings.[2] People with disabilities have limited access to commercial health insurance if they are unable to work at all or work full-time. Additionally, commercial insurance typically does not cover the full scope of services that many seniors and people with disabilities need to live independently in the community. For example, Medicaid is the primary payer for long-term services and supports (LTSS) which provide assistance with self-care and household tasks.[3]

Medicaid eligibility pathways related to age and disability include certain core groups that all states must cover and an array of additional groups that can be covered at state option (Figure 1). States generally must provide Medicaid to SSI beneficiaries, and states must help low-income Medicare beneficiaries with their out-of-pocket costs through Medicare Savings Programs. States have the option to extend Medicaid eligibility for seniors and people with disabilities above the SSI limit (75% of the federal poverty level, FPL) up to a federal maximum of 100% FPL. States also have the option to cover people with high medical expenses whose income exceeds the limit for other groups through the medically needy pathway. States can elect to cover children with significant disabilities through the Katie Beckett state plan option, a comparable home and community-based services (HCBS) waiver, and/or the Family Opportunity Act buy-in. States also may offer a Medicaid buy-in for working people with disabilities. States can extend financial eligibility for people who need long-term care up to 300% of the SSI level through the special income rule. Most recently, the Affordable Care Act (ACA) provides states with an option to cover people with functional limitations who need HCBS but who do not yet require an institutional level of care.

Figure 1

State Take-Up of Key Medicaid Eligibility Pathways for Seniors and People with Disabilities, 2015



NOTES: Section 209(b) allows states to apply Medicaid financial and functional eligibility rules to SSI beneficiaries that are more restrictive than the federal SSI rules. Children with disabilities includes Katie Beckett state plan option, comparable HCBS waivers, and Family Opportunity Act buy-in. All states may not use § 1915(i) as an independent eligibility pathway; instead states can use § 1915(i) to provide HCBS to those who are eligible for Medicaid through another existing pathway.
SOURCE: KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015).

The ACA's Medicaid expansion up to 138% FPL excludes seniors but may provide an additional eligibility pathway for people with disabilities. In addition to expanding Medicaid, the ACA introduced other reforms

that simplify and modernize Medicaid eligibility and enrollment processes for poverty-related coverage groups. States can choose whether to apply these new processes to age and disability-related pathways.

This report describes state variation in financial eligibility criteria and adoption of different options in the major Medicaid state plan eligibility pathways related to age and disability.[4] It also discusses how the ACA's Medicaid expansion affects eligibility for people with disabilities, describes optional state take-up of the ACA's streamlined eligibility renewal procedures for age and disability-related pathways to date, and identifies issues to watch related to state policy changes in these areas.

The findings are based on data collected through a survey of all 50 states and the District of Columbia conducted by the Kaiser Family Foundation's Commission on Medicaid and the Uninsured from July through October 2015.[5] Two states, Maine and Rhode Island, did not respond to the survey, and data for these states were obtained by researching state Medicaid websites and the CMS Medicaid.gov website. Additional detail about selected pathways is provided in the Appendix.

Medicaid eligibility for seniors and people with disabilities includes two general components: financial eligibility rules that limit income and sometimes assets, and functional eligibility rules that determine the degree of a person's need for services and supports. State variation in functional eligibility criteria associated with disability-related pathways and a detailed discussion of Medicaid Section 1915(c) HCBS waivers are beyond the scope of this report.

Federal Core Eligibility Pathways for Seniors and People with Disabilities

SSI Beneficiaries

States generally must provide Medicaid to people who receive federal Supplemental Security Income (SSI) benefits.[6] To be eligible for SSI, beneficiaries must have low incomes, limited assets, and an impaired ability to work at a substantial gainful level as a result of old age or significant disability. The SSI federal benefit rate is $733 per month for an individual and $1,100 per month for a couple in 2015, which is about 75% of the federal poverty level (FPL).[7] SSI beneficiaries also are subject to an asset limit of $2,000 for an individual and $3,000 for a couple.

As of 2015, 10 states have elected the Section 209(b) option to apply Medicaid eligibility rules to SSI beneficiaries that are different from those under the SSI program. SSI is administered by the federal Social Security Administration (SSA). If states do not want to accept SSA's determination of an SSI beneficiary's low income and/or disability status when determining whether that person is eligible for Medicaid, states can use different rules under Section 209(b). Specifically, states can use financial and/or functional eligibility criteria that are more restrictive than the federal SSI rules, as long as the state's rules are no more restrictive than the rules it had in place in 1972, when the SSI program was enacted.[8] States with Section 209(b) programs in 2015 are CT, HI, IL, MN, MO, NH, ND, OH, OK, and VA. Two of these states (CT and OH) use Section 209(b) to apply more restrictive income eligibility limits than the federal SSI rules, although Connecticut also uses a more generous income disregard than the federal SSI general income disregard ($337 vs. $20) (for a discussion of disregards, see Box 1). Four of the Section 209(b) states (CT, MO,

NH, and OH) apply a lower asset limit than the federal SSI rule, and two states (MN and ND) use a higher asset limit (Table 2).

Box 1: Countable Income and Assets and Disregards in Determining Financial Eligibility

States have rules about which sources of income and assets are included, or "countable," when determining financial eligibility for Medicaid. Many states use the federal SSI financial methodology to determine Medicaid eligibility in age and disability-related pathways. Under the SSI rules, an individual's home, one car used for household transportation, and a certain amount of funds for prepaid burial expenses are examples of assets that may be excluded from the limit of $2,000 for an individual or $3,000 for a couple.

Additionally, states may apply rules that disregard a portion of an individual's countable income or assets. For example, under federal SSI rules, $20 is typically subtracted from a person's monthly income before comparing the remaining amount to the relevant income limit for a Medicaid coverage group. Other disregards also may apply, depending on the source of income. For example, earned income may be subject to an additional disregard of $65 plus half of the remaining amount under federal SSI rules. Consequently, a person may have actual income that exceeds the limit for a certain eligibility pathway but still be eligible for Medicaid as a result of disregards that reduce his or her countable income.

Medicare Savings Programs for Dual Eligible Beneficiaries[9]

States must offer Medicare Savings Programs (MSPs) through which low-income Medicare beneficiaries receive Medicaid assistance with some or all of their Medicare premiums, deductibles, and other cost-sharing requirements.[10] Medicare's out-of-pocket costs can be high. For example, Medicare Part A, which covers inpatient hospital services, has an annual deductible of $1,260 in 2015.[11] Medicare Part B, which covers outpatient services, requires a monthly premium which was $104.90 for most beneficiaries in 2015. Part B also requires an annual deductible which was $147 in 2015, and co-insurance of 20% of the Medicare-approved cost of services after the deductible is met.[12] To help low-income Medicare beneficiaries with these costs, state Medicaid programs must offer three MSPs:[13]

- **Qualified Medicare Beneficiaries** (QMBs) have incomes up to 100% FPL ($981 per month for an individual and $1,328 per month for a couple in 2015).[14] Medicaid pays Medicare premiums and cost-sharing obligations for QMBs.
- **Specified Low-Income Medicare Beneficiaries** (SLMBs) have slightly higher incomes (from 100 to 120% FPL) and receive help with Medicare premiums only.[15] Most states set their SLMB eligibility income limits at 120% FPL ($1,177 per month for an individual and $1,593 per month for a couple in 2015).
- **Qualified Individuals** (QIs) are eligible for Medicaid assistance with paying their Medicare Part B premiums through an expansion of the SLMB program passed by Congress in 1997. The QI program covers those with incomes up to 135% FPL ($1,325 per month for an individual and $1,793 per month for a couple in 2015).[16] However, Congress only appropriates a limited amount of funds to each state to pay for the QI program. Therefore, once a state's appropriation is spent each year, additional individuals who meet the QI eligibility criteria cannot receive help.

Three states use income limits higher than the federal minimum for their MSPs (CT, DC, and ME) (Table 3). DC's MSP income limit is effectively 300% FPL ($2,943 per month for an individual in 2015) after accounting for income disregards (see Box 1), and Connecticut provides MSP eligibility for individuals with incomes up to 211% FPL ($2,070 per month for an individual and $2,802 per month for a couple in 2015). Maine has an income limit of 140% FPL ($1,373 per month for an individual in 2015) for QMBs and 175% FPL ($1,717 per month for an individual in 2015) for SLMBs and QIs.[17]

Most states have asset limits for their MSPs. The typical MSP asset limit is $7,280 for an individual and $10,930 for a couple in 2015. However, some states have slightly (CO, IL, NM) or substantially (ME, MN) higher asset limits. For example, Maine's MSP asset limit is $58,000 for an individual and $87,000 for a couple. Additionally, eight states have no asset limits for their MSPs (AL, AZ, CT, DE, DC, MS, NY, and VT). By contrast, NJ has an asset limit of $4,000 for an individual and $6,000 for a couple in its QMB program (Table 3).

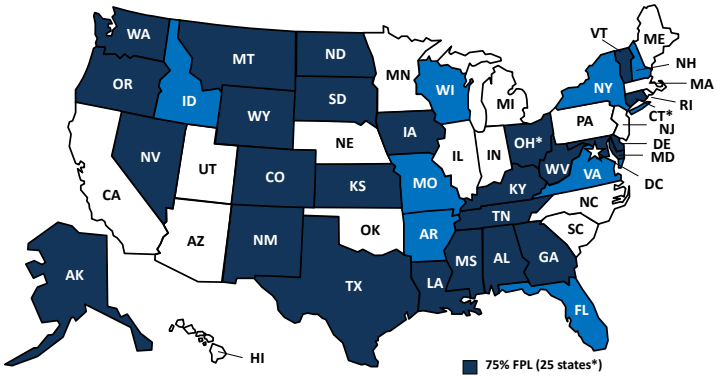
State Optional Eligibility Pathways for Seniors and People with Disabilities

Seniors and People with Disabilities with Incomes above SSI but Below Poverty

Twenty-one states have elected the option to provide Medicaid to seniors and people with disabilities whose incomes exceed the SSI limit but are still below the federal poverty level ($981 per month for an individual in 2015).[18] Eighteen of these states set their income eligibility level at 100% FPL, the federal maximum for this pathway, and three states (AR, FL, and VA) selected an income threshold between 76 and 99% in 2015. Five states (ID, MO, NH, NY, and WI) only cover SSI beneficiaries but due to state supplemental payments and/or income disregards, their effective income eligibility limit is above 75% FPL (Figure 2 and Table 2).

Figure 2

Medicaid Eligibility for Aged, Blind, Disabled Pathway by State, 2015



NOTES: Eligibility limits are for an individual. States generally must cover SSI beneficiaries (75% FPL) and have the option to extend the income limit for this pathway up to 100% FPL. *Two states use Section 209(b) to apply more restrictive income limits than the federal SSI rules: CT's limit is equivalent to 63% FPL, and OH's limit is 64% FPL. SOURCE: KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015).

All states except one (AZ) electing this optional pathway apply an asset limit. Most states use the SSI asset limit of $2,000 for an individual and $3,000 for a couple when determining Medicaid eligibility for this group. Eight states (AR, DC, FL, MN, NE, NJ, RI and SC) have higher asset limits (Table 2).

Medically Needy Coverage

Thirty-three states have a medically needy program that extends Medicaid eligibility to individuals with high medical expenses whose income exceeds the maximum limit for other

pathways, but who would otherwise be eligible for Medicaid. States electing the medically needy option must cover certain groups of people, such as pregnant women and children, and can choose to also extend medically needy coverage to other groups, such as seniors and people with disabilities.[19] All of the states with medically needy programs except Tennessee include seniors and people with disabilities. People who qualify through the medically needy pathway must meet the eligibility criteria for another coverage group but for their income and/or assets. (For additional details, see Box 2). States have the option to provide a more limited benefit package to people who qualify as medically needy as opposed to categorically needy. The program accounts for a small share of Medicaid enrollment (3.2 million individuals or 4.7% of total Medicaid enrollment in FY 2011[20]), but remains an important pathway to Medicaid eligibility, acting as a last resort for those whose medical expenses overwhelm their income.

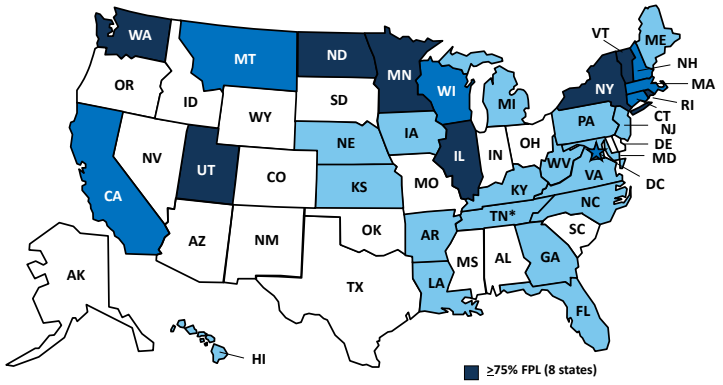
Box 2: Categorically Needy vs. Medically Needy

Before the ACA, federal law allowed people to become eligible for Medicaid only if they fit into a certain category (unless the state had a Section 1115 waiver that used cost savings to expand coverage). The traditional "categorically needy" groups include children, pregnant women, parents, seniors, and people with disabilities. The ACA eliminates the need to fit into a category by expanding Medicaid to nearly all adults with incomes up to 138% FPL ($1,353 per month for an individual in 2015). In states that have not adopted the ACA's Medicaid expansion, people still must fit into one of the specified categories to qualify for coverage today. In addition, the traditional categories remain relevant to determining eligibility for a "medically needy" group because beneficiaries who qualify as medically needy must still fit into one of the covered categories. Thus, the medically needy option is a way for states to expand Medicaid eligibility, but it remains limited to specified groups. States cannot use the medically needy option to expand coverage to adults who do not fit into one of the traditional categories, regardless of how poor they are or how extensive their medical needs.

In 2015, the median medically needy income eligibility standard for an individual was $483 per month, or about 49% FPL. Income eligibility standards for the medically needy program vary across states, but are typically well below poverty (Figure 3 and Table 4).[21] Eight states set their medically needy income standards at or above the SSI level ($733 per month for an individual or 75% FPL in 2015), and 25 states set their medically needy income standards below the SSI level. In 18 states, the medically needy income standard was below 50% FPL, or $490 per month in 2015. Some states (CT, VA, and VT) vary their medically needy income levels by region to account for variation in cost of living in different geographic areas. For more information about how to determine medically needy financial eligibility, see Box 3.

Figure 3

Medicaid Eligibility for Medically Needy Pathway by State, 2015



NOTE: Tennessee's medically needy program only includes beneficiaries who qualify as pregnant women and children under age 21; it does not include those who qualify in the aged/blind/disabled group.
SOURCE: KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015).

Most states (20 of 33) set the asset limits for medically needy coverage at SSI levels ($2,000 for individuals and $3,000 for couples). One state (CT) has a medically needy asset limit lower than the SSI level, and 12 states (DC, FL, IA, KY (couple limit only), MN, NE, NH, NJ, NY, ND, PA, and RI) have higher asset limits (Table 4).

Box 3: Determining Medically Needy Eligibility

There are two ways that individuals can become eligible for Medicaid through the medically needy pathway. First, people with incomes above the categorically needy income level associated with a certain coverage group (see Box 2 for a discussion of categorically needy), but below the state's medically needy income level may be eligible under the medically needy option. Second, people who "spend down" to the state's medically needy income level by subtracting incurred medical expenses from their incomes may qualify. States select a budget period of between one and six months during which an individual must incur enough expenses to decrease his/her income below the medically needy threshold. Most states with medically needy programs use a budget period of either one month or six months (Table 4).[22]

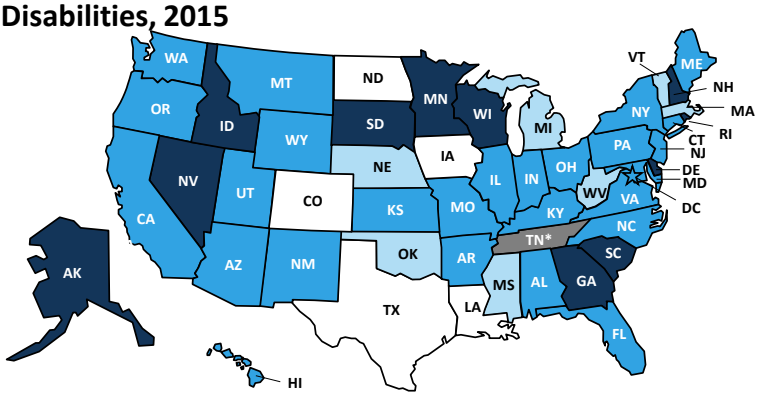
Children with Significant Disabilities

Katie Beckett Children Living at Home Who Need Long-Term Care

All states except Tennessee have opted to provide a Medicaid coverage pathway for at least some "Katie Beckett" children up to age 19 with significant disabilities living at home without regard to parental income (Figure 4 and Table 1). States can elect to cover Katie Beckett children through a state plan option[23] or through an HCBS waiver; providing coverage through a waiver allows states to cap enrollment, which is not permitted under state plan authority. (Tennessee provides waiver coverage to "medically eligible" children in households with incomes below 200% FPL; enrollment in this pathway is currently closed except for rollovers from those losing coverage under traditional groups.)

Figure 4

Medicaid Eligibility Pathways for Children with Significant Disabilities, 2015



NOTES: *TN covers "medically eligible" children in households with income below 200% FPL; enrollment in this pathway is closed except for rollovers from traditional groups. SOURCE: KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015), supplemented with states' HCBS waivers targeted to comparable populations available on CMS Medicaid.gov.

- Katie Beckett state plan option only (11 states)
- HCBS waiver comparable to Katie Beckett only (27 states, including DC)
- Both Katie Beckett state plan option and comparable waiver (7 states)
- Both Katie Beckett comparable waiver and Family Opportunity Act buy-in (5 states)

As of 2015, 11 states elect the Katie Beckett state plan option, 33 states provide comparable coverage through a waiver, and 7 states offer both state plan option and waiver pathways for children with significant disabilities (states may choose to offer different pathways to different target populations). Under either the state plan option or a comparable waiver, states can target populations based on the type of long-term care services required (hospital, skilled nursing facility, intermediate care facility, intermediate care facility for individuals with mental disease, intermediate care facility for people with intellectual and developmental disabilities).

The income eligibility limits associated with the Katie Beckett option are generally 300% of SSI ($2,199/month in 2015), with a $2,000 asset limit, considering only the child's own income and assets. Under the Katie Beckett pathway, parental income and assets are disregarded when determining Medicaid eligibility for children with disabilities living at home, exactly as they are for children with disabilities residing in an institution. This option makes it possible for these children to receive necessary care while remaining at home with their families. Children also must meet SSI medical disability criteria and otherwise qualify for an institutional level of care (according to functional eligibility criteria set by the states). Three states (AR, CT, and ME) with Katie Beckett waiver programs reported requiring beneficiaries to pay a monthly premium.

Family Opportunity Act Buy-In

Five states (CO, IA, LA, ND, and TX) utilize the Family Opportunity Act (FOA) option, a Medicaid buy-in program for children with significant disabilities (Figure 4). The FOA pathway allows states to cover children who meet SSI medical disability criteria in families with incomes up to 300% FPL ($5,022 per month for a family of three in 2015).[24] Unlike the Katie Beckett option, the FOA option does not require children to meet an institutional level of care. Three FOA states (CO, IA, and LA) extend coverage up to 300% FPL, while North Dakota and Texas cover children up to 200% FPL and 150% FPL, respectively. Assets are not considered when determining a child's eligibility under the FOA option. However, states are permitted to charge premiums equal to no more than 5 percent of the family's gross countable income, and four of the five FOA states (excluding IA) impose a premium on FOA participants.

Medicaid Buy-In for Working People with Disabilities

Over three-quarters of states (44) allow working individuals with disabilities, whose incomes and/or assets exceed the limits for other eligibility pathways, to "buy-in" to Medicaid coverage.[25] This option, authorized under the Ticket to Work and Work Incentives Improvement Act, provides people with disabilities the opportunity to work and access the health care services and supports they need, without having to choose between working and qualifying for Medicaid. According to CMS, over the past decade, more than 400,000 working individuals with disabilities have taken part in this Medicaid buy-in program.[26]

The median income limit for the Medicaid buy-in pathway for working people with disabilities in 2015 was $2,453 per month (or 250% FPL) for an individual. The median asset limit for this pathway was $10,000 for an individual and $15,000 for a couple in 2015. Four states (AR, MA, MN and NC) have no income limit for buy-in eligibility for working people with disabilities, and eight states (AZ, AR, CO, DE, DC, MA, WA and WY) have no asset limit for this pathway. States determine the work requirement associated with their buy-in programs, and definitions of work vary by state. For example, Connecticut requires substantial and reasonable work effort, while Mississippi requires a minimum of forty hours per month at some type of paid activity. Of 40 states responding to this question, all but seven charge income-based premiums for buy-in participants (Table 5).

Financial Eligibility for People who Need Long-Term Care

Special Income Rule

Forty-four states allow people whose functional needs require an institutional level of care to qualify for Medicaid with incomes up to 300% of the SSI level ($2,199 per month for an individual in 2015), known as the "special income rule."[27] People who qualify for Medicaid under the special income rule typically are also subject to an asset limit, and most states apply the SSI limits of $2,000 for an individual and $3,000 for a couple (Table 6).

Nearly all the states using the special income rule apply it to both people in institutions, such as nursing facilities and intermediate care facilities for people with intellectual disabilities, and people receiving services in the community.[28] Michigan uses the special income rule when determining eligibility for institutional services but not for HCBS. Minnesota applies the special income rule to institutional services and to seniors living in the community but not to other groups seeking HCBS. Missouri's rules vary by program. By contrast, Massachusetts applies the special income rule only to HCBS and not to institutional care. Aligning financial eligibility rules across long-term care settings is important to eliminating programmatic bias toward institutional care. For example, if people can qualify for institutional services at higher incomes than required to qualify for community-based services, they may choose to enter a nursing facility when they need care instead of going without care while spending down to the lower HCBS level.

Personal Needs Allowance

The median personal needs allowance amount for an individual residing in an institution was $50 per month in 2015. Four states (AL, IL, NC, and SC) set their personal needs allowance at the federal minimum of $30 per month. Once an individual requiring an institutional level of care has established Medicaid eligibility, some of his or her income is used to pay for Medicaid services. For individuals residing in an institution, most of their incomes are applied to the cost of that care, with the exception of a small personal needs allowance used to pay for personal needs that are not covered by Medicaid, such as clothing[29] (Table 7).

The median personal needs allowance for a Medicaid beneficiary residing in the community was $1,962 per month in 2015.[30] These amounts ranged from a low of $77 per month in Maryland to a high of $2,199 per month (300% of SSI) in 19 states.[31] Medicaid beneficiaries receiving HCBS are required to apply a portion of their income to their cost of care, although states generally allow them to retain more of their income to maintain themselves in the community than if they were living in an institution. The personal needs allowances established by states play a critical role in determining whether individuals can afford to remain in the community and avoid or forestall institutional placement (Table 7).

Spousal Impoverishment Protections

When a married Medicaid beneficiary is institutionalized, nine states allow the spouse remaining in the community to retain $1,991 in income per month (the federal minimum), and 16 states permit $2,981 per month (the federal maximum) in 2015. The remaining states established a level between the federal minimum and maximum (Table 7). These rules seek to ensure that the spouse who remains in the community has adequate income to meet his or her needs.[32]

Fifteen states allow the community spouse to retain $119,200 in assets (the federal maximum). States can set the community spouse's asset limit between $23,844 and $119,200 in 2015 (Table 7).

Nearly all states offer spousal impoverishment protections to Medicaid beneficiaries receiving home and community-based waiver services.[33] (Minnesota only offers spousal impoverishment protections to seniors receiving HCBS, and Illinois' protections are limited to certain populations) (Table 7).

Over three-quarters of states (40) limit home equity to the federal minimum amount of $552,000 for Medicaid beneficiaries seeking eligibility for long-term care services, and nine states allow the upper limit of $828,000 (Table 7). One state (WI) limits home equity to $750,000, and another state (CA) has no limit on home equity.[34]

Miller Trusts

Less than half (24) of the states allow an individual residing in an institution to qualify for Medicaid with income higher than 300% of SSI if his or her excess income is administered through a special type of trust, called a Miller trust.[35] Seventeen of these states do not cap the amount that can be put into the trust (Table 7). Income from the trust can be used to fund the Medicaid beneficiary's personal needs allowance as well as a monthly allowance for the beneficiary's spouse who remains in the community. Any additional income from the trust goes toward the beneficiary's cost of care. States are able to recover funds remaining in the trust after the individual's death to reimburse care costs.

Eighteen of the 24 states that allow Miller trusts for institutional care also allow individuals to use Miller trusts to qualify for Medicaid HCBS. The six states that offer Miller trusts for institutional care but not for HCBS are Alabama, Alaska, Kentucky, Nevada, South Dakota, and Wyoming (Table 7).

Section 1915(i) Eligibility Pathway for People who Need HCBS

Some of the 17 states electing the Section 1915(i) state plan option for HCBS are using it as an independent Medicaid eligibility pathway.[36] States also can use Section 1915(i) to provide HCBS to individuals who are already eligible for Medicaid through another pathway. Additionally, two states (MN and TX) were awaiting CMS approval of a Section 1915(i) state plan amendment (SPA) at the time of the survey. Section 1915(i) is unique in that it creates both an optional independent eligibility pathway and a benefit package authorizing HCBS (see Box 4 for more details about Section 1915(i)). The ACA amended Section 1915(i) to allow states to provide full Medicaid benefits, as well as HCBS, to people who are not otherwise eligible for Medicaid and who meet Section 1915(i) financial and functional eligibility criteria.[37] Under Section 1915(i), states can cover (1) people up to 150% FPL with no asset limit who meet functional eligibility criteria and will receive state plan HCBS; and/or (2) people up to 300% SSI who would be eligible for Medicaid under an existing HCBS waiver and will receive state plan HCBS. Section 1915(i) differs from Section 1915(c) HCBS waivers in that Section 1915(i) requires beneficiaries to have functional needs that are less than what is required to qualify for an institutional level of care. This enables states to offer HCBS as preventive services in efforts to delay or foreclose the need for most costly care or institutionalization in the future. Adults with significant mental health needs, people with intellectual and developmental disabilities, and children with significant mental health needs are the most frequently cited target populations in states' Section 1915(i) SPAs. See Box 5 for an example of a state's use of Section 1915(i) as an independent pathway to Medicaid eligibility.

Box 4: Section 1915(i) HCBS and Enrollment Management Strategies

Section 1915(i) allows states to offer HCBS through their Medicaid state plan benefit package instead of through a Section 1915(c) waiver. The ACA amended Section 1915(i) so that states can now offer the same range of HCBS under that option as are available under Section 1915(c) waivers. Unlike Section 1915(c) waivers, states are not permitted to cap enrollment or maintain a waiting list for services under Section 1915(i), and Section 1915(i) services must be available statewide. However, Section 1915(i) allows states to target benefits to specific populations and to manage enrollment by restricting functional eligibility criteria if a state's anticipated number of beneficiaries served will be exceeded.

Box 5: Indiana's Section 1915(i) State Plan Amendment

Indiana uses Section 1915(i) to provide Medicaid to adults with mental health conditions and incomes up to 300% of SSI ($2,943 per month in 2015). Consistent with federal rules, there is no asset limit under Section 1915(i). Indiana's Section 1915(i) population includes those who lost Medicaid when the state eliminated its spend down pathway in 2014. The state's functional eligibility criteria include needs related to management of behavioral and physical health, impairment in self-management of physical and behavioral health services, a health need that requires support in coordinating behavioral and physical health treatment, and a recommendation for intensive community-based care.

The ACA's Impact on Seniors and People with Disabilities

Medicaid Expansion as an Eligibility Pathway for People with Disabilities

Non-elderly adults with incomes up to 138% FPL ($1,353 per month for an individual in 2015) can qualify for Medicaid in states that adopt the ACA's Medicaid expansion (without regard to their disability status). While the expansion is mandatory as written in the ACA, the Supreme Court's 2012 ruling on its constitutionality effectively makes expansion optional for states.[38] As of February 2016, 32 states (including DC) have adopted the ACA's Medicaid expansion[39] (Table 8). The expansion only applies to people from ages 18 to 64, so this pathway is not available to seniors.

Qualifying for Medicaid based solely on income as an expansion adult can mean quicker access to coverage, without waiting for a disability determination. States have 90 days to determine Medicaid eligibility in disability-related pathways,[40] while real-time eligibility is available in most states in poverty-related pathways.[41] If someone who qualifies through the ACA's expansion group is later determined to be eligible for Medicaid through a disability-related pathway, the person can choose whether to remain in the expansion group or switch to the disability-related group.[42] (The ACA did not change the existing disability-related eligibility pathways.) Different benefit packages may be associated with different Medicaid coverage groups so the choice of pathway can be important depending on the person's needs.[43]

In states that have not adopted the ACA's Medicaid expansion, people with disabilities can qualify for Medicaid based solely on their low-income status if they fit into a coverage group but financial eligibility levels for these groups remain low. Under the ACA, as of 2014, all children in

families with incomes up to 138% FPL are eligible for Medicaid regardless of whether they have a disability. However, the median financial eligibility for parents in non-expansion states is 42% FPL ($703 per month in 2015), and only one non-expansion state (WI) offers any pathway to coverage for non-disabled childless adults as of January 2016.[44]

State Option to Adopt Streamlined Renewal Procedures

Over three-quarters of states (42) have opted to use at least one of the ACA's streamlined processes for Medicaid beneficiaries renewing coverage through an age or disability-related pathway (Table 8). Besides expanding Medicaid, the ACA introduced other reforms that simplify and modernize Medicaid enrollment processes. All states must adopt these reforms for poverty-related coverage groups as of 2014, and states can choose to apply these new processes to age and disability-related pathways as well.[45]

Among states adopting the ACA's streamlined eligibility renewal processes for age and disability-related pathways, 28 are sending pre-populated forms to facilitate Medicaid eligibility renewals (Table 8). Additionally, as of 2015, another five states report that they are planning to implement this reform. Sending pre-populated forms can simplify the eligibility renewal process for beneficiaries and help to retain eligible people in coverage, which in turn strengthens continuity of care.

In addition, 34 states offer a reconsideration period, allowing those in age and disability-related pathways to renew coverage without a new application for a certain period of time after termination (Table 8). The reconsideration period is typically 90 days from the date of Medicaid termination, consistent with the ACA's streamlining reforms, although some states offer a different time period for age and disability-related pathways. If a person whose benefits have been terminated for lack of response to a renewal form does return the form within this time period, eligibility can be renewed without requiring a new application.[46]

Conclusion

Medicaid is an important source of health and long-term care coverage for over 6 million low-income seniors and more than 10 million children and adults who qualify for Medicaid based on disability. Eligibility criteria for age and disability-related pathways vary by state, subject to federal minimum requirements, with significant variation in financial eligibility standards across states and pathways in 2015. States generally must provide Medicaid to SSI beneficiaries and must offer Medicare Savings Programs to help low income Medicare beneficiaries with out-of-pocket costs. Less than half of the states opt to extend Medicaid above the SSI limit (up to a federal maximum of 100% FPL) for seniors and people with disabilities, while two-thirds of states expand Medicaid for "medically needy" individuals with high medical costs. All states but one provide a special pathway to Medicaid coverage for children with significant disabilities (through a state plan option, waiver, and/or buy-in program) regardless of household income, and over three-quarters of states offer a buy-in program for working people with disabilities.

Long-term care is an important part of Medicaid coverage, as private coverage remains limited and costs are typically higher than what many seniors and people with disabilities can afford to pay out-of-pocket. Forty-four states expand financial eligibility for long-term care services to people with incomes up to 300% of SSI,

and nearly all of these states apply the same financial eligibility rules to people seeking institutional services and to those seeking HCBS. Some of the 17 states taking advantage of the Section 1915(i) option, expanded by the ACA, are using it as an independent pathway to Medicaid eligibility, including state plan benefits and HCBS, for people with functional needs who do not yet qualify for an institutional level of care. These policies are examples of strategies that states are using to support people in the community, avoid unnecessary institutionalization, promote beneficiary choice of care setting, and manage program costs.

Looking ahead, the ACA's impact on Medicaid eligibility for seniors and people with disabilities in several respects remains another important area to watch. First, while the ACA did not change the existing age and disability-related pathways, states may make changes to those options in light of the ACA's new authority to expand Medicaid to nearly all adults up to 138% FPL. For example, Indiana has eliminated its spend down program (associated with its transition from Section 209(b) to Section 1634 status) since 2014.[47] Some people previously eligible as medically needy may become eligible through the expansion or the state's new Section 1915(i) program targeted to adults with mental health needs. However, seniors are not included in the ACA's expansion group, and it will be important to determine whether seniors with high medical expenses who were spending down to medically needy eligibility levels will continue to be able to access coverage.

Additionally, it will be important to track state decisions about whether to reduce or eliminate disability-related Medicaid pathways given the availability of Marketplace coverage under the ACA. For example, since 2014, Louisiana reduced the income and asset limits in its Medicaid buy-in for working people with disabilities.[48] While this population may be able to access Marketplace coverage with premium tax credits, those plans may not offer all of the services, especially LTSS, that working people with disabilities need and that Medicaid typically provides.[49]

Another set of policy issues may be raised by the new financial methodology that the ACA requires for poverty-related groups, which prohibits asset tests. The Section 1915(i) HCBS option also does not include an asset test. It remains to be seen whether states will continue to apply optional asset tests in other age and disability-related pathways or whether the trend toward eliminating asset tests will carry over to these groups. As of 2015, eight states do not have asset limits for their Medicare Savings Programs, eight states do not have asset limits for their buy-in programs for working people with disabilities, and one state (AZ) does not have an asset limit for the aged/blind/disabled pathway up to 100% FPL.

Finally, it is notable that over three-quarters of states have chosen to apply at least one of the ACA's streamlined renewal procedures to age and disability-related pathways which may help to ensure continuity of coverage for eligible beneficiaries. These and other policy changes that states make in the years ahead will be important in assessing the extent to which seniors and people with disabilities can gain and maintain Medicaid eligibility and access to the preventive, physical, behavioral health, and long-term care services that they need.

Appendix

Table 1: Summary of State Adoption of Optional Medicaid State Plan Eligibility Pathways for Seniors and People with Disabilities (2015)

Table 2: Medicaid Eligibility Through the Aged, Blind, Disabled Pathway (2015)

Table 3: Eligibility for Medicare Savings Programs (2015)

Table 4: Medicaid Eligibility Through the Medically Needy Pathway (2015)

Table 5: Medicaid Eligibility Through Buy-In Programs for Working People with Disabilities (2015)

Table 6: Medicaid Eligibility for Long-Term Care Through the Special Income Rule (2015)

Table 7: Medicaid Long-Term Care Personal Needs Allowance and Spousal Impoverishment Standards (2015)

Table 8: State Adoption of Selected ACA Medicaid Eligibility and Renewal Provisions (2015)

Appendix Table 1: Summary of State Adoption of Optional Medicaid State Plan Eligibility Pathways for Seniors and People with Disabilities (2015)							
State	Aged/Blind/ Disabled Group >75 to 100% FPL[1]	Medically Needy	Katie Beckett Children with Significant Disabilities Living at Home[3]	Family Opportunity Act Buy-In for Children with Significant Disabilities	Buy-In for Working People with Disabilities	Special Income Rule for Long-Term Care	Section 1915(i) HCBS[5]
TOTAL	21	33	50	5	44	44	17
Alabama			✔			✔	
Alaska			✔		✔	✔	
Arizona	✔		✔		✔	✔	
Arkansas	✔	✔	✔		✔	✔	
California	✔	✔	✔		✔		✔
Colorado			✔	✔	✔	✔	✔
Connecticut		✔	✔		✔	✔	✔
Delaware			✔		✔	✔	✔
DC	✔	✔	✔		✔	✔	✔
Florida	✔	✔	✔			✔	✔
Georgia		✔	✔		✔	✔	
Hawaii	✔	✔	✔				
Idaho	✔		✔		✔	✔	✔
Illinois	✔	✔	✔		✔		
Indiana	✔		✔		✔	✔	✔
Iowa		✔	✔	✔	✔	✔	✔
Kansas		✔	✔		✔	✔	
Kentucky		✔	✔		✔	✔	
Louisiana		✔	✔	✔	✔	✔	✔
Maine	✔	✔	✔		✔	✔	
Maryland		✔	✔		✔	✔	✔
Massachusetts	✔	✔	✔		✔	✔	
Michigan	✔	✔	✔		✔	✔	✔
Minnesota	✔	✔	✔		✔	✔	
Mississippi			✔		✔	✔	✔
Missouri	✔		✔			✔	
Montana		✔	✔		✔	✔	✔
Nebraska	✔	✔	✔		✔		
Nevada			✔		✔	✔	✔
New Hampshire	✔	✔	✔		✔	✔	
New Jersey	✔	✔	✔		✔	✔	
New Mexico			✔		✔	✔	
New York	✔	✔	✔		✔		
North Carolina	✔	✔	✔		✔		
North Dakota		✔	✔	✔	✔		
Ohio			✔		✔	✔	✔
Oklahoma	✔		✔			✔	
Oregon			✔		✔	✔	✔
Pennsylvania	✔	✔	✔		✔	✔	
Rhode Island	✔	✔	✔		✔	✔	
South Carolina	✔		✔			✔	
South Dakota			✔		✔	✔	
Tennessee		✔[2]	–[4]			✔	
Texas			✔	✔	✔	✔	
Utah	✔	✔	✔		✔	✔	
Vermont		✔	✔		✔	✔	
Virginia	✔	✔	✔		✔	✔	
Washington		✔	✔		✔	✔	
West Virginia		✔	✔		✔	✔	
Wisconsin	✔	✔	✔		✔	✔	
Wyoming			✔		✔	✔	

NOTES: Table generally excludes Medicaid eligibility pathways available through HCBS waivers. [1]These states expand aged/blind/disabled coverage beyond SSI income limits, although not all states go up to the federal maximum of 100% FPL. [2]TN's medically needy pathway is limited to pregnant women and children and does not include seniors and people with disabilities. [3]Includes state plan option and comparable HCBS waivers. [4] TN does not elect the Katie Beckett option but provides waiver coverage to "medically eligible" children in households with incomes below 200% FPL, although enrollment in this pathway is currently closed except for rollovers for those losing coverage under traditional groups. [5] All states may not use § 1915(i) as an independent Medicaid eligibility pathway; instead, states can use § 1915(i) to provide HCBS to those who are eligible for Medicaid through another existing pathway.
SOURCES: KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015); Katie Beckett survey data supplemented with states' HCBS waivers targeted to comparable populations available on CMS Medicaid.gov, https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html.

Appendix Table 2: Medicaid Eligibility Through the Aged, Blind, Disabled Pathway (2015)						
State	Monthly Income Limit		Income Disregard	% FPL	Asset Limit	
	Individual	Couple		Individual	Individual	Couple
MEDIAN	**$747**	**$1,100**	N/A	**76%**	**$2,000**	**$3,000**
Alabama	$733	$1,100	$20	75%	$2,000	$3,000
Alaska	$733	$1,100	$20	75%	$2,000	$3,000
Arizona	$981	$1,328	$20	100%	No limit	No limit
Arkansas	$785	$1,062	$20	80%	$7,280	$10,930
California[1]	$981	$1,328	$230 individual/ $310 couple	100%	$2,000	$3,000
Colorado	$733	$1,100	$20	75%	$2,000	$3,000
Connecticut*[2]	$523	$696	$337	63%	$1,600	$2,400
Delaware	$733	$1,100	$20	75%	$2,000	$3,000
DC	$981	$1,328	$20 individual/$100 couple	100%	$4,000	$6,000
Florida	$864	$1,169	$20	88%	$5,000	$6,000
Georgia	$733	$1,100	$20	75%	$2,000	$3,000
Hawaii*	$1,130	$1,528	$20	100%	$2,000	$3,000
Idaho	$766	$1,100	$20	78%	$2,000	$3,000
Illinois*	$981	$1,328	$25	100%	$2,000	$3,000
Indiana	$981	$1,328	$20	100%	$2,000	$3,000
Iowa	$733	$1,100	$20	75%	$2,000	$3,000
Kansas	$733	$1,100	$20	75%	$2,000	$3,000
Kentucky	$733	$1,100	$20	75%	$2,000	$3,000
Louisiana	$733	$1,100	$20	75%	$2,000	$3,000
Maine	$981	$1,328	$75	100%	$2,000	$3,000
Maryland	$733	$1,100	$20	75%	$2,000	$3,000
Massachusetts	$981	$1,328	$20	100%	$2,000	$3,000
Michigan	$980	$1,327	$20	100%	$2,000	$3,000
Minnesota*	$981	$1,328	$20	100%	$3,000	$6,000
Mississippi	$733	$1,100	$20	75%	$2,000	$3,000
Missouri*	$854	$1,149	$20	85%	$1,000	$2,000
Montana	$733	$1,100	$20	75%	$2,000	$3,000
Nebraska	$981	$1,328	$20	100%	$4,000	$6,000
Nevada	$733	$1,100	$20	75%	$2,000	$3,000
New Hampshire*	$747	$1,101	$13 individual /$20 couple	76%	$1,500	$1,500
New Jersey	$981	$1,328	$20	100%	$4,000	$6,000
New Mexico	$733	$1,100	$20	75%	$2,000	$3,000
New York	$820	$1,205	$20	84%	$2,000	$3,000
North Carolina	$981	$1,328	$20	100%	$2,000	$3,000
North Dakota*	$733	$1,100	$20	75%	$3,000	$6,000
Ohio*	$643	$1,100	$20	64%	$1,500	$2,250
Oklahoma*	$903	$1,214	$20	100%	$2,000	$3,000
Oregon	$733	$1,100	$20	75%	$2,000	$3,000
Pennsylvania	$981	$1,328	$20	100%	$2,000	$3,000
Rhode Island	$981	$1,328	$20	100%	$4,000	$6,000
South Carolina	$981	$1,328	$20	100%	$7,280	$10,930
South Dakota	$733	$1,100	$20	75%	$2,000	$3,000
Tennessee	$733	$1,100	$20	75%	$2,000	$3,000
Texas	$733	$1,100	$20	75%	$2,000	$3,000
Utah	$981	$1,328	$20	100%	$2,000	$3,000
Vermont	$733	$1,100	$20	75%	$2,000	$3,000
Virginia*	$785	$1,062	$20	80%	$2,000	$3,000
Washington	$733	$1,100	$20	75%	$2,000	$3,000
West Virginia	$733	$1,100	$20	75%	$2,000	$3,000
Wisconsin	$817	$1,232	$20	83%	$2,000	$3,000
Wyoming	$733	$1,100	$20	75%	$2,000	$3,000

NOTES: States generally must provide Medicaid to SSI beneficiaries (equivalent to 75% FPL in 2015) and have the option to extend the income limit for this pathway up to 100% FPL. *Ten states elect the Section 209(b) option, which allows states to use financial and non-financial eligibility criteria that differ from the federal SSI standard, as long as they are no more restrictive than the rules the state had in place in 1972. [1] Rates given are for independent living situations. [2] Table includes rates for Regions B and C. Region A income limit is $633.49 for an individual and $805.09 for a couple. All regions offer a boarding home disregard of $244.70 and shared living disregard of $404.90. SOURCE: KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015).

Appendix Table 3: Eligibility for Medicare Savings Programs (2015)															
State	Qualified Medicare Beneficiaries (QMB)					Specified Low-Income Medicare Beneficiaries (SLMB)					Qualified Individuals (QI)				
	Monthly Income Limit		% FPL	Asset Limit		Monthly Income Limit		% FPL	Asset Limit		Monthly Income Limit		% FPL	Asset Limit	
	Individual	Couple		Individual	Couple	Individual	Couple		Individual	Couple	Individual	Couple		Individual	Couple
Alabama	$981	$1,328	100%	none	none	$1,177	$1,593	120%	none	none	$1,325	$1,793	135%	none	none
Alaska	$1,227	$1,660	100%	$7,280	$10,930	$1,472	$1,992	120%	$7,280	$10,930	$1,656	$2,241	135%	$7,280	$10,930
Arizona	$981	$1,328	100%	none	none	$1,177	$1,593	120%	none	none	$1,325	$1,793	135%	none	none
Arkansas	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
California	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Colorado	$981	$1,328	100%	$8,780	$13,930	$1,177	$1,593	120%	$8,780	$13,930	$1,325	$1,793	135%	$8,780	$13,930
Connecticut	$2,070	$2,802	211%	none	none	$2,266	$3,068	231%	none	none	$2,413	$3,267	246%	none	none
Delaware	$981	$1,328	100%	none	none	$1,177	$1,593	120%	none	none	$1,325	$1,793	135%	none	none
DC*	$2,943	$3,983	300%	none	none	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Florida	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Georgia	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Hawaii	$1,130	$1,528	100%	$7,280	$10,930	$1,355	$1,833	120%	$7,280	$10,930	$1,525	$2,063	135%	$7,280	$10,930
Idaho	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Illinois	$981	$1,328	100%	$7,980	$10,930	$1,176	$1,592	120%	$7,980	$10,930	$1,323	$1,791	135%	$7,980	$10,930
Indiana**	$1,472	$1,992	100%	$7,280	$10,930	$1,668	$2,257	120%	$7,280	$10,930	$1,815	$2,456	135%	$7,280	$10,930
Iowa	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Kansas	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Kentucky	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Louisiana	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Maine***	$1,373	$1,858	140%	$58,000	$87,000	$1,717	$2,294	175%	$58,000	$87,000	$1,717	$2,294	175%	$58,000	$87,000
Maryland	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Massachusetts	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Michigan	$993	$1,331	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Minnesota	$981	$1,328	100%	$10,000	$18,000	$1,177	$1,593	120%	$10,000	$18,000	$1,325	$1,793	135%	$10,000	$18,000
Mississippi	$981	$1,328	100%	none	none	$1,177	$1,593	120%	none	none	$1,325	$1,793	135%	none	none
Missouri	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Montana	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Nebraska	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Nevada	$981	$1,328	100%	$7,280	$10,930	$981	$1,177	120%	$7,280	$10,930	$1,177	$1,325	135%	$7,280	$10,930
New Hampshire	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
New Jersey	$981	$1,328	100%	$4,000	$6,000	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
New Mexico	$981	$1,328	100%	$8,780	$13,930	$1,177	$1,593	120%	$8,780	$13,930	$1,325	$1,793	135%	$8,780	$13,930
New York	$981	$1,328	100%	none	none	$1,177	$1,593	120%	none	none	$1,325	$1,793	135%	none	none
North Carolina	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
North Dakota	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Ohio	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Oklahoma	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Oregon	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Pennsylvania	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Rhode Island	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
South Carolina	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930

South Dakota	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,563	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Tennessee	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Texas	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Utah	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Vermont	$981	$1,328	100%	none	none	$1,177	$1,593	120%	none	none	$1,325	$1,793	135%	none	none
Virginia	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Washington	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
West Virginia	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Wisconsin	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930
Wyoming	$981	$1,328	100%	$7,280	$10,930	$1,177	$1,593	120%	$7,280	$10,930	$1,325	$1,793	135%	$7,280	$10,930

NOTES: *DC's disregard effectively increases the QMB income limit to 300% FPL; as a result, the SLMB and QI categories are moot. **IN disregards the amount of income from 100-150% FPL for QMBs, 120-170% FPL for SLMBs, and 135-185% FPL for QIs.*** ME's MSP income thresholds are at the federal limits, but the state's disregards are updated annually to effectively increase the income limit to 140% FPL for QMBs and 175% FPL for SLMBs and QIs.
SOURCE: KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015).

Appendix Table 4: Medicaid Eligibility Through the Medically Needy Pathway (2015)						
State	Monthly Income Limit		% FPL	Asset Limit		Budget Period
	Individual	Couple		Individual	Couple	
MEDIAN	**$483**	**$539**	**49%**	**$2,000**	**$3,000**	**N/A**
Arkansas	$108	$217	11%	$2,000	$3,000	3 months
California	$600	$934	61%	$2,000	$3,000	1 month
Connecticut*	$523	$696	63%	$1,600	$2,400	6 months
DC	$631	No response	64%	$4,000	$6,000	1 - 6 months
Florida	$180	$241	18%	$5,000	$6,000	1 month
Georgia	$317	$375	32%	$2,000	$3,000	1 month
Hawaii	$469	$632	42%	$2,000	$3,000	1 month
Illinois	$981	$1,328	100%	$2,000	$3,000	1 month
Iowa	$483	$483	49%	$10,000	$10,000	2 months
Kansas	$475	$475	48%	$2,000	$3,000	6 months
Kentucky	$217	$267	22%	$2,000	$4,000	1 - 3 months
Louisiana	$100	$192	10%	$2,000	$3,000	3 months
Maine	$315	$341	32%	$2,000	$3,000	6 months
Maryland	$350	$392	36%	$2,000	$3,000	6 months
Massachusetts	$522	$650	53%	$2,000	$3,000	6 months
Michigan	$980	$1,327	42%	$2,000	$3,000	1 month
Minnesota	$736	$996	75%	$3,000	$6,000	6 months
Montana	$525	$525	64%	$2,000	$3,000	1 month
Nebraska	$392	$392	40%	$4,000	$6,000	1 month
New Hampshire	$591	$675	60%	$2,500	$4,000	1 or 6 months***
New Jersey	$367	$434	37%	$4,000	$6,000	6 months
New York	$825	$1,209	84%	$14,850	$21,750	6 months
North Carolina	$242	$317	25%	$2,000	$3,000	6 months
North Dakota	$814	$1,101	83%	$3,000	$6,000	1 month
Pennsylvania	$425	$442	43%	$2,400	$3,200	6 months
Rhode Island	$867	$908	87%	$4,000	$6,000	6 months
Tennessee**	$241	$258	25%	$2,000	$3,000	1 month
Utah	$981	$1,328	100%	$2,000	$3,000	1 month
Vermont*	$991	$991	110%	$2,000	$3,000	1 or 6 months***
Virginia*	$458	$552	47%	$2,000	$3,000	1 or 6 months***
Washington	$733	$733	75%	$2,000	$3,000	3 or 6 months
West Virginia	$200	$275	20%	$2,000	$3,000	6 months
Wisconsin	$592	$592	60%	$2,000	$3,000	6 months
NO PROGRAM						
Alabama						
Alaska						
Arizona						
Colorado						
Delaware						
Idaho						
Indiana						
Mississippi						
Missouri						
Nevada						
New Mexico						
Ohio						
Oklahoma						
Oregon						
South Carolina						
South Dakota						
Texas						
Wyoming						

NOTES: *CT, VT, and VA vary their medically needy income standard by region. **Unlike other states, TN's pathway includes only pregnant women and children and does not include seniors and people with disabilities. ***Budget period of 6 months applies to those living in the community. SOURCE: KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015).

Appendix Table 5: Medicaid Eligibility Through Buy-In Programs for Working People with Disabilities (2015)				
State	Monthly Income Limit	Asset Limit		Monthly Income at Which Premiums Begin
		Individual	Couple	
Alaska	$3,607	$10,000	$15,000	Varies by income and household size
Arizona	$2,453	None	None	>$500
Arkansas	None	None	None	No response
California	$2,453	$2,000	$3,000	$1, premium based on total countable income up to 250% FPL
Colorado	$4,414	None	None	>40% FPL
Connecticut	$6,250	$10,000	$15,000	Household income >200% FPL
Delaware	$2,698	None	None	>$981 for individual and $1,328 for couple (100% FPL)
DC	$2,943	None	None	No premium
Georgia	$2,199	$4,000	$6,000	$1,472 (150% FPL)
Idaho	$1,946	$6,600	$6,600	No premium
Illinois	$3,433	$25,000	$25,000	$251
Indiana*	$3,433	$2,000	$3,000	$1,472 (150% FPL)
Iowa	$2,453	$12,000	$13,000	$1,473 (>150% FPL)
Kansas	$2,943	$15,000	$15,000	>$981 for individual and $1,328 for couple (100% FPL)
Kentucky	$2,453	$5,000	$10,000	No premium
Louisiana	$981	$10,000	Excludes spouse	No premium
Maine	$2,453	$8,000	$12,000	$1,473 (>150% FPL)
Maryland	$2,943	$10,000	$15,000	$1,001 (101% FPL)
Massachusetts	None	None	None	$1,473 (>150% FPL)
Michigan	$2,453	$75,000	Excludes spouse	$1,353 (138% FPL)
Minnesota	None	$20,000	Excludes spouse	$65.01
Mississippi	$4,971	$24,000	$26,000	$1,472 (150% FPL)
Montana	$2,453	$15,000	$30,000	100% FPL or less
Nebraska	$981	$4,000	$6,000	No response
Nevada	$2,453	$15,000	Excludes spouse	$1, <200% FPL premium based on 5% of income; 200-250% FPL premium based on 7.5% of income
New Hampshire	$4,414	$27,592	$41,386	$1,472 (150% FPL)
New Jersey	$2,453	$20,000	$30,000	No response
New Mexico	$2,453	$10,000	$15,000	No premium
New York**	$2,453	$20,000	$30,000	150% FPL
North Carolina	None	$23,448	$23,448	>200% FPL
North Dakota	$2,206	$13,000	$16,000	$10.10
Ohio	$2,453	$11,473	$11,473	$1,472 (150% FPL)
Oregon	$2,493	$5,000	Excludes spouse	$735
Pennsylvania	$2,453	$10,000	$10,000	$1, premium based on 5% of monthly gross income
Rhode Island	$1,962	$10,000	$20,000	150% FPL
South Dakota	$2,453	$8,000	Excludes spouse	No response
Texas	$2,453	$5,000	Excludes spouse	$1,472 (150% FPL)
Utah	$2,453	$15,000	$15,000	$982 (100% FPL)
Vermont	$2,453	$4,000	$6,000	No premium
Virginia***	$785	$2,000	$3,000	No premium
Washington	$2,158	None	None	$65
West Virginia****	$2,453	$2,000	$3,000	$1, premium based on 3.5% of monthly gross income
Wisconsin	$2,452	$15,000	Excludes spouse	>150% FPL
Wyoming	$2,199	None	None	$1, premium based on 7.5% of monthly gross income
NO PROGRAM				
Alabama				
Florida				
Hawaii				
Missouri				
Oklahoma				
South Carolina				
Tennessee				

NOTES: *IN disregards additional assets up to $20,000 placed in a qualifying account. ** NY currently has a moratorium on premium collection. ***To enter VA's buy-in, individuals must have incomes at or below 80% FPL and assets limited to $2,000. However, once enrolled, individuals can have earnings up to $75,000 per year in 2015 and assets of $35,543 as long as they are deposited in a qualifying account. ****Liquid assets of $5,000 for an individual and $10,000 for a couple are excluded from countable assets.
SOURCE: KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015).

Appendix Table 6: Medicaid Eligibility for Long-Term Care Through the Special Income Rule (2015)					
State	Uses Special Income Rule*	Applies to Institutions	Applies to HCBS	Asset Limit	
				Individual	Couple
TOTAL	44 states				
Alabama	✔	✔	✔	$2,000	$3,000
Alaska*	✔	✔	✔	$2,000	$3,000
Arizona	✔	✔	✔	$2,000	$3,000
Arkansas	✔	✔	✔	$2,000	$3,000
Colorado	✔	✔	✔	$2,000	$3,000
Connecticut	✔	✔	✔	$1,600	$2,400
Delaware*	✔	✔	✔	$2,000	$3,000
DC	✔	✔	✔	$4,000	$6,000
Florida	✔	✔	✔	$2,000	$3,000
Georgia	✔	✔	✔	$2,000	$3,000
Idaho	✔	✔	✔	$2,000	$3,000
Indiana	✔	✔	✔	$2,000	$3,000
Iowa	✔	✔	✔	$2,000	$3,000
Kansas	✔	✔	✔	$2,000	$3,000
Kentucky	✔	✔	✔	$2,000	No response
Louisiana	✔	✔	✔	$2,000	$3,000
Maine	✔	✔	✔	$2,000	$3,000
Maryland	✔	✔	✔	$2,000	$3,000
Massachusetts	✔		✔	$2,000	$3,000
Michigan	✔	✔		$2,000	$3,000
Minnesota	✔	✔	✔ Aged only	$3,000	$6,000
Mississippi	✔	✔	✔	$4,000	$6,000
Missouri*	✔	varies by program	varies by program	varies by program	varies by program
Montana*	✔	✔	No response	$2,000	$3,000
Nevada	✔	✔	✔	$2,000	$3,000
New Hampshire	✔	✔	✔	$2,000	$3,000
New Jersey	✔	✔	✔	$2,000	$3,000
New Mexico	✔	✔	✔	$2,000	n/a**
Ohio	✔	✔	✔	$1,500	$2,250
Oklahoma	✔	✔	✔	$2,000	$3,000
Oregon	✔	✔	✔	$2,000	$3,000
Pennsylvania	✔	✔	✔	$2,000	$3,000
Rhode Island	✔	✔	✔	$2,000	$3,000
South Carolina	✔	✔	✔	$2,000	$3,000
South Dakota	✔	✔	✔	$2,000	$3,000
Tennessee	✔	✔	✔	$2,000	n/a**
Texas	✔	✔	✔	$2,000	$3,000
Utah	✔	✔	✔	$2,000	$3,000
Vermont	✔	✔	✔	$2,000	$3,000
Virginia	✔	✔	✔	$2,000	n/a**
Washington	✔	✔	✔	$2,000	$3,000
West Virginia	✔	✔	✔	$2,000	$3,000
Wisconsin	✔	✔	✔	$2,000	$3,000
Wyoming	✔	✔	✔	$2,000	$3,000
NO SPECIAL INCOME RULE					
California					
Hawaii					
Illinois					
Nebraska					
New York					
North Carolina					
North Dakota					

NOTES: *All but four states (AK, DE, MO and MT) reported setting the eligibility standard at 300% of SSI or about 224% FPL. AK's income limit is about 230% of SSI; DE's income limit is 250% of SSI; and in MO, the limits vary by program. MT has no set income limit, although individuals in a nursing facility must have incomes that are less than the monthly Medicaid payment rate for the facility and contribute most of their incomes to their costs of care in the facility. **All institutionalized individuals are considered single person households once eligibility is established. SOURCE: KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015).

Appendix Table 7: Medicaid Long-Term Care Personal Needs Allowance and Spousal Impoverishment Standards (2015)								
State	Monthly Personal Needs Allowance		Spousal Impoverishment Standards for Institutional Care				Miller Trust (maximum amount)	
	For Institutional Care	For HCBS	Monthly Community Spouse Needs Allowance	Community Spouse Asset Limit	Applies to HCBS Waiver Participants	Home Equity Limit	For Institutional Care	For HCBS
Alabama	$30	$2,199	$1,991	$25,000-119,220	Yes	$552,000	Yes, no cap	No
Alaska	$75	$1,656	$2,739	$109,560	Yes	$552,000	Yes, no cap	No
Arizona	$101	$2,022	$1,991-2,981	$23,844-119,220	Yes	$552,000	Yes, cap = $6,725 urban; $5,575 rural	Yes, cap = $6,725 urban; $5,575 rural
Arkansas	$40	$2,199	$1,991-2,981	$23,844-119,220	Yes	$552,000	Yes, no cap	Yes, no cap
California	$35	$600	$2,981	$119,220	Yes	No limit on principal residence	No	No
Colorado	$77	$2,022	$2,981	$119,220	Yes	$552,000	Yes, regional caps	Yes, no cap
Connecticut	$60	$1,962	$1,991-2,981	$23,844-119,220	Yes	$828,000	No	No
Delaware	$44	$1,991	$1,991-2,981	$25,000-119,220	Yes	$552,000	Yes, no cap	Yes, no cap
DC	$70	$2,199	$2,981	$23,844-119,220	Yes	$828,000	No	No
Florida	$105	$2,199	$1,991	$119,220	Yes	$552,000	Yes, no cap	Yes
Georgia	$50	$733	$2,981	$119,220	Yes	$552,000	Yes, no cap	Yes, no cap
Hawaii	$50	$469 - 1,130	$2,981	$119,220	Yes	$828,000	No	No
Idaho	$40	$733	$1,991-2,981	$23,844-119,220	Yes	$828,000	Yes, no cap	Yes
Illinois	$30	n/a*	$2,739	$109,560	Yes, some	$552,000	No	No
Indiana	$52	$2,199	$1,991-2,981	$23,844-119,220	Yes	$552,000	Yes, no cap	Yes
Iowa	$50	$2,199	$2,981	$24,000-119,220	Yes	$552,000	Yes, 125% of statewide avg. cost of facility	Yes
Kansas	$62	$727	$1,991-2,981	$23,844-119,220	Yes	$552,000	No	No
Kentucky	$40	$753	$1,991-2,981	$23,844-119,220	Yes	$552,000	Yes, no cap	No
Louisiana	$38	$2,199	$2,981	$119,220	Yes	$552,000	No	No
Maine	$40	$1,129	$1,991	$119,220	Yes	$828,000	No	No
Maryland	$77	$77**	$1,991-2,981	$23,844-119,220	Yes	$552,000	No	No
Massachusetts	$73	$2,199	$1992-2,981	$119,220	No	$828,000	No	No
Michigan	$60	$2,199	$2,981	$23,844-119,220	Yes	$552,000	No	No
Minnesota	$97	$981	$1,991-2,981	$33,851-119,220	Yes, aged only	$552,000	No	No
Mississippi	$44	$2,199	$2,981	$119,220	Yes	$552,000	Yes, no cap	Yes
Missouri	$50	n/a	$1,991-2,981	$23,844-119,220	Yes	$552,000	Yes	Yes
Montana	$50	$625	$1,991-2,981	$23,844-119,220	Yes	$552,000	No	No
Nebraska	$60	$981	$1,991-2,981	$23,844-119,220	Yes	$552,000	No	No
Nevada	$35	$2,199	$1,991-2,981	$23,884-119,220	Yes	$552,000	Yes, no cap	No
New Hampshire	$70	$2,022	$2,981	$23,844-119,220	No	$552,000	No	No

New Jersey	$35	$109 in alternative living facility; $2,199 for all others HCBS	$1,991	$23,448-117,240	Yes	$828,000	Yes	Yes
New Mexico	$69	$2,163	$1,991	$119,220	Yes	$828,000	Yes, no cap	Yes
New York	$50	$825	$2,981	$74,820-119,220	Yes	$828,000	No	No
North Carolina	$30	$903	$1,991	$23,844-119,220	Yes	$552,000	No	No
North Dakota	$65	$814	$2,267	$23,844-119,220	Yes	$552,000	No	No
Ohio	$50	$1,430	$1,991-2,981	$23,884-119,200	Yes	$552,000	No	No
Oklahoma	$50	$1,101	$2,981	$25,000-119,220	Yes	$552,000	Yes, cap = $4,365	Yes, cap = $4,365
Oregon	$60	$163	$1,991	$119,220	Yes	$552,000	Yes, cap = $7,663	Yes, cap = $7,663
Pennsylvania	$45	$2,199	$1,991-2,981	$23,844-119,220	Yes	$552,000	No	No
Rhode Island	$50	$923	$1,991-2,981	$23,844-119,220	Yes	$552,000	No	No
South Carolina	$30	$2,199	$2,981	$66,480	Yes	$552,000	Yes, no cap	Yes, no cap
South Dakota	$60	$733	$1,991	$119,220	Yes	$552,000	Yes, no cap	No
Tennessee	$50	$2,199	$1,991-2,981	$23,844-119,220	Yes	$552,000	Yes, no cap	Yes
Texas	$60	$2,199	$2,981	$23,844-119,220	Yes	$552,000	Yes, no cap	Yes, no cap
Utah	$45	$981	$1,991-2,981	$23,844-119,220	Yes	$552,000	No	No
Vermont	$48	$1,083	$1,991	$119,220	Yes	$552,000	No	No
Virginia	$40	$1,210	$2,981	$119,220	Yes	$552,000	No	No
Washington	$57.28 medical facility; $62.79 alternative living facility	$981	$1,991-2,981	$54,726-119,220	Yes	$552,000	No	No
West Virginia	$50	$2,199	$1,991-2,981	$23,844-119,220	Yes	$552,000	No	No
Wisconsin	$45	$2,199	$2,655	$50,000-119,220	Yes	$750,000	No	No
Wyoming	$50	$2,199	$2,981	$119,200	Yes	$552,000	Yes, no cap	No

NOTES: *With the exception of IL's Section 1915(c) waiver for seniors, IL does not recognize a monthly personal needs allowance for waiver enrollees who remain in their homes. **Shelter costs are deducted from available income.
SOURCE: KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015).

Appendix Table 8: State Adoption of Selected ACA Medicaid Eligibility and Renewal Provisions (2015)			
State	Adopted ACA Medicaid Expansion	Sends Pre-populated Forms for Aged/Disabled Pathway Eligibility Renewals	Offers Reconsideration Period for Aged/Disabled Eligibility Pathways
TOTAL	32	28	34
Alabama		Yes	Yes
Alaska	✔	No response	Yes
Arizona	✔	Yes	Yes
Arkansas	✔	Yes for MSP categories	No
California	✔	No (work in progress)	Yes, 90 days
Colorado	✔	Yes	No, after 30 days need to reapply
Connecticut	✔	No	No
Delaware	✔	Yes	Yes
DC	✔	No	No
Florida		Yes	Yes, 90 days
Georgia		Yes	Yes
Hawaii	✔	Yes	N/A
Idaho		Yes	Yes, 30 days
Illinois	✔	Yes	Yes
Indiana	✔	Yes	Yes
Iowa	✔	No	Yes, 90 days
Kansas		Yes	Yes
Kentucky		Yes	Yes
Louisiana	✔*	No	No
Maine		No response	Yes, 90 days
Maryland	✔	Yes	Yes, ≤4 months after due date
Massachusetts	✔	Yes	No
Michigan	✔	No	Yes
Minnesota	✔	No	No
Mississippi		Yes, for MSP categories	Yes, 90 days
Missouri		No (work in progress)	No
Montana	✔	Yes	No
Nebraska		Yes	Yes, 90 days
Nevada	✔	Yes	Yes
New Hampshire	✔	No	No
New Jersey	✔	No	Yes, 90 days
New Mexico	✔	No	No
New York	✔	No response**	Yes, 30 days
North Carolina		No	No response
North Dakota	✔	No (work in progress)	Yes
Ohio	✔	No, not at this time	Yes, 90 days
Oklahoma		Yes	No response
Oregon	✔	Yes	No response
Pennsylvania	✔	Yes	Yes
Rhode Island	✔	No response	No response
South Carolina		No	Yes, 90 days
South Dakota		Yes	Yes
Tennessee		No	Yes
Texas		Yes	Yes
Utah		Yes	Yes, 90 days
Vermont	✔	No	Yes, 90 days
Virginia		No, but will implement in early 2016	Yes
Washington	✔	No (work in progress)	Yes, 30 days; work in progress to increase to 90 days
West Virginia	✔	Yes	No
Wisconsin		Yes	Yes
Wyoming	✔	Yes	Yes, 60 days

NOTES: *Coverage not yet in effect. **NY performs automated renewals for beneficiaries in the Aged, Blind, and Disabled category.
SOURCES: Kaiser Family Foundation, State Health Facts, "Status of State Action on the Medicaid Expansion Decision" (Feb. 24, 2016), http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/; KCMU Medicaid Financial Eligibility Survey for Seniors and People with Disabilities (2015).

Endnotes

[1] Julia Paradise, Barbara Lyons, and Diane Rowland, "Medicaid at 50," Kaiser Family Foundation (May 2015), available at http://kff.org/medicaid/report/medicaid-at-50/. The total number of Medicaid beneficiaries with disabilities is higher because people with disabilities can qualify for Medicaid through a poverty-related pathway based solely on their low income status; in this case, their disability status would not necessarily be recorded. This report focuses on disability-related pathways to Medicaid eligibility.

[2] Juliette Cubanski, Giselle Casillas, and Anthony Damico, "Poverty Among Seniors: An Updated Analysis of National and State Level Poverty Rates Under the Official and Supplemental Poverty Measures," Kaiser Family Foundation (June 2015) (finding that 33% of seniors had incomes below 200% of the official poverty measure, while 45% of seniors had incomes below twice the poverty threshold under the Supplemental Poverty Measure in 2013), available at http://kff.org/medicare/issue-brief/poverty-among-seniors-an-updated-analysis-of-national-and-state-level-poverty-rates-under-the-official-and-supplemental-poverty-measures/.

[3] Erica Reaves and MaryBeth Musumeci, "Medicaid and Long-Term Services and Supports: A Primer," Kaiser Family Foundation (Dec. 2015), available at http://kff.org/medicaid/report/medicaid-and-long-term-services-and-supports-a-primer/.

[4] For information about Medicaid eligibility through poverty-related pathways, *see* Kaiser Family Foundation, "Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2016: Findings from a 50-State Survey" (Jan. 2016), available at http://kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey/.

[5] Katie Beckett survey data were supplemented with information about states' HCBS waivers targeted to comparable populations available on CMS Medicaid.gov, https://www.medicaid.gov/medicaid-chip-program-information/by-topics/waivers/waivers_faceted.html.

[6] 42 U.S.C. § 1396a(a)(10)(A)(i)(II); *but see* 42 U.S.C. § 1396a(f).

[7] The SSI federal benefit rate is unchanged for 2016. Social Security Administration, "SSI Federal Payment Amounts for 2016," available at https://www.ssa.gov/oact/cola/SSI.html.

[8] Section 209(b) states must allow SSI beneficiaries to establish Medicaid eligibility through a spend-down by deducting unreimbursed out-of-pocket medical expenses from their countable income (described later in this report). Section 209(b) states also must provide Medicaid to children who receive SSI and who meet the financial eligibility rules for the state's Aid to Families with Dependent Children program as of July 16, 1996. 42 U.S.C. § 1396a(f); *see also* 42 U.S.C. § 1396a(a)(10)(C)(i)(III) and (ii); 42 C.F.R. § 435.121(d).

[9] Dual eligible beneficiaries qualify for both Medicare and Medicaid. All dual eligible beneficiaries qualify for Medicaid assistance with their Medicare out-of-pocket costs through one of the MSPs described in this section. Additionally, Medicare beneficiaries who qualify for Medicaid through another (independent) poverty or disability-related eligibility pathway also receive full Medicaid benefits. These "full duals" receive Medicaid services that Medicare does not cover, such as long-term care, eyeglasses or hearing aids. Medicare beneficiaries who qualify only for an MSP are known as "partial duals" and receive Medicaid help only with Medicare premiums and/or cost-sharing. *See generally* Katherine Young et al. "Medicaid's Role for Dual Eligible Beneficiaries" Kaiser Family Foundation (Aug. 2013), available at http://kff.org/medicaid/issue-brief/medicaids-role-for-dual-eligible-beneficiaries/.

[10] Medicare Part D, which covers prescription drugs, has financial assistance for low-income beneficiaries (the Low Income Subsidy program) built into the program instead of being available through Medicaid. *See generally* Kaiser Family Foundation, "The Medicare Part D Prescription Drug Benefit" (Oct. 2015), available at http://kff.org/medicare/fact-sheet/the-medicare-prescription-drug-benefit-fact-sheet/.

[11] Medicare Part A also requires co-insurance for hospital stays over 60 days. Most Medicare beneficiaries qualify for Part A without a premium. Juliette Cubanski et al., "A Primer on Medicare: Key Facts About the Medicare Program and the People it Covers", Kaiser Family Foundation (March 2015), available at http://kff.org/medicare/report/a-primer-on-medicare-key-facts-about-the-medicare-program-and-the-people-it-covers/.

[12] *Ibid.*

[13] The President's FY 2017 budget proposes to streamline enrollment for the Medicare Savings Programs by setting a national standard for income and asset definitions. Office of Management and Budget, "Budget of the U.S. Government" at 61, available at https://www.whitehouse.gov/sites/default/files/omb/budget/fy2017/assets/budget.pdf.

[14] 42 U.S.C. § 1396d(p).

[15] 42 U.S.C. § 1396a(a)(10)(E)(iii).

[16] 42 U.S.C. § 1396a(a)(10)(E)(iv).

[17] Maine also disregards $75 of income in addition to other income disregards for MSP eligibility. Consumers for Affordable Health Care and Maine Equal Justice Partners, "MaineCare Eligibility Guide" (June 10, 2015), available at http://www.mejp.org/sites/default/files/MaineCare-Eligibility-Guide-June-2015.pdf.

[18] 42 U.S.C. § § 1396a(a)(10)(A)(ii)(X); 1396a(m).

[19] 42 U.S.C. § § 1396a(a)(10)(C); 1396d(a)(iii), (iv) and (v).

[20] Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates based on data from FY 2011 MSIS. Because 2011 data were unavailable, 2010 data were used for Florida, Kansas, Maine, Maryland, Montana, New Mexico, New Jersey, Oklahoma, Texas, and Utah.

[21] States' medically needy income levels are low because they were tied to the Aid to Families with Dependent Children (AFDC) payment levels that were in place in 1996. Specifically, federal rules require medically needy income levels to be no higher than 133 1/3% of the state's maximum AFDC level for a family of two without income or assets as of July 16, 1996. States can raise their medically needy income levels if they increase their TANF income standards, but relatively few states do so (TANF replaced AFDC in 1996). 42 U.S.C. § § 1396b(f)(1)(B)(i); 1396u-1(b) and (f)(3).

[22] For more information on the medically needy program and how to calculate spend down, *see* Molly O'Malley Watts and Katherine Young, "The Medically Needy Program: Spending and Enrollment Update," Kaiser Family Foundation, (Dec. 2012), available at http://kff.org/medicaid/issue-brief/the-medicaid-medically-needy-program-spending-and/.

[23] 42 U.S.C. § 1396a(e)(3); 42 C.F.R. § 435.225.

[24] 42 U.S.C. § § 1396a(a)(10)(A)(ii)(XIX); 1396a(cc)(1).

[25] 42 U.S.C. § 1396a(a)(10)(A)(ii)(XV) and (XVI); § 1396o(g).

[26] Center for Medicaid and CHIP Services, "Employment Initiatives," accessed Sept. 16, 2015, available at http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Grant-Programs/Employment-Initiatives.html.

[27] Those in institutions must have resided there for at least 30 days. 42 U.S.C. § 1396a(a)(10)(ii)(V) and (VI).

[28] Most states use Section 1915(c) waivers to offer HCBS. Nearly 1.5 million people in 48 states (including DC) received Medicaid HCBS through these waivers in 2012. Three other states (AZ, RI, VT) offered all home and community-based waiver services through Section 1115 demonstrations in 2012. Terence Ng, Charlene Harrington, MaryBeth Musumeci, and Erica Reaves, "Medicaid Home and Community-Based Services Programs: 2012 Data Update," Kaiser Family Foundation (Nov. 2015), available at http://kff.org/medicaid/report/medicaid-home-and-community-based-services-programs-2012-data-update/.

[29] 42 U.S.C. § 1396a(q).

[30] 42 C.F.R. § 435.726. States use different methodologies to determine the monthly personal needs allowances for HCBS beneficiaries. For example, Maryland allows individuals to deduct housing costs from income. Most states allow individuals to deduct their uncovered medical bills from income.

[31] In addition, NJ's personal needs allowance for HCBS beneficiaries is $109 per month for alternative living facilities and $2,199 per month for other HCBS.

[32] *See generally* 42 U.S.C. § 1396r-5(d).

[33] Section 2404 of the ACA makes spousal impoverishment protections for most HCBS waiver beneficiaries (at 42 U.S.C. § 1396r-5(h)(1)(A)) mandatory from Jan. 2014 through Dec. 2018.

[34] California regulations to apply the $828,000 limit have not yet been adopted.

[35] This option only applies to states that elect the special income rule but do not offer nursing facility services to medically needy groups. 42 U.S.C. § 1396p(d)(4)(B).

[36] Not all states' survey responses and § 1915(i) state plan amendments specify whether the state is using this option to cover individuals not otherwise eligible for Medicaid.

[37] Prior to the ACA, Section 1915(i) authorized states to offer HCBS through a state plan amendment "for individuals eligible for medical assistance under the State plan whose income does not exceed 150 percent of the poverty line" and who meet needs-based criteria for HCBS. Thus, to qualify for Section 1915(i) HCBS, individuals had to meet the Section 1915(i) financial and functional eligibility criteria and be eligible for Medicaid through an existing Medicaid state plan pathway. The ACA amended Section 1915(i) by creating a new Medicaid coverage group which, at state option, provides an independent pathway to Medicaid eligibility (including state plan benefits and HCBS) for those not otherwise eligible for Medicaid under another pathway. 42 U.S.C. § 1396a(a)(10)(A)(ii)(XXII) (authorizing state plan option to make categorically needy medical assistance available to individuals "who are eligible for home and community-based services under needs-based criteria established under [Section 1915(i)(1)(A) or (6)], and who will receive home and community-based services pursuant to a State plan amendment under such subsection.").

[38] MaryBeth Musumeci, "A Guide to the Supreme Court's Decision on the ACA's Medicaid Expansion," Kaiser Family Foundation (Aug. 2012), available at http://kff.org/health-reform/issue-brief/a-guide-to-the-supreme-courts-decision/.

[39] Kaiser Family Foundation, State Health Facts, "Status of State Action on the Medicaid Expansion Decision" (Feb. 24, 2016), http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/

[40] MaryBeth Musumeci, "The Affordable Care Act's Impact on Medicaid Eligibility, Enrollment, and Benefits for People with Disabilities," Kaiser Family Foundation (April 2014), available at http://kff.org/health-reform/issue-brief/the-affordable-care-acts-impact-on-medicaid-eligibility-enrollment-and-benefits-for-people-with-disabilities/.

[41] Kaiser Family Foundation, "Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2016: Findings from a 50-State Survey" (Jan. 2016), available at http://kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey/.

[42] 42 C.F.R. § 435.911(c)(2); *see also* MaryBeth Musumeci, "The Affordable Care Act's Impact on Medicaid Eligibility, Enrollment, and Benefits for People with Disabilities," Kaiser Family Foundation (April 2014), available at http://kff.org/health-reform/issue-brief/the-affordable-care-acts-impact-on-medicaid-eligibility-enrollment-and-benefits-for-people-with-disabilities/.

[43] MaryBeth Musumeci, "The Affordable Care Act's Impact on Medicaid Eligibility, Enrollment, and Benefits for People with Disabilities," Kaiser Family Foundation (April 2014), available at http://kff.org/health-reform/issue-brief/the-affordable-care-acts-impact-on-medicaid-eligibility-enrollment-and-benefits-for-people-with-disabilities/.

[44] Tricia Brooks, Sean Miskell, Samantha Artiga, Elizabeth Cornachione, and Alexandra Gates, "Medicaid and CHIP Eligibility, Enrollment, Renewal, and Cost-Sharing Policies as of January 2016: Findings from a 50-State Survey," Kaiser Family Foundation (Jan. 2016), available at http://kff.org/medicaid/report/medicaid-and-chip-eligibility-enrollment-renewal-and-cost-sharing-policies-as-of-january-2016-findings-from-a-50-state-survey/.

[45] 42 C.F.R. § 435.916(b); *see also* MaryBeth Musumeci, "The Affordable Care Act's Impact on Medicaid Eligibility, Enrollment, and Benefits for People with Disabilities," Kaiser Family Foundation (April 2014), available at http://kff.org/health-reform/issue-brief/the-affordable-care-acts-impact-on-medicaid-eligibility-enrollment-and-benefits-for-people-with-disabilities/.

[46] 42 C.F.R. § 435.916(a)(3).

[47] Vernon Smith, Kathleen Gifford, Eileen Ellis, Robin Rudowitz, and Laura Snyder, "Medicaid in an Era of Health and Delivery System Reform: Results form a 50-State Medicaid Budget Survey for State Fiscal Years 2014 and 2015," at 9, Kaiser Family Foundation (Oct. 2014), available at http://kff.org/medicaid/report/medicaid-budget-survey-archives/.

[48] *Ibid.*

[49] *See, e.g.*, MaryBeth Musumeci, Julia Paradise, Erica Reaves, and Henry Claypool, "Benefits and Cost-Sharing for Working People with Disabilities in Medicaid and the Marketplace," Kaiser Family Foundation (Oct. 2014), available at http://kff.org/medicaid/issue-brief/benefits-and-cost-sharing-for-working-people-with-disabilities-in-medicaid-and-the-marketplace/; *see also* National Council on Disability, "Implementing the Affordable Care Act: A Roadmap for People with Disabilities" at 39 (Jan. 19, 2016), available at https://www.ncd.gov/newsroom/2016/report-release-implementing-affordable-care-act-roadmap-people-disabilities.

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