

## **Oklahoma Health Care Authority**

The Oklahoma Health Care Authority (OHCA) values your feedback and input. It is very important that you provide your comments regarding the proposed rule change by the comment due date. Comments can be submitted on the OHCA's [Proposed Changes Blog](#).

**OHCA COMMENT DUE DATE:** May 13, 2020

**Reference:** APA WF 20-08B Emergency Rule

### **SUMMARY:**

**Medicaid Expansion** - The proposed rule changes will expand Medicaid eligibility for individuals, age nineteen (19) or older and under age sixty-five (65), with incomes at or below 133% of the federal poverty level.

### **LEGAL AUTHORITY:**

The Oklahoma Health Care Authority Act, Section 5007 (C)(2) of Title 63 of Oklahoma Statutes; The Oklahoma Health Care Authority Board; Section 435.119, Title 42 of the Code of Federal Regulations

### **RULE IMPACT STATEMENT:**

#### **STATE OF OKLAHOMA OKLAHOMA HEALTH CARE AUTHORITY**

**SUBJECT:** Rule Impact Statement  
APA WF # 20-08B

#### **A. Brief description of the purpose of the rule:**

The proposed rule changes will expand Medicaid eligibility for individuals, age nineteen (19) or older and under age sixty-five (65), with incomes at or below 133% of the federal poverty level (FPL) by creating a "new adult group" as per Section 435.119 of Title 42 of the Code of Federal Regulations.

Additionally, proposed changes will remove any references to the SoonerPlan program as it is being terminated. The adults currently being served by SoonerPlan will transition to the new adult Medicaid expansion population and will be eligible to receive more comprehensive services.

Lastly, revisions will align and better clarify policy with current practice and correct grammatical errors.

- B. A description of the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the cost of the proposed rule, and any information on cost impacts received by the agency from any private or public entities:

The proposed rule will likely affect adults with incomes below the 133 % federal poverty level who are deemed eligible under the expanded Medicaid eligibility option. The proposed rule will also affect providers who will likely see an increase in patient visits.

- C. A description of the classes of persons who will benefit from the proposed rule:

The proposed rule will benefit those individuals who meet the new eligibility criteria and can receive health care coverage.

- D. A description of the probable economic impact of the proposed rule upon the affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change:

There is no probable impact of the proposed rule changes upon any classes of persons or political subdivisions.

- E. The probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency:

The estimated budget impact for SFY2021 will be an increase in the total amount of \$1,134,994,140 with \$148,654,454 in state share. The estimated budget impact for SFY2022 will be an increase in the total amount of \$1,206,287,815 with \$164,790,227 in state share.

- F. A determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule:

There is no economic impact on political subdivisions.

- G. A determination of whether implementation of the proposed rule will have an adverse effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act:

The proposed rule will not have an adverse effect on small business.

- H. An explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or non-regulatory methods or less intrusive methods for achieving the purpose of the proposed rule:

The agency has taken measures to determine that there is no less costly or non-regulatory method or less intrusive method for achieving the purpose of the proposed rule.

- I. A determination of the effect of the proposed rule on the public health, safety, and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety, and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk:

The proposed rule should have no adverse effect on the public health, safety, and environment.

- J. A determination of any detrimental effect on the public health, safety, and environment if the proposed rule is not implemented:

The agency does not believe there is a detrimental effect on the public health and safety if the rule is not passed. The agency believes that the approval of the rule will have a positive effect on access to care and health outcomes for Oklahomans.

- K. The date the rule impact statement was prepared and if modified, the date modified:

Prepared: March 25, 2020

Modified: April 24, 2020

#### **RULE TEXT**

#### **TITLE 317. OKLAHOMA HEALTH CARE AUTHORITY CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS AND CHILDREN- ELIGIBILITY**

## SUBCHAPTER 5. ELIGIBILITY AND COUNTABLE INCOME

### PART 1. DETERMINATION OF QUALIFYING CATEGORICAL RELATIONSHIPS

#### 317:35-5-2. Categorically related programs

(a) In order to be eligible for SoonerCare, an individual must first meet the description of a member eligibility group. For individuals related to the aged, blind, or disabled groups, categorical relationship is established using the same definitions of age, disability and blindness as used by the Social Security Administration (SSA) in determining eligibility for Supplemental Security Income (SSI) or SSA benefits. If the individual is a SSA/SSI recipient in current payment status (including presumptive eligibility), a ~~TANF~~ Temporary Assistance for Needy Families (TANF) recipient, an adoption assistance or kinship guardianship assistance recipient, or is under age nineteen (19), categorical relationship is automatically established. For individuals related to the adult group, age nineteen (19) or older and under age sixty-five (65), the categorical relationship is established and defined by 42 C.F.R. § 435.119. Categorical relationship to the pregnancy group is established when the determination is made by medical evidence that the individual is or has been pregnant. Effective January 1, 2014, verification of pregnancy is only required if the individual's declaration that she is pregnant is not reasonably compatible with other information available to the agency. Pregnancy-related services include all medical services provided within the scope of the program during the prenatal, delivery and postpartum periods for women in this pregnancy group; see Subchapter 22 of this Chapter for services for unborn children covered under Title XXI. For an individual age nineteen (19) or over to be related to the parent and caretaker relative group, the individual must have a minor dependent child. For an individual to be related to the former foster care children group, the individual must not be eligible for the Title XIX pregnancy or parent ~~or~~ and caretaker relative groups, must be aged ~~19-26~~ nineteen (19) to twenty-six (26), and must have been receiving SoonerCare as a foster care child when he/she aged out of foster care in Oklahoma. There is no income or resource test for the former foster care children group. Categorical relationship to ~~Refugee~~ refugee services is established in accordance with OAC 317:35-5-25. Categorical relationship for the Breast and Cervical Cancer (BCC) Treatment program is established in accordance with OAC 317:35-21. ~~Categorical relationship for the SoonerPlan Family Planning Program is established in accordance with OAC 317:35-5-8.~~ Categorical relationship for ~~pregnancy-related~~ pregnancy-related benefits covered under Title XXI is established in accordance with OAC 317:35-22. Benefits for pregnancies covered under Title XXI

medical services are provided within the scope of the program during the prenatal, delivery and postpartum care when included in the global delivery payment. To be eligible for SoonerCare benefits, an individual must be related to one (1) of the following eligibility groups and as defined above in this Section:

- (1) Aged;
  - (2) Disabled;
  - (3) Blind;
  - (4) Pregnancy;
  - (5) Children, also including newborns deemed eligible;
  - (6) Parents and ~~Caretaker Relatives~~ caretaker relatives;
  - (7) Refugee;
  - (8) ~~Breast and Cervical Cancer Treatment~~ BCC treatment program;
  - ~~(9) SoonerPlan Family Planning Program~~
  - ~~(10)~~ (9) Benefits for pregnancies covered under Title XXI;
  - ~~(11)~~ (10) Former foster care children; or
  - (11) Adult group, age nineteen (19) or older and under age sixty-five (65).
- (b) The Authority may provide SoonerCare to reasonable categories of individuals under age twenty-one (21).
- (1) Individuals eligible for SoonerCare benefits include individuals between the ages of nineteen (19) and twenty-one (21):
    - (A) ~~for~~ For whom a public agency is assuming full or partial financial responsibility who are in custody as reported by the ~~Oklahoma Department of Human Services (OKDHS)~~ OKDHS and in foster homes, private institutions or public facilities; or
    - (B) ~~in~~ In adoptions subsidized in full or in part by a public agency; or
    - (C) ~~individuals~~ Individuals under age twenty one (21) receiving active treatment as inpatients in public psychiatric facilities or programs if inpatient psychiatric services for individuals under age twenty one (21) are provided under the State Plan and the individuals are supported in full or in part by a public agency; or
  - (2) Individuals eligible for SoonerCare benefits include individuals between the ages of eighteen (18) and twenty one (21) if they are in custody as reported by OKDHS on their ~~18<sup>th</sup>~~ eighteenth (18<sup>th</sup>) birthday and living in an ~~out-of-home~~ out-of-home placement.

**317:35-5-8. Determining categorical relationship for the SoonerPlan Family Planning Program [REVOKED]**

~~All non-pregnant women and men ages 19 and older, regardless of pregnancy or paternity history, who are otherwise ineligible for SoonerCare are categorically related to the SoonerPlan Family~~

~~Planning Program. If eligible for SoonerCare benefits, the individual can choose to enroll only in SoonerPlan with the option of applying for SoonerCare at any time.~~

**317:35-5-9. Determining categorical relationship to the adult group, age nineteen (19) or older and under age sixty-five (65).**

All adults, age nineteen (19) or older and under age sixty-five (65), as established and defined by 42 C.F.R. § 435.119, are categorically related to the adult group.

**PART 5. COUNTABLE INCOME AND RESOURCES**

**317:35-5-48. Determination of income and resources for categorical relationship to the adult group, age nineteen (19) or older and under age sixty-five (65).**

Income is determined in accordance with the Modified Adjusted Gross Income (MAGI) methodology for individuals related to the adult group. See Subchapter 6 of this Chapter for MAGI rules.

**PART 7. APPLICATION AND ELIGIBILITY DETERMINATION PROCEDURES**

**317:35-5-60. Application for SoonerCare; forms**

(a) **Application.** ~~An application for Medical Services~~medical services consists of the ~~Medical Assistance Application~~SoonerCare application. The application form is signed by the individual, parent, spouse, guardian or someone else acting on the individual's behalf. An individual does not have to have received a medical service nor expect to receive one to be certified for SoonerCare. Effective January 1, 2014, the application form is available as an online application, as a paper form, and is available to be completed by telephone with the assistance of the agency.

(1) An application may be made in a variety of locations, for example, a physician's office, a hospital or other medical facility or in the county OKDHS office. An application may be made online by individuals who are pregnant, or have children ~~or are applying for family planning services only~~. A ~~face-to-face~~face-to-face interview is not required. Only SoonerCare applications for women who are pregnant, and families with children ~~and for family planning services~~ are mailed to the OHCA Eligibility Unit. Applications for other medical services may be mailed or faxed to the local county OKDHS office. If faxed, it is not necessary to send the original application. When an individual indicates a need for health benefits, the physician or facility may forward an application or 08MA005E to the OKDHS county office of the patient's residence for processing. The physician or facility may forward an application or 08MA005E for individuals who are pregnant, or

~~have children or are applying for family planning services only~~ to the OHCA Eligibility Unit for processing. If the applicant is unable to sign the application, someone acting on his/her behalf may sign the application. Effective October 1, 2013, an application for SoonerCare may also be submitted through the Health Insurance Exchange.

(2) OKDHS form 08MA005E, Notification of Needed Medical Services, is required only for preauthorization of medical services. Although not required, the form may be submitted by the physician or facility as notification of a need for medical services. The form also may be accepted as medical verification of pregnancy.

(3) Receipt of the SoonerCare Application form or OKDHS form 08MA005E constitutes an application for SoonerCare.

(4) If OKDHS form 08MA005E is received and an application cannot be completed, receipt of OKDHS form 08MA005E constitutes an application which must be registered and subsequently denied. The applicant and provider are notified by computer-generated notice.

(5) If the applicant also wishes to apply for a State Supplemental Payment, either the applicant or his/her guardian must sign the Medical Assistance Application form.

(b) **Date of application.** When an application is made online, the date of application is the date the application is submitted online. The date of application for a paper application is the date a signed application is received and stamped in by contracted agency partners or OHCA. When a request for SoonerCare is made orally, and that request is followed within 20 ~~20~~ twenty (20) days by a signed application, the documented date of the oral request is the date of application. When OKDHS form 08MA005E is received by OKDHS, or received by OHCA and forwarded to OKDHS, the earliest of the date stamps is considered the date of request and should be honored when followed within 20 ~~20~~ twenty (20) days by a signed application for SoonerCare.

**317:35-5-63. Agency responsible for determination of eligibility**

(a) **Determination of eligibility by OHCA.** OHCA is responsible for determining eligibility for the following eligibility groups:

- (1) ~~children~~ Children;
- (2) ~~newborns~~ Newborn deemed eligible;
- (3) ~~pregnant~~ Pregnant women;
- (4) ~~pregnancy-related~~ Pregnancy-related services under Title XXI;
- (5) ~~parents~~ Parents and caretaker relatives;
- (6) ~~former~~ Former foster care children;
- (7) ~~Oklahoma Cares Breast and Cervical Cancer program~~ Breast and cervical cancer (BCC) treatment program; and

~~(8) SoonerPlan Family Planning~~

(8) Adult group, age nineteen (19) or older and under age sixty-five (65), who are not related to the aged, blind, or disabled groups.

(b) **Determination of eligibility by OKDHS.** OKDHS is responsible for determining eligibility for the following eligibility groups:

(1) TANF recipients

(2) ~~recipients~~Recipients of adoption assistance or kinship guardianship assistance;

(3) ~~state~~State custody;

(4) Refugee ~~Medical Assistance~~medical assistance;

(5) ~~aged~~Aged;

(6) ~~blind~~Blind;

(7) ~~disabled~~Disabled;

(8) Tuberculosis;

(9) ~~QMBP~~Qualified Medicare Beneficiary Plus (QMBP);

(10) ~~QDWI~~Qualified Disabled Working Individual (QDWI);

(11) ~~SLMB~~Specified Low-Income Medicare Beneficiary (SLMB);

(12) ~~QI-1~~Qualifying Individual (QI-1);

(13) ~~Long-term~~Long-term care services; and

(14) ~~alien~~Alien emergency services.

(c) **Determination of eligibility for programs offered through the Health Insurance Exchange.** Effective October 1, 2013, OHCA assesses applicants who are found to be ineligible for SoonerCare for potential eligibility for affordable insurance programs offered through the Health Insurance Exchange. OHCA does not determine eligibility or ineligibility for those programs. OHCA facilitates the determination for those affordable insurance programs by forwarding applicants' electronic applications to the Health Insurance Exchange.

## **SUBCHAPTER 6. SOONERCARE FOR PREGNANT WOMEN AND FAMILIES WITH CHILDREN**

### **PART 1. GENERAL**

#### **317:35-6-1. Scope and applicability**

(a) The rules in this Subchapter apply when determining financial eligibility for SoonerCare ~~Health Benefits~~health benefits for groups whose eligibility is determined using Modified Adjusted Gross Income (MAGI). These rules apply to the following groups:

(1) Children~~;~~;

(2) Pregnant women~~;~~;

(3) Pregnancy-related services under Title XXI~~;~~;

(4) Parents and caretaker relatives~~;~~;

~~(5) SoonerPlan Family Planning program,~~

~~(6)~~(5) Independent foster care adolescents~~;~~;

- ~~(7) Inpatients~~ (6) Individuals under age twenty-one (21) in public psychiatric facilities under 21, and;  
~~(8) Tuberculosis;~~  
(8) Former foster care children;  
(9) Children with non IV-E adoption assistance;  
(10) Individuals in adoptions subsidized in full or part by a public agency; and  
(11) Adult group, age nineteen (19) or older and under age sixty-five (65), who are not related to the aged, blind, or disabled groups.
- (b) See ~~42 Code of Federal Regulation, Sec. 435.603~~ 42 C.F.R. § 453.603 to determine whether MAGI applies to a group not specifically listed in this Section.
- (c) MAGI rules ~~take~~ took effect on October 1, 2013.

### PART 3. APPLICATION PROCEDURES

#### **317:35-6-15. ~~Application for SoonerCare for Pregnant Women and Families with Children~~ pregnant women, families with children, and adults [age nineteen (19) or older and under age sixty-five (65)]. forms**

(a) **Application.** ~~An application for pregnant women and, families with children, and adults [age nineteen (19) or older and under age sixty-five (65)] who are not related to the aged, blind, or disabled groups~~ consists of the SoonerCare application. The application form is signed by the individual, parent, spouse, guardian, or someone else acting on the individual's behalf. An individual does not have to have received a medical service nor expect to receive one to be certified for SoonerCare. Effective October 1, 2013, individuals who wish to use a paper application form to apply for coverage under a MAGI eligibility group must submit the federal Single Streamlined Application to apply for SoonerCare.

(1) An application may be made in a variety of locations, for example, a physician's office, a hospital or other medical facility, ~~Health Department, in the county OKDHS office~~ Oklahoma Department of Health, in the individual's county Oklahoma Department of Human Services (OKDHS) office, or online. A ~~face to face~~ face-to-face interview is not required. Applications are mailed to the OHCA Eligibility Unit. When an individual indicates a need for SoonerCare, the physician or facility may forward an application to the OHCA Eligibility Unit for processing. If the applicant is unable to sign the application, someone acting on his/her behalf may sign the application. Effective October 1, 2013, an application for SoonerCare may also be submitted through the Health Insurance Exchange.

(2) OKDHS form 08MA005E, Notification of Needed Medical

Services, is required only for preauthorization of medical services. Although not required, the form may be submitted by the physician or facility as notification of a need for medical services. The form also may be accepted as medical verification of pregnancy.

(3) Receipt of the SoonerCare ~~Application~~application form or OKDHS form 08MA005E constitutes an application for SoonerCare.

(4) If OKDHS form 08MA005E is received and a SoonerCare application cannot be completed, receipt of OKDHS form 08MA005E constitutes an application which must be registered and subsequently denied. The applicant and provider are notified by computer-generated notice.

(5) A hospital providing services may file an electronic Notification of Date of Service (NODOS) form with OHCA up to five (5) days from the date services are rendered. The hospital, applicant, or someone acting on the applicant's behalf has fifteen (15) days from the date the NODOS form was received by OHCA to submit a completed SoonerCare application. Filing a Notification of Date of Service does not guarantee coverage and if a completed application is not submitted within fifteen (15) days, the NODOS is void.

(b) **Date of application.** When an application is made online, the date of application is the date the application is submitted online. The date of application for a paper application is the date a signed application is received and stamped in by contracted agency partners or OHCA. When a request for SoonerCare is made orally, and that request is followed within ~~20~~twenty (20) days by a signed application, the documented date of the oral request is the date of application. When OKDHS form 08MA005E is received by OKDHS, or received by OHCA and forwarded to OKDHS, the earliest of the date stamps is considered the date of request and should be honored when followed within ~~20~~twenty (20) days by a signed application for SoonerCare.

(c) **Other application and signature requirements.** For additional rules regarding other application and eligibility determination procedures, see Part 7 of Subchapter 5 of this Chapter.

## **PART 5. DETERMINATION OF ELIGIBILITY FOR SOONERCARE FOR PREGNANT WOMEN AND FAMILIES WITH CHILDREN**

**317:35-6-36. Financial eligibility of individuals categorically related to ~~AFDC or pregnancy-related services~~ Aid to Families with Dependent Children (AFDC), pregnancy-related services or adults[age nineteen (19) or older and under age sixty-five (65)]**

(a) ~~Prior to October 1, 2013.~~ When determining financial eligibility for an individual related to AFDC or pregnancy-related services or adults [age nineteen (19) or older

and under age sixty-five (65)] who are not related to the aged, blind, or disabled, the income of the following persons (if living together or if living apart as long as there has been no break in the family relationship) are considered. These persons include the:

- (1) ~~the individual~~ Individual;
  - (2) ~~the spouse~~ Spouse of the individual;
  - (3) ~~the biological~~ Biological or adoptive parent(s) of the individual who is a minor dependent child. For ~~Health Benefits~~ health benefits only, income of the stepparent of the minor dependent child is determined according to OAC 317:35-5-45;
  - (4) ~~minor~~ Minor dependent children of the individual if the children are being included in the case for ~~Health Benefits~~ health benefits. If the individual is ~~19~~ nineteen (19) years or older and not pregnant, at least one (1) minor dependent child must be living in the home and included in the case for the individual to be related to AFDC;
  - (5) ~~blood~~ Blood related siblings, of the individual who is a minor child, if they are included in the case for ~~Health Benefits~~ health benefits or;
  - (6) ~~a caretaker~~ Caretaker relative and spouse (if any) and minor dependent children when the caretaker relative is to be included for coverage.
- (b) **Prior to October 1, 2013.** The family has the option to exclude minor dependent children or blood related siblings [OAC 317:35-6-36(a) (4) and (5)] and their income from the eligibility process. However, for the adult to be eligible, at least one (1) minor child and his/her income must be included in the case. The worker has the responsibility to inform the family of the most advantageous consideration in regard to coverage and income.
- (c) **Effective October 1, 2013.** The MAGI methodology is used to determine eligibility for MAGI eligibility groups. See OAC 317:35-6-39 through ~~OAC~~ 317:35-6-54.
- (d) **Effective October 1, 2013.** Individuals who are determined to be part of a MAGI household cannot be excluded from the household; likewise, income of individuals determined to be part of a MAGI household cannot be excluded unless the exclusion is expressly required under MAGI rules.
- ~~(e) When determining financial eligibility for an individual related to the children, parent or caretaker relative, or pregnancy groups, consideration is not given to income of any person who is aged, blind or disabled and receives SSI or is determined to be categorically needy.~~

**317:35-6-37. Financial eligibility of categorically needy individuals related to ~~AFDC or pregnancy-related services~~ Aid to**

**Families with Dependent Children (AFDC), pregnancy-related services, parent/caretaker relatives, families with children, and adults [age nineteen (19) or older and under age sixty-five (65)]**

Individuals whose income is less than the SoonerCare ~~Income Guidelines~~ income guidelines for the applicable eligibility group are financially eligible for SoonerCare.

(1) **Categorically related to pregnancy-related services.** For an individual related to pregnancy-related services to be financially eligible, the countable income must be less than the appropriate standard according to the family size on the SoonerCare ~~Income Guidelines~~ income guidelines. In determining the household size, the pregnant woman and her unborn child(ren) are included.

(2) **Categorically related to ~~children's and parent/caretakers' groups~~ the children and parent/caretaker relative groups.**

(A) **Parent/caretakers' caretaker relative group.** For the individual in the parent/caretakers' caretaker relative group to be considered categorically needy, the SoonerCare ~~Income Guidelines~~ income guidelines must be used.

(i) ~~SoonerCare Income Guidelines.~~ Individuals age ~~19~~nineteen (19) years or older, other than pregnant women, are determined categorically needy if countable income is less than the ~~Categorically Needy Standard~~categorically needy standard, according to the family size.

(ii) ~~SoonerCare Income Guidelines.~~ All individuals under ~~19~~nineteen (19) years of age are determined categorically needy if countable income is equal to or less than the ~~Categorically Needy Standard~~categorically needy standard, according to the size of the family.

(B) **Families with children.** Individuals who meet financial eligibility criteria for the ~~children's~~children and parent/caretakers' caretaker relative groups are:

(i) All persons included in an active TANF case.

(ii) Individuals related to the ~~children's~~children or parent/caretakers' caretaker relative groups whose countable income is within the current appropriate income standard, but who do not receive TANF assistance.

(iii) All persons in a TANF case in ~~Work Supplementation~~work supplementation status who meet TANF eligibility conditions other than earned income.

(iv) Those individuals who continue to be eligible for Medicaid in a TANF case after they become ineligible for a TANF payment. These individuals will continue to be considered categorically needy if the TANF case was closed due to child or spousal support, the loss or reduction of earned income exemption by any member of the

assistance unit, or the new or increased earnings of the parent/caretaker relative.

**(3) Adults [age nineteen (19) or older and under age sixty-five (65)] who are not aged, blind or disabled.** Individuals who meet financial eligibility criteria for the adults [age nineteen (19) or older and under age sixty-five (65)] are established and defined by 42 C.F.R. § 435.119 and by the Oklahoma Medicaid State Plan.

**317:35-6-38. Hospital Presumptive Eligibilitypresumptive eligibility (HPE)**

(a) **General.** ~~Hospital Presumptive Eligibility (HPE)~~HPE is a limited period of SoonerCare eligibility for individuals who are categorically related to certain MAGI eligibility groups listed in OAC 317:35-6-38(a)(1)(A)(i) through (vi) and are also determined by a qualified hospital ~~(see OAC 317:35-6-38(a)(2)(A) through (L))~~for the conditions of a qualified hospital[see OAC 317:35-6-38(a)(2)(A) through (L) for the conditions of a qualified hospital], on the basis of preliminary information provided by the applicant on a completed HPE application, to be eligible for SoonerCare services. The rules in this ~~section~~Section apply only to those individuals applying for, or qualified hospitals determining eligibility under, the HPE program.

(1) **Individuals eligible to participate in the HPE program.** To be eligible to participate in the HPE program, an individual must be categorically related to a MAGI eligibility group (see OAC 317:35-5-2 for categorical relationship criteria) and also meet the income standard and non-medical eligibility specified in this section.

(A) **MAGI Eligibility Groupseligibility groups.** The following MAGI eligibility groups are eligible to have a presumptive eligibility (PE) determination made by a qualified hospital participating in the HPE program:

- (i) ~~children~~Children;
- (ii) ~~pregnant~~Pregnant women;
- (iii) ~~parents and caretaker relatives~~parent/caretaker relative;
- (iv) ~~former~~Former foster care children; and
- (v) Breast and Cervical Cancer Treatmentcervical cancer (BCC) treatment program; and.
- ~~(vi) SoonerPlan Family planning.~~

(B) **Income standard.** The income that is counted in determining PE for an individual is that individual's household income. The income limit for the MAGI eligibility groups covered under the HPE program is the same as defined in OAC 317:35-6-39(b)(8) and is listed on the HPE application. The calculation of countable household income

for an individual covered under the HPE program is the same as OAC 317:35-6-39, except that, in determining the individual's household composition, only the MAGI household composition non-filer rules listed under OAC 317:35-6-43 apply for all individuals applying for the HPE program regardless of whether or not the individual is a tax filer, plans on filing taxes, or is a tax dependent.

(C) **Non-medical eligibility requirements.** Individuals covered under the HPE program must also meet the non-medical eligibility requirements described in OAC 317:35-5-25.

(D) **Pregnant women covered under the HPE program.** Coverage for pregnant women who are covered under the HPE program is limited to ambulatory prenatal care only, and the number of PE periods that may be authorized for pregnant women is one per pregnancy. Pregnant women who may be covered for the benefit of the unborn child(ren) under Title XXI are not eligible for the HPE program.

(E) **Other individuals covered under the HPE program.** Coverage for other individuals listed under OAC 317:35-6-38(a)(1)(A)(i) through (vi) who are covered under the HPE program, except for pregnant women, is the same as covered under the State Plan. The number of PE periods that may be authorized is one period every ~~365~~three hundred sixty-five (365) days beginning on the date the individual is enrolled in HPE.

(2) **Qualified hospital.** The decision that a hospital is qualified to make PE determinations is made by the OHCA. In order to participate in the HPE program and make PE determinations, a qualified hospital must:

(A) Meet all the conditions of an eligible provider under OAC 317:30-5-40;

(B) Elect to participate in the HPE program by:

(i) Completing and submitting a HPE Statement of Intent and Memorandum of Understanding to the OHCA and agreeing to all the terms and conditions of the HPE program;

(ii) Amending its current contract with the OHCA to include participation in the HPE program;

(C) Assign and designate a hospital employee to serve as the HPE program administrator and point of contact;

(D) Assign and designate hospital employees to make PE determinations. The term ~~Authorized Hospital Employee(s)~~ "authorized hospital employee(s) (AHE)" means all individuals making PE determinations on behalf of a hospital participating in the HPE program. The AHE must meet the following conditions:

(i) Be an employee of the hospital (i.e. the AHE may not be a third party contractor);

- (ii) Attend, complete, and pass the HPE program training course provided and assessed by the OHCA;
  - (iii) The AHE certificate of HPE course completion must be kept in the worker's file at the hospital and must be made available to the OHCA upon request;
  - (iv) Follow state and federal privacy and security requirements regarding patient confidentiality;
  - (v) Agree to abide by all the rules and guidelines of the HPE program established by the OHCA under this section.
- (E) Notify the OHCA of any changes in the AHE's employment status or in the designation of that individual as the hospital's AHE;
- (F) Abide by the rules and regulations of the Uniform Electronic Transaction Act as outlined in OAC 317:30-3-4.1;
- (G) Keep internal records of all individuals for whom a PE determination was made and make those records available to the OHCA upon request;
- (H) Agree to submit all completed HPE applications and PE determinations to the OHCA within ~~five~~ (5) days of the PE determination;
- (I) Notify the applicant in writing, or in cases where the HPE application was made on behalf of a child, notify the child's parent or caretaker of the PE determination outcome and provide and explain to eligible members the "HPE Program Policy and Enrollment" form;
- (J) Assist HPE applicants with the completion of a full SoonerCare application within ~~15~~ fifteen (15) days of the HPE application submission to the OHCA;
- (K) Agree to adhere to the processes and procedures established by the OHCA regarding the operation and oversight of the HPE program; and
- (L) Cooperate with the OHCA regarding audit and quality control reviews on PE determinations the hospital makes. The agency may terminate the HPE agreement with the hospital if the hospital does not meet the standards and quality requirements set by the OHCA.

(3) **Limited hospital PE determinations.** The agency limits the PE determinations that a hospital may make to only those eligibility groups described in OAC 317:35-6-38(a)(1)(A) using the MAGI methodology rules established for the HPE program. Additionally, PE determinations made for individuals categorically related to the ~~Breast and Cervical Cancer Treatment~~ breast and cervical cancer (BCC) treatment program are limited to qualified hospitals that are also qualified entities through the NBCCEDP.

(b) **General provisions of the HPE program.** The agency provides SoonerCare coverage to eligible individuals covered during a

period of PE.

(1) **PE period.** The PE period begins on the date a qualified hospital determines an individual to be eligible under the HPE program. A qualified hospital has ~~five~~ (5) days to notify the agency of its PE determination. The PE period ends with the earlier of:

(A) The day the agency receives the SoonerCare application form as described in OAC 317:35-5-60 and an eligibility determination is made by the agency; or

(B) If a SoonerCare application is not received, the last day of the month following the month in which the PE determination was made.

(2) **Agency approval of PE.** When the OHCA receives a timely and completed HPE application, a case number and, if needed, SoonerCare member ID is assigned to the member by the agency. Qualified hospitals will be able to review member enrollment and eligibility, once those members have been entered into the system by the OHCA, for claims billing and member eligibility verification.

(3) **Incomplete HPE applications.** Upon receiving a HPE Application, the OHCA reviews it for completeness and correctness. The HPE application is considered incomplete if it is not filled out in its entirety (e.g., the applicant's first or last name is not provided on the application) or if the application is not filed timely with the OHCA. When the HPE application is determined to be incomplete, the HPE application is returned to the AHE or the HPE program administrator at the qualified hospital to correct the application errors or amend the HPE application. To maintain the original PE certification period, the qualified hospital must return the completed or corrected HPE application to the agency within five (5) working days.

(4) **Applicant appeal.** The HPE applicant cannot appeal the PE determination made by a qualified hospital or the expiration date of the PE period.

(5) **Applicant ineligibility.** Applicants ineligible for the HPE program are individuals who do not meet the HPE criteria, individuals who have previously been enrolled in the HPE program within the last ~~365~~three hundred sixty-five (365) days, and individuals currently enrolled in SoonerCare. ~~Individuals currently enrolled in SoonerPlan Family Planning are not eligible for HPE family planning services, but may be eligible for other programs under HPE.~~ When the OHCA receives a HPE application from a qualified hospital for an ineligible applicant ~~(e.g., the applicant has been previously enrolled in the HPE program within the last 365 days)~~[e.g., the applicant has been previously enrolled in the HPE program within the last

three hundred sixty-five (365) days], the OHCA will disenroll the individual from the HPE program immediately and notify the hospital of the error. The hospital will be responsible for following up with that individual to notify them of their disenrollment from the HPE program. If the applicant is not currently enrolled into SoonerCare, the applicant may submit a full SoonerCare application and receive a full eligibility determination by the OHCA. HPE services provided to ineligible applicants, other than persons currently enrolled into SoonerCare ~~or SoonerPlan Family Planning~~, may not be eligible for reimbursement by the OHCA.

#### **317:35-7-1. Scope and applicability**

~~The rules in this Subchapter apply when determining eligibility for Medical Services under Medicaid. The rules in this Subchapter apply when determining eligibility for Medical services for children who are reported by OKDHS as being in custody; and individuals categorically related to: aged, blind and disabled (ABD); Tuberculosis; Qualified Medicare Beneficiary Plus (QMBP); Qualified Disabled Working Individual (QDWI); Specified Low-Income Medicare Beneficiary (SLMB); and Qualifying Individual (QI-1).~~

### **PART 5. DETERMINATION OF ELIGIBILITY FOR MEDICAL SERVICES**

#### **317:35-7-48. Eligibility for the SoonerPlan Family Planning Program [REVOKED]**

~~(a) Non-pregnant women and men ages 19 and above are eligible to receive family planning services if they meet all of the conditions of eligibility in paragraphs (1), (2), (3), and (4) of this Subsection. This is regardless of pregnancy or paternity history and includes women who gain eligibility for SoonerCare family planning services due to a pregnancy, but whose eligibility ends 60 days postpartum.~~

~~(1) MAGI financial eligibility rules are used to determine eligibility for SoonerPlan.~~

~~(2) MAGI household composition rules are used to determine eligibility for SoonerPlan.~~

~~(3) SoonerPlan members with minor dependent children and a parent absent from the home are required to cooperate with the Oklahoma Department of Human Services, Child Support Services Division (OCSS) in the collection of child support payments. Federal regulations provide a waiver of this requirement when cooperation is not in the best interest of the child.~~

~~(4) Individuals eligible for SoonerCare can choose to enroll only in the SoonerPlan Family Planning Program with the option of applying for SoonerCare at any time.~~

~~(5) Persons who have Medicare or creditable health insurance~~

~~coverage are not precluded from applying for the SoonerPlan Family Planning program.~~

~~(b) All health insurance is listed on applicable systems in order for OHCA Third Party Liability Unit to verify insurance coverage. The OHCA is the payer of last resort.~~

~~(c) Income for the SoonerPlan Family Planning Program does not require verification, unless questionable. If the income is questionable the worker must verify the income.~~

~~(d) There is not an asset test for the SoonerPlan Family Planning Program.~~

## **PART 7. CERTIFICATION, REDETERMINATION AND NOTIFICATION**

### **317:35-7-60. Certification for SoonerCare**

~~(a) The rules in this Section apply to all categories of eligibles~~  
**EXCEPT:**

~~(1) categorically needy SoonerCare members who are categorically related to AFDC or Pregnancy Related Services, AND~~

~~(2) who if eligible, would be enrolled in SoonerCare, or~~

~~(3) individuals categorically related to the Family Planning Program.~~

~~(b) An individual determined eligible for SoonerCare may be certified for a medical service provided on or after the first day of the third month prior to the month of application if all eligibility criteria are met during the three month period. The certification period is determined beginning with the month the medical service was received or expected to be received or the month of application for categorically needy cases in which a medical service has not been received. The period of certification may cover retroactive or future months.~~

~~(1) **Certification as categorically.** A categorically needy individual who is categorically related to ABD is assigned a certification period of 12 months. A categorically needy individual who is determined eligible for a State Supplemental Payment (SSP) is certified effective the month of application. If the individual is also eligible for payment for medical services received during the three months preceding the month of application, the SoonerCare benefit is certified for the appropriate months. If the individual is not eligible for SSP, the first month of certification is the month that a medical service was provided or, if no medical service was provided, the month of application.~~

~~(1) **Certification of individuals categorically needy and categorically related to ABD.** The certification period for the individual categorically related to ABD can be assigned for up to 12 months. The individual must be determined as~~

~~categorically needy for each month of the certification period. The certification period is 12 months unless the individual:~~

- ~~(i) is certified as eligible in a money payment case during the 12 month period;~~
- ~~(ii) is certified for long-term care during the 12 month period;~~
- ~~(iii) becomes ineligible for medical assistance after the initial month;~~
- ~~(iv) becomes ineligible as categorically needy; or~~
- ~~(v) is deceased.~~

~~(B) **Certification period.** If any of the situations listed in subparagraph (A) of this paragraph occur after the initial month, the case is closed by the worker.~~

- ~~(i) If income and/or resources change after certification causing the case to exceed the categorically needy maximums, the case is closed.~~
- ~~(ii) A pregnant individual included in an ABD case which closes continues to be eligible for pregnancy related services through the postpartum period.~~

**(a) General.**

(1) The rules in this Section apply to the following categories of eligibles:

(A) Categorically needy SoonerCare members who are categorically related to Aged, Blind, and Disabled (ABD);

(B) Categorically needy SoonerCare members who are categorically related to ABD, and are eligible for one of the following:

- (i) Qualified Medicare Beneficiary Plus (QMBP);
- (ii) Qualified Disabled and Working Individual (QDWI);
- (iii) Specified Low-Income Medicare Beneficiary (SLMB);
- (iv) Tuberculosis (TB) related services;
- (v) Qualifying Individual (QI); or
- (vi) Tax Equity and Fiscal Responsibility Act (TEFRA)

**(b) Certification of individuals categorically needy and categorically related to ABD.** The certification period for the categorically needy individual who is categorically related to ABD can be up to twelve (12) months from the date of certification. The individual must meet all factors of eligibility for each month of the certification period. The certification can be for a retroactive period of coverage, during the three (3) months directly before the month of application, if the individual received covered medical services at any time during those three (3) months, and would have been eligible for SoonerCare at the time he or she received the services. The cash payment portion of the State Supplemental Payment may not be paid for any period prior to the month of application.

(1) The certification period is twelve (12) months unless the

individual:

(A) Is certified as eligible in a money payment case during the twelve (12) month period;

(B) Is certified for long-term care during the twelve (12) month period;

(C) Becomes ineligible for medical assistance after the initial month;

(D) Becomes ineligible as categorically needy; or

(E) Is deceased.

(2) If any of the situations listed in subparagraph (1) of this paragraph occur after the initial month, the case is closed by the worker.

(A) If income and/or resources change after certification causing the case to exceed the categorically needy maximums, the case is closed.

(B) A pregnant individual included in an ABD case which closes continues to be eligible for pregnancy related services through the postpartum period.

~~(2)~~ **(c) Certification of individuals categorically related to ABD and eligible as Qualified Medicare Beneficiaries Plus.** The SoonerCare benefit may be certified on the first day of the third month prior to the month of application or later. If the individual receives Medicare and is eligible for SSP, the effective date of certification for the Medicare Part B premium buy-in is the month of certification for SSP. If the individual receives Medicare and is not eligible for SSP, the effective date of certification for the Medicare Part B premium buy-in is the first day of the month following the month in which the eligibility determination is made (regardless of when application was made).

~~(A)~~ **(1)** An individual determined eligible for QMBP benefits is assigned a certification period of ~~12~~ twelve (12) months. At any time during the certification period that the individual becomes ineligible, the case is closed using regular negative action procedures.

~~(B)~~ **(2)** At the end of the certification period a redetermination of QMBP eligibility is required, using the same forms and procedures as for ABD categorically needy individuals.

~~(3)~~ **(c) Certification of individuals categorically related to ABD and eligible as Qualified Disabled and Working Individual.** The Social Security Administration is responsible for referrals of individuals potentially eligible for QDWI. Eligibility factors verified by the SSA are Medicare Part A eligibility and discontinuation of disability benefits due to excessive earnings. When the OKDHS State Office receives referrals from SSA the county will be notified and is responsible for obtaining an application and establishing other factors of eligibility. If an individual contacts the county office stating he/she has been advised by SSA

that he/she is a potential QDWI, the county takes a SoonerCare application. The effective date of certification for QDWI benefits is based on the date of application and the date all eligibility criteria, including enrollment for Medicare Part A, are met. For example, if an individual applies for benefits in October and is already enrolled in Medicare Part A, eligibility can be effective October 1 (or up to three months prior to October 1, if all eligibility criteria are met during the three month period). However, if in the example, the individual's enrollment for Part A is not effective until November 1, eligibility cannot be effective until that date. Eligibility can never be effective prior to July 1, 1990, the effective date of this provision. These cases will be certified for a period of ~~12~~twelve (12) months. At the end of the ~~12-month~~twelve (12) month period, eligibility redetermination is required. If the individual becomes ineligible at any time during the certification period, the case is closed.

**~~(4)~~(d) Certification of individuals categorically related to ABD and eligible as Specified Low-Income Medicare Beneficiary (SLMB).**

The effective date of certification of SLMB benefits may begin on the first day of the third month prior to the month of application or later. A certification can never be earlier than the date of entitlement of Medicare Part A. An individual determined eligible for SLMB benefits is assigned a certification period of ~~12~~twelve (12) months. At any time during the certification period the individual becomes ineligible, the case is closed using standard negative action procedures. At the end of the certification period a redetermination of SLMB eligibility is required. A redetermination of SLMB eligibility must also be done at the same time a dually eligible individual has a redetermination of eligibility for other SoonerCare benefits such as long-term care.

**~~(5)~~(e) Certification of individuals categorically related to disability and eligible for TB related services.**

~~(A)~~(1) An individual determined eligible for TB related services may be certified the first day of the third month prior to the month of application or later, but no earlier than the first day of the month the TB infection is diagnosed.

~~(B)~~(2) A certification period of ~~12~~twelve (12) months will be assigned. At any time during the certification period that the individual becomes ineligible, the case is closed using the regular negative action procedures.

~~(C)~~(3) At the end of the certification period a new application will be required if additional treatment is needed.

**~~(6)~~(f) Certification of individuals categorically related to ABD and eligible as Qualifying Individuals.**

The effective date of certification for the QI-1 may begin on the first day of the third month prior to the month of application or later. A certification can never be earlier than the date of entitlement of Medicare Part

A. An individual determined eligible for QI benefits is assigned a certification period of ~~12~~twelve (12) months. At any time during the certification period the individual becomes ineligible, the case is closed using standard negative action procedures. At the end of the certification period, a redetermination of QI eligibility is required.

~~(A)~~(1) Since the State's allotment to pay Medicare premiums for this group of individuals is limited, the State must limit the number of QIs so that the amount of assistance provided during the year does not exceed the State's allotment for that year.

~~(B)~~(2) Persons selected to receive assistance are entitled to receive assistance with their Medicare premiums for the remainder of the federal fiscal year, but not beyond, as long as they continue to qualify. The fact that an individual is selected to receive assistance at any time during the year does not entitle the individual to continued assistance for any succeeding year.

~~(7)~~(g) **Certification of individuals Related to Aid to the Disabled for TEFRA.** The certification period for individuals categorically related to the Disabled for TEFRA is ~~12~~twelve (12) months.

#### **317:35-7-60.1. Certification for the SoonerPlan Family Planning Program [REVOKED]**

~~The effective date of certification for the SoonerPlan Family Planning Program is the date of application or later. The period of certification may not be for a retroactive period. An individual determined eligible for the SoonerPlan Family Planning Program is assigned a certification period of 12 months. At any time during the certification period the individual becomes ineligible, the case is closed using standard negative action procedures. At the end of the certification period, a redetermination of eligibility is required.~~

### **SUBCHAPTER 10. OTHER ELIGIBILITY FACTORS FOR FAMILIES WITH CHILDREN AND PREGNANT WOMEN**

#### **PART 3. RESOURCES**

#### **317:35-10-10. Capital resources**

Capital resources are disregarded for individuals related to the children, parent and caretaker relative, former foster care children, ~~SoonerPlan~~, adult group[age nineteen (19) or older and under age sixty-five (65)] who are not aged, blind or disabled, or pregnancy eligibility groups, including pregnancies covered under Title XXI. Countable income generated from any resource is considered in accordance with Part 6 of Subchapter 6 of this Chapter.

### 317:35-10-26. Income

#### (a) General provisions regarding income.

(1) The income of categorically needy individuals who are related to the children, ~~parent or caretaker relative~~ parent/caretaker relative, SoonerPlan, or Title XIX and XXI pregnancy eligibility groups or the adult group [age nineteen (19) or older and under age sixty-five (65)] does not require verification, unless questionable. If the income information is questionable, it must be verified. If there appears to be a conflict in the information provided, the worker must investigate the situation to determine if income verification is necessary.

(2) All available income, except that required to be disregarded by law or OHCA's policy, is taken into consideration in determining need. Income is considered available both when actually available and when the applicant or member has a legal interest in a liquidated sum and has the legal ability to make such sum available for support and maintenance. When an individual's income is reduced due to recoupment of an overpayment or garnishment, the gross amount before the recoupment or garnishment is counted as income. The member is responsible for reporting all income, the source, amount and how often received.

(A) Income received on behalf of a member of the benefit group by another individual such as, but not limited to, a guardian or conservator, is considered available to the benefit group.

(B) Money received and used for the care and maintenance of a third party who is not included in the benefit group is not counted as income if it can be identified and verified as intended for third party use.

(C) If it appears any member of the benefit group or an individual whose income is considered when determining eligibility is eligible for any type of income or benefits, the benefit group must be notified in writing by the ~~Oklahoma Health Care Authority (OHCA)~~ OHCA. The notice must contain the information that failure to apply for and take all appropriate steps to obtain such benefits within ten (10) days from the date of the notice will result in a determination of ineligibility. An application for Supplemental Security Income (SSI) is not required.

(D) If the member and spouse are living together or they are living apart but there has not been a clear break in the family relationship, income received by either spouse and income received jointly is considered as family income. Income cannot be diverted to a household member who is not included in the household size for health benefits.

Consideration is not given to a SSI recipient's income in computing eligibility for the AFDC or Pregnancy related unit. The MAGI methodology rules determine whose income is considered in a particular household for MAGI eligibility groups as defined in OAC 317:35-6-1.

(E) Income which can reasonably be anticipated to be received is considered to be available for the month its receipt is anticipated.

(F) Income produced from resources must be considered as unearned income.

(3) Income that must be verified is verified by the best available information such as pay stubs presented by the member or an interview with the employer. If OHCA is unable to verify income through the Oklahoma Employment Securities Commission, then pay stubs may only be used for verification if they have the member's name and/or social security number indicating that the pay stubs are in fact the member's wages. The stubs should also include the date(s) of the pay period and the amount of income before deductions. If this information is not included, employer verification is required. The worker verifies medical insurance which may be available at the same time that income is verified. When a member of the benefit group accepts employment and has not received any wages, verification (if necessary) of the amount of income to be considered and the anticipated date of receipt must be obtained from the employer and provided to OHCA within ten (10) days. Income which is expected to be received during a month is considered available to the benefit group and is counted in determining eligibility for the month of receipt.

(4) Monies received in a lump sum from any source are considered income in the month received. Changing a resource from one form to another, such as converting personal property to cash, is not considered a lump sum payment. Exception: lump sum payments used to establish dedicated bank accounts by representative payees in order to receive and maintain retroactive SSI benefits for disabled/blind children under age eighteen (18) are excluded as income. The interest income generated from dedicated bank accounts is also excluded.

(A) Whether a source of income is countable for MAGI eligibility groups is determined in accordance with Part 6 of Subchapter 6 of this Chapter.

(B) Whether a source of income is countable is determined in accordance with Part 6 of Subchapter 6 of this Chapter.

(C) When a lump sum is received by a stepparent not included in the household size, only the stepparent's contribution is considered in accordance with the stepparent's liability

policy. Income received by a stepparent is considered in accordance with MAGI household and income counting rules.

(D) When a third party reveals that a lump sum payment has been received or is expected to be received by the applicant or member, adverse action notification is given or mailed to the applicant/member and appropriate action taken.

(E) Recurring lump sum income received from any source for a period covering more than one (1) month, that is received in a lump sum recurrently (such as annual rentals from surface or minerals, Windfall Profits tax refund, etc.) is prorated over a period of time it is intended to cover, beginning with the month of receipt of a lump sum payment.

(F) Net income from oil and gas production (gross minus production taxes withheld), received in varying amounts on a regular or irregular basis for the past six (6) months, will be averaged and considered as income for the next six (6) months. In instances where an applicant or a member receives new income from oil and gas production and verification for the past six (6) months is not available, the worker accepts the available verification and averages over the period of time intended to cover. Net income may be verified by seeing the individual's production check stub, or by contacting the oil and gas company. Whether a source of income is countable is determined in accordance with Part 6 of Subchapter 6 of this Chapter.

(5) Income that is based on the number of hours worked, as opposed to income based on regular monthly wages, must be computed as irregular income. The income received irregularly or in varying amounts will be averaged using the past two (2) months to establish the amount to be anticipated and considered for prospective budgeting.

(6) MAGI household rules are used to determine whether a caretaker relative or stepparent is included in a household.

(A) MAGI household and income counting rules are used to determine whether a caretaker relative and his/her spouse or a stepparent are included in the household and whether their income is considered for the children.

(B) MAGI household and income counting rules are used to determine whose income is considered and whether that income is counted. If an individual is eligible in the parent or caretaker relative group, his/her spouse, if living with him/her, is also related to the parent or caretaker relative group.

(7) A stepparent, if living with the parent or caretaker relative, can also be related to the parent or caretaker relative group, regardless of whether the parent is incapacitated or not in the home.

(8) MAGI household and income counting rules are used to determine whose income is considered and whether that income is counted.

(b) **Earned income.** The term "earned income" refers to monies earned by an individual through the receipt of wages, salary, commission or profit from activities in which the individual is engaged as self-employed or as an employee. Whether income is countable for MAGI eligibility groups is determined using MAGI income counting rules in Part 6 of Subchapter 6 of this Chapter.

(1) **Earned income from self-employment.** For MAGI eligibility groups, the calculation of countable self-employment income is determined in accordance with MAGI income counting rules in Part 6 of Subchapter 6 of this Chapter.

(2) **Earned income from wages, salary or commission.** Countable income for MAGI eligibility groups is determined in accordance with MAGI income counting rules in Part 6 of Subchapter 6 of this Chapter.

(3) **Earned income from work and training programs.** Countable income for MAGI eligibility groups is determined in accordance with MAGI income counting rules in Part 6 of Subchapter 6 of this Chapter.

(4) **No individual earned income exemptions.** No earned income exemptions are subtracted to determine countable income for MAGI eligibility groups. The only deduction applied to determine net countable income under the MAGI methodology is the deduction of five percent (5%) of the FPL for the individual's household size as defined in OAC 317:35-6-39.

(5) **Formula for determining the individual's net earned income for MAGI eligibility groups.** To determine net income, see MAGI rules in OAC 317:35-6-39.

(c) **Unearned income.** Countable earned and unearned income for MAGI eligibility groups is determined in accordance with MAGI income counting rules in Part 6 of Subchapter 6 of this Chapter.

(d) **Income disregards.** For MAGI eligibility groups, whether a source of income is disregarded is determined in accordance with MAGI income counting rules in Part 6 of Subchapter 6 of this Chapter.

(g) In computing monthly income, cents will be rounded down at each step. Income which is received monthly but in irregular amounts is averaged using two month's income, if possible, to determine income eligibility. Less than two month's income may be used when circumstances (e.g., new employment, unpaid sick leave, etc.) would indicate that previous income amounts would not be appropriate to use in determining future income amounts. Income received more often than monthly is converted to monthly amounts as follows:

- (1) **Daily.** Income received on a daily basis is converted to a weekly amount then multiplied by 4.3.
- (2) **Weekly.** Income received weekly is multiplied by 4.3.
- (3) **Twice a month.** Income received twice a month is multiplied by two (2).
- (4) **Biweekly.** Income received every two (2) weeks is multiplied by 2.15.

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