

Par.1. **Material Transmitted and Purpose** – Transmitted with this Manual Letter are changes to Service Chapter 510-03 ACA Medicaid Eligibility Factors.

Par. 2. **Effective Date** – Changes included in this manual letter are effective on or after January 1, 2023. Policy that was incorporated with IM’s are effective based on the date listed in the IM. Items that include a change in policy are indicated in red.

- IM 5459
- IM 5460
- IM 5472
- IM 5473
- IM 5474

**Coverage Groups 510-03-30**

1. 510-03-30 Coverage Groups under ACA Medicaid incorporates the following changes from IM 5474.

**Assigning Category of Eligibility 510-03-30-15**

6. Former Foster Care Children

91	Former Foster Care Child	<p>The Child:</p> <ul style="list-style-type: none"> <li>• <del>Was in North Dakota Foster Care (including Tribal 638 children and Unaccompanied Refugee Minor children) and on ND Medicaid (Title IV-E, state-funded (non-IV-E) or tribal) in the month he/she turned age 18;</del></li> <li>• Was in foster care (Title IV-E, state-funded (non IV-E or tribal) and on Medicaid, in any state, in the month they turned age 18 .</li> <li>• Is under age 26 (through the month attaining age 26);</li> <li>• <del>Is not eligible for Medicaid under:</del> <ul style="list-style-type: none"> <li>○ <del>The Parent, Caretaker Relative and the Spouse coverage,</del></li> <li>○ <del>Pregnant Woman coverage, or</del></li> <li>○ <del>Children (up to age 19) coverage.</del></li> </ul> </li> </ul> <p><b>NOTE:</b> An individual age 18 through 21 whom voluntarily</p>
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		sign him/herself back into Foster Care would also be assigned the COE of M091.
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**Basic Factors of Eligibility 510-03-35**

2. Basic Factors of Eligibility under ACA Medicaid incorporates the following changes from IM 5472.

**Age and Identity 510-03-35-40**

- d. Primary and preferred verification of identity. ~~Verification documents must be presented in their official and original form as received from the issuing agencies. Photocopies or notarized copies are not acceptable. A photocopy, facsimile, scanned or other copy of a document must be accepted to the same extent as the original document, unless information on the copy submitted is inconsistent with other information available, or there is reason to question the validity of the information in the document. Once an original document is presented, a A photocopy must be made and~~ maintained in the case file.

**Citizenship and Alienage 510-03-35-45**

4. Verification Requirements: Applicants must provide satisfactory documentary evidence of citizenship or naturalization.
  - a. ~~The only acceptable verifications from individuals must be either originals or copies certified by the issuing agency. Photocopies or notarized copies may not be accepted~~ A photocopy, facsimile, scanned or other copy of a document must be accepted to the same extent as the original document, unless information on the copy submitted is inconsistent with other information available, or there is reason to question the validity of the information in the document.; ~~however, a A photocopy of the original document~~ must be maintained in the case file.

**Income 510-03-85**

3. 510-03-85 Income under ACA Medicaid incorporates the following changes from IM 5460.

**Disregarded Income 510-03-85-30****56. Payments distributed by the Emergency Rent Assistance Program**

(ERAP)

### **Budgeting 510-03-90**

4. 510-03-90 Budgeting under ACA Medicaid incorporates the following changes from IM 5459 Computing Client Share

### **Computing Client Share (Recipient Liability) 510-03-90-20**

1. Computing client share (recipient liability) for previous months. Compute the amount of client share by using actual verified information, rather than best estimate, in each of the previous months for which eligibility is sought.

**Note: For an ongoing eligible individual reduction to 'Client Share' can be made retroactively upon receipt of actual verified information for the month the 'Client Share' is being reduced. This is allowed up to twelve months back.**

2. Computing client share for the current month and next month at time of approval of the application. Compute the amount of the client share prospectively for the current month and the next month. The income received or best estimate of income to be received during the current month must be used to compute the client share for the current month. The best estimates of income to be received during the next month must be used to compute the client share for the next month.

### **Related Programs 510-03-95**

5. 510-03-95 Related Programs under ACA Medicaid incorporates the following changes from IM 5473.

### **North Dakota Health Tracks 510-03-95-50**

North Dakota Health Tracks (formerly EPSDT) is a preventive health program that is free for children age 0 to 21, who are eligible for Medicaid. Health Tracks pays for screenings, diagnosis, and treatment services to help prevent health problems from occurring or help keep health problems from becoming worse. Health Tracks also pays for orthodontics (teeth braces), glasses, hearing aids, vaccinations, counseling and other important health services. Health tracks will help schedule appointments for services and will also help

with finding transportation to the services. Some services require prior authorization so be sure to check with your screener about these requirements.

Federal legislation requires states to make available to all Medicaid-eligible children under age 21 comprehensive, periodic health assessment, dental, vision and hearing services, and "medically necessary" follow-up diagnostic and treatment service. Due to the federal requirement, when approving a case that includes children under age 21 who are eligible for Medicaid, Eligibility Workers must manually create the ND Health Tracks Referral, print it locally and provide it to the Health Tracks staff responsible for completing the screening in your county at [HTmemberoutreach@nd.gov](mailto:HTmemberoutreach@nd.gov).

~~In addition, the 'Health Tracks Initial History Questionnaire' form is automatically created and mailed at the time Medicaid Eligibility is initially authorized.~~

### **Reference Hard Cards 510-03-105**

6. 510-03-95 Reference Hard Cards under ACA Medicaid incorporates the following changes from IM 5474.

### **Coverage Hierarchy Order 510-03-105-05**

<b>Coverage Hierarchy Order (Highest to Lowest) COEs DESCRIPTION</b>	<b>COEs</b>	<b>DESCRIPTION</b>
1	M098	Non IV-E State or Tribal Foster Care Children
2	M091	ACA Former Foster Care Child
23	M067, M67A, M095	ACA Children
34	M066	ACA Pregnant Woman
45	M063	ACA Parent/Specified Caretaker Relative
56	M086	ACA Transitional Parent/Specified Caretaker Relative
67	M088	ACA Extended Parent/Specified Caretaker Relative

78	M087	ACA Transitional Children
89	M061	ACA Extended Children
910	M078	Optional Children's Group
10	<del>M091</del>	<del>ACA Former Foster Care Child</del>
11	M075, M069, M064	Medicaid Breast or Cervical Cancer Early Detection Program
12	M062, M76A	ACA Adult 19 or 20
13	M058, M059, M077, M089, M060, M065	Adults Medically Frail
14	M076	ACA Adult Expansion
15	M081	Emergency Services