

Enclosure B: Examples of Restrictions to Eligibility Standards, Methodologies, or Procedures

The following list is illustrative of actions that would be considered restrictions of eligibility standards, methodologies, or procedures. The list provides common examples of action and is not considered exhaustive.

- a. Instituting or increasing premiums that may restrict, limit, or delay eligibility under the Medicaid program for otherwise eligible individuals.
- b. Increasing stringency in institutional level of care determination processes that results in individuals losing actual or potential eligibility for Medicaid pursuant to institutional eligibility rules or in the special eligibility group for home and community-based service (HCBS) waiver participants under 42 CFR 435.217.
- c. Adjusting cost neutrality calculations for section 1915(c) waivers from the aggregate to the individual, resulting in individuals being dropped from waiver coverage or hindered from moving out of an institutional setting.
- d. Reducing occupied waiver capacity for section 1915(c) HCBS waivers.
- e. Reducing or eliminating section 1915(c) waiver slots that were funded by the legislature but unoccupied as of July 1, 2008.
- f. Restrictive adjustments to financial eligibility criteria of the Medicaid program or waiver, including the following:
 - Reductions in income or resource standards below those in effect on July 1, 2008;
 - Implementation of income or resource standards that had not been imposed on a group or individuals within a group prior to July 1, 2008;
 - Elimination or reduction of income or resource methodologies favorable to applicants and beneficiaries, including more liberal income or resource methodologies implemented under the authority of section 1902(r)(2) of the Social Security Act, in effect prior to July 1, 2008;
 - In 209(b) States, any change in eligibility criteria, standards, or methodologies for the aged, blind, or disabled, including changes in the definition of blindness or disability, that are more restrictive than the criteria in effect prior to July 1, 2008.
- g. Any change in eligibility determination or redetermination processes or procedures that are more stringent or restrictive than those in effect under the State's Medicaid program on July 1, 2008. These include, but are not limited to, the following:
 - Increasing the frequency at which redeterminations are made; for example, increasing the frequency of redeterminations from once every 12 months to once every 6 months.
 - Revoking or otherwise restricting a policy under which an individual's eligibility is determined or re-determined based on an attestation by the individual of the amount and/or type of resources the individual has. This would include, for example, requesting additional evidence concerning resources from individuals when, under previous policy, such additional evidence would not have been requested. However, this would not include implementing a program to verify the assets of aged, blind, or disabled Medicaid applicants and recipients in conformance with the requirements of section 1940 of the Social Security Act.

- Any reduction in the amount of time that the State gives an individual to respond to a request for additional information or documentation needed for an eligibility determination. An example would be if the State previously required a response to such a request within 45 days, but then reduced the time allowed to 30 days.
- Changing the way an individual applies for Medicaid from a mail-in application process to a face-to-face determination process.