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Government agencies have started reviewing policies that were put in place during the height of the COVID-19 pandemic. When the federal declaration of a public health emergency (PHE) ends, many of the policies put in place during the PHE will also end.

During the PHE, states, including Indiana, have been prohibited from removing anyone from Medicaid programs (with limited exceptions). For example, states could not remove someone due to an increase in income or change in “categorical eligibility” (e.g. pregnancy, age, disability) that would ordinarily make them ineligible for Medicaid. This prohibition will end when the federal public health emergency ends.

**While the Biden Administration has not officially said when the PHE will end, it has assured states that they will receive at least 60 days advanced notice.** As of April 16, 2022 the PHE has been extended to July 16, 2022. When the PHE ends, states will have 12 months to evaluate the eligibility of virtually everyone in their Medicaid programs to make sure they still qualify for the program.

Medicaid recipients should make sure Indiana Medicaid has their current contact information. They should check their mail and be sure to respond to and return any Medicaid forms they receive. Contact information can be found at [Medicaid member resources](#).

## Options for people no longer eligible for Medicaid at the end of the Public Health Emergency

It is important to know that many people who lose their Medicaid coverage at the end of the PHE will have other coverage options.

- People who no longer meet eligibility requirements for the Medicaid category they applied under initially may qualify under a different Medicaid category. State Medicaid agencies are required to automatically assess whether this is the case. It is important to know that people who are found not to be eligible due to a categorical change have 13 days to appeal.
- Many people no longer eligible for Medicaid can enroll in an [affordable Marketplace plan](#). Medicaid is required to transmit eligibility information directly to the Marketplace and, because losing Medicaid is a Qualifying Life Event, individuals will be able to enroll outside a regular enrollment period.
- Some children whose families lose Medicaid eligibility may be eligible for the [Children’s Health Insurance Program \(CHIP\)](#). If the child is not eligible for CHIP, they are likely eligible for subsidized coverage through the marketplace.
- Children with certain qualifying conditions, whose family income is below 250% of the Federal Poverty Level, may qualify for [Children’s Special Health Care Services](#), a state funded program that can pay certain costs associated with specific health conditions.

## Other considerations

In some cases, a child receives Medicaid based on their disability, while the rest of the family may receive Medicaid based on income. It is important for families to monitor their child’s Medicaid status to make sure they are not kicked off Medicaid OR put in a Medicaid category that is not Medicaid waiver compatible, if other family members lose Medicaid eligibility due to their income.

Here is an example. A child under the age of 18 receives Medicaid waiver services and is eligible for SSI based on their disability and family income. If the child loses SSI due to an increase in family income, they can remain on Medicaid due to the fact that they are receiving waiver services, which disregards family income in determining financial eligibility for Medicaid. In this case, families need to make sure their child is moved to a Medicaid category based on Medicaid waiver eligibility, not SSI.

Many individuals who turned 18 during the pandemic have not applied for SSI either because they did not need SSI to be eligible for Medicaid or families did not learn about applying for SSI because transition planning meetings at school did not take place. To apply for SSI, call 800-772-1213 (or TTY 800-325-0778 if you are deaf or hard of hearing) to make an appointment. Families can learn more about navigating the SSI application process through The Arc of Indiana Academy Advocacy Training Program. Visit [The Road to SSI, an In-Depth Look at the Application and Appeals Process](#).

### **Right to appeal**

In cases where continuous coverage was provided due to the PHE, losing Medicaid solely on the basis of the PHE ending is not a valid reason to appeal. However, Medicaid recipients who believe the decision to remove them from Medicaid is incorrect can request an appeal, also called a “fair hearing,” to contest the decision. In general, individuals can keep their Medicaid coverage while the hearing is pending.

People who lose Medicaid eligibility because they no longer meet the requirements for the Medicaid category they applied under may qualify under a different Medicaid category, but only have 13 days to appeal. An appeal can also be made if Medicaid incorrectly assessed an individual’s or family’s income or incorrectly assessed a person’s disability status.

People over the age of 60 may want to use the [Eldercare Locator](#) to find resources for free legal services program funded under the Older Americans Act. People with disabilities may be able to receive assistance from local legal aid organizations, including [Indiana Disability Rights](#) and Indiana Legal Services. The Administration on Community Living’s [Disability Information and Access Line \(DIAL\)](#) can help make referrals to these services.

[Click here](#) for information on Indiana’s appeals process.

### **Contact Us – We’re Here to Help**

The Arc of Indiana’s team of family advocates is here to help with questions, guidance and resources. Contact us at 317-977-2375 or 800-382-9100.

*Information includes information provided by Administration on Community Living fact sheet: [Preparing for Medicaid Changes When the Public Health Emergency Expires](#)*