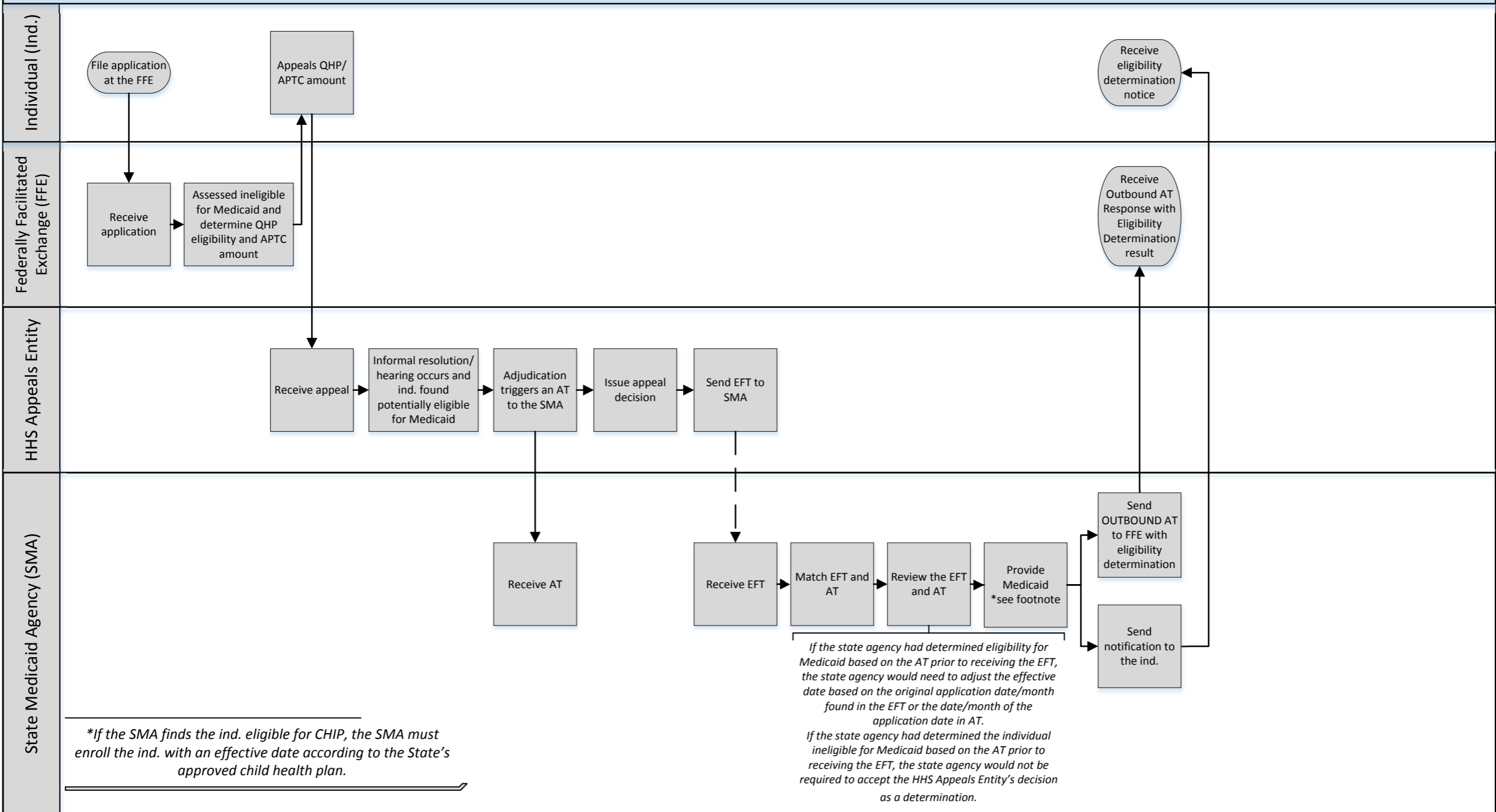


Scenario 1 – States treating decisions of HHS Appeals Entity as *determinations* of eligibility

Individual applies at the FFE and is assessed ineligible for Medicaid and determined eligible to enroll in QHP through the Exchange and for APTC. The applicant does not request a full determination by the Medicaid agency.



**If the SMA finds the ind. eligible for CHIP, the SMA must enroll the ind. with an effective date according to the State's approved child health plan.*

If the state agency had determined eligibility for Medicaid based on the AT prior to receiving the EFT, the state agency would need to adjust the effective date based on the original application date/month found in the EFT or the date/month of the application date in AT.

If the state agency had determined the individual ineligible for Medicaid based on the AT prior to receiving the EFT, the state agency would not be required to accept the HHS Appeals Entity's decision as a determination.