

# Implementation Guide: Medicaid State Plan Eligibility Eligibility Groups – Options for Coverage Individuals with Tuberculosis

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## Individuals with Tuberculosis

### POLICY CITATION

**Statute:** 1902(a)(10)(A)(ii)(XII), 1902(z)

**Regulation:** 42 CFR 435.215

### BACKGROUND

#### Overview

This reviewable unit (RU) describes the optional eligibility group for individuals infected with tuberculosis, as described in 42 CFR 435.215. It provides the criteria under which individuals may be covered under this group, the income standard used, and the basis for the income standard used. It also describes the limited scope of benefits provided under this eligibility group.

Section 1902(a)(10)(A)(ii)(XII) of the Social Security Act (the Act) gives states the option to provide Medicaid to individuals who are infected with tuberculosis, who are not eligible under another mandatory or optional eligibility group, and who meet the income requirements for eligibility under this group.

#### Income Eligibility

The state sets an income standard for eligibility under the group for individuals with tuberculosis. States have the following options when establishing an income standard:

- The highest amount a disabled individual described in section 1902(a)(10)(A)(i) of the Act (recipient of SSI) can receive and be eligible for Medicaid (which is generally the SSI earned income break-even point);
- No income test, available if no income test was used for this group in the state plan as of March 23, 2010 or December 31, 2013; or
- Another income standard, expressed either as a % FPL or a dollar amount. This amount must not exceed the maximum income standard for this group.

There is no minimum income standard for this eligibility group.

The maximum income standard for this eligibility group is the *higher* of:

- The highest amount a disabled individual described in section 1902(a)(10)(A)(i) of the Act (recipient of SSI) can receive and be eligible for Medicaid (which is generally the SSI earned income break-even point);
- The effective income level for this eligibility group (including no income test) as of March 23, 2010, or December 31, 2013 if higher. At state option, this income level may be converted to a MAGI-equivalent standard.

MAGI-based methodologies are used to determine eligibility for the group for individuals with tuberculosis. A separate RU, **MAGI-Based Methodologies**, describes the methodologies used by the state. If the state wishes to make a change to its MAGI-based income methodologies, it must amend the **MAGI-Based Methodologies** RU.

### **Benefits for Individuals with Tuberculosis**

Individuals qualifying under this group are eligible only for the following services related to the diagnosis, treatment or management of the individual's tuberculosis:

- Prescribed drugs, described in 42 CFR 440.120
- Physician services, described in 42 CFR 440.50
- Outpatient hospital and rural health clinic services described in 42 CFR 440.20 and Federally-qualified health center services
- Laboratory and x-ray services (including services to confirm the presence of the infection), described in 42 CFR 440.30
- Clinic services, described in 42 CFR 440.90
- Case management services, defined in 42 CFR 440.169
- Services (other than room and board) designed to encourage completion of regimens of prescribed drugs by outpatients, including services to observe directly the intake of prescribed drugs

If the state imposes limitations on any of these benefits under its state plan, the limitations should be described in the Benefits section of the state plan.

This discrete benefit package applies only to an individual with tuberculosis who is eligible solely under this group. If an individual has tuberculosis but is eligible for Medicaid under a different eligibility group, that individual would have access to any and all medically necessary services covered under the state plan for members of that group.

## **INSTRUCTIONS**

### **A. Characteristics**

There is a series of statements describing the characteristics of the eligibility group.

### **B. Financial Methodologies**

There is a statement that MAGI-based methodologies are used in calculating household income for this eligibility group. A separate RU, **MAGI-Based Methodologies**, describes the MAGI-based methodologies used by the state.

If you wish to view the state's methodologies, select the ***View approved version of MAGI-Based Methodologies*** link.

- The appropriate **MAGI-Based Methodologies** RU will appear if there is an approved version in the MACPro system.
- If there is no approved version of the RU in MACPro, a screen will appear with the following message: "There is no approved version of this reviewable unit in MACPro available to display."
- Select the ***Individuals with Tuberculosis*** link to return to the **Individuals with Tuberculosis** RU.

### **C. Income Standard Used**

- Select one of the three options to indicate the income standard used for the group.

- If **C.2. *There is no income test for this eligibility group*** is selected, the state must have had no income test under its Medicaid state plan on either March 23, 2010 or December 31, 2013.  
*Screen Validation:* This option may only be selected if "no income test" is selected at **D.2.b.** (if *Yes* was selected for the question at **D.**) or **D.1.b.** (if *No* was selected for the question at **D.**)
- If **C.3. *Another income standard is selected***, select one of the two options to enter the amount of the income standard.
  - If **C.3.a. *A percentage of the federal poverty level*** is selected, enter the % FPL that represents the income standard in the text box provided.  
*Screen Validation:* This percentage must be less than or equal to the % FPL entered in the Maximum Income Standard section at **D.3.a.** (if the answer to the question at **D.** is *Yes*) or **D.2.a.** (if the answer to the question at **D.** is *No*).
  - If **C.3.b. *A dollar amount*** is selected, select the **Add Income Standard** button:
    - The screen will display four options for entering this amount.
    - Select the option that best corresponds to the state's dollar amount income standards.
    - Complete the appropriate sections within the selected option to indicate the state's income standards. See the **Income Standards Entry** implementation guide for detailed instructions for updating these fields.
    - When you have completed this screen, select the **Save Income Standard** button. After saving the income standards they will be inserted into the **Individuals with Tuberculosis RU**.

**D. Basis for Individuals with Tuberculosis Income Standard – Maximum Income Standard**

Select *Yes* or *No* to indicate if the state elects to convert the effective income level in the state plan on March 23, 2010 and December 31, 2013 to MAGI-equivalent standards.

- If *Yes* is selected:
  - At **D.1.**, indicate that the state has submitted and received approval for its converted income standards for individuals with tuberculosis to MAGI-equivalent standards and the maximum income standard for this group. To do this, check the box next to the assurance.
  - At **D.2.**, select one of the four options to indicate the basis for the state's maximum income standard.
  - If option **D.2.c.** or **D.2.d.** is selected, select one of the two options in **D.3.** to enter the amount of the maximum income standard.
    - If **D.3.a. *A percentage of the federal poverty level*** is selected, enter the % FPL in the text box provided.
    - If **D.3.b. *A dollar amount*** is selected, select the **Add Income Standard** button:

- The screen will display four options for entering this amount.
- Select the option that best corresponds to the state's dollar amount income standards.
- Complete the appropriate sections within the selected option to indicate the state's income standards. See the **Income Standards Entry** implementation guide for detailed instructions for updating these fields.
- When you have completed this screen, select the **Save Income Standard** button. After saving the income standards they will be inserted into the **Individuals with Tuberculosis** RU.
- If **No** is selected:
  - At **D.1.**, select one of the four options to indicate the basis for the state's maximum income standard.
  - If option **D.1.c.** or **D.1.d.** is selected, select one of the two options in **D.2.** to enter the amount of the maximum income standard.
    - If **D.2.a. A percentage of the federal poverty level** is selected, enter the % FPL in the text box provided.
    - If **D.2.b A dollar amount** is selected, select the **Add Income Standard** button:
      - The screen will display four options for entering this amount.
      - Select the option that best corresponds to the state's dollar amount income standards.
      - Complete the appropriate sections within the selected option to indicate the state's income standards. See the **Income Standards Entry** implementation guide for detailed instructions for updating these fields.
      - When you have completed this screen, select the **Save Income Standard** button. After saving the income standards they will be inserted into the **Individuals with Tuberculosis** RU.

**E. Benefits for Individuals with Tuberculosis**

There is a statement about the limitations of the benefits for individuals qualifying under this group. Further description of these services is provided in the Benefits portion of the state plan.

**F. Additional Information (optional)**

Except in limited circumstances, this field remains blank. Please consult with CMS before adding any additional information concerning this RU.

## **REVIEW CRITERIA**

*The state may select no income standard only if it used no income test for this group under its Medicaid state plan on either March 23, 2010 or December 31, 2013.*