Implementation Guide: Medicaid State Plan Eligibility Eligibility Groups – Options for Coverage Individuals Eligible for Family Planning Services

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REVIEW CRITERIA

Individuals Eligible for Family Planning Services

POLICY CITATION

 Statute:
 1902(a)(10)(A)(ii)(XXI); 1902(ii); clause (XVI) in the matter following 1902(a)(10)(G)

 Regulation:
 42 CFR 435.214; 435.603(k)

BACKGROUND

Overview

This reviewable unit (RU) describes the optional eligibility group for individuals eligible for family planning services. It provides the criteria by which individuals may be covered under this eligibility group, the income standard used, and the basis for the income standard. In addition, this RU describes the limited scope of benefits provided to individuals eligible under this group.

Individuals Covered

The optional group for individuals eligible for family planning services, which is described at 42 CFR 435.214, codifies the statutory requirements in sections 1902(a)(10)(A)(ii)(XXI) and 1902(ii) of the Social Security Act (the Act). This group covers individuals of any age who:

- Are not pregnant (both women and men);
- Are not eligible for a Medicaid eligibility group with full coverage; and
- Have income no more than the income limit established by the state for this group.

In electing to cover this group, states may extend coverage to all individuals described in section 1902(a)(10)(A)(ii)(XXI) and 1902(ii) of the Act and section **A** of the RU. Alternatively, states may choose to limit coverage under this group to specific populations described in section 1905(a) of the Act. Section 1902(a)(10)(A)(ii) of the Act describes most optional Medicaid eligibility groups – of which this group is one – and section 1905(a) of the Act describes the specific populations that may be covered in an eligibility group. Together, these provisions allow states to target an optional group to a specific population, such as individuals under age 21 (or under age 20, 19, or 18). Indeed, the population described in section 1902(ii) of the Act is itself a population listed at section 1905(a)(xvi) of the Act, and is the population that states are electing when they cover all individuals described in Section **A** of the RU.

States therefore may extend coverage to all individuals described in section 1902(ii) of the Act, or exclusively to one or more 1905(a)-based populations. If a state chooses individuals under age 21 (or under age 20, 19 or 18) as a population for coverage under this group, the state may choose to cover all individuals under the specified age who meet the eligibility requirements of this optional group, or the state may choose to cover one or more reasonable classifications of such individuals.

Because financial eligibility for this optional group is based on Modified Adjusted Gross Income (MAGI), states cannot target this group to a section 1905(a) population for which disability is a condition of eligibility; such populations are exempt from the application of MAGI-based

methodologies as described at 42 CFR 435.603(j). Please note that individuals with disabilities may be covered under section 1902(ii) of the Act, but disability cannot be a condition of eligibility for the group. Similarly, the optional group for individuals eligible for family planning services cannot be targeted to other section 1905(a) populations that are excepted from the application of MAGI.

Income Eligibility

The state establishes an income standard for eligibility under the group for individuals eligible for family planning services, as described in section 1902(ii) of the Act. The maximum income standard for this group is the <u>highest</u> limit at which the state currently covers pregnant women under the Medicaid state plan at 42 CFR 435.116, targeted low-income pregnant women under the Children's Health Insurance Program (CHIP) state plan (if covered), or pregnant women under a Medicaid or CHIP 1115 demonstration.

<u>Options: Income Standard</u>. States may use the same income standard for all individuals covered under section 1902(a)(10)(A)(ii)(XXI) of the Act or they may choose to apply different income standards to different section 1905(a) populations. For example, a state could apply an income standard of 200% of the federal poverty level (FPL) generally (to the population described in section 1905(a)(xvi)), and apply an income standard of 250% FPL for the population of individuals under age 21. When a state elects this option, the income standard applied to the targeted population must be higher (not lower) than the standard applied to the general group.

Subject to the options described below, MAGI-based income methodologies are used to determine eligibility for this group. Separate RUs, **MAGI-Based Methodologies** (for states) and **MAGI-Based Methodologies** – **Territories** (for territories), describe the general methodologies used by the state or territory. If the state/territory wishes to make a change to those general MAGI-based income methodologies, it must amend one of those RUs.

<u>Options: Financial Methodology.</u> Generally, when determining financial eligibility based on MAGI, all household members are included in the individual's MAGI-based household, as described in 42 CFR 435.603(f), and the MAGI-based income of all household members is counted when determining total household income as described in 42 CFR 435.603(d). Unlike other MAGI-based eligibility groups, section 1902(ii)(3) of the Act and 42 CFR 435.603(k) permit a state to utilize different options for establishing a household and counting income for the group for individuals eligible for family planning services.

States have the option to determine MAGI in the same manner used for other eligibility groups or to elect one of the following variations of MAGI:

- Include all household members in the individual's MAGI-based household, but count only the individual's income when determining total household income; or
- Include only the individual in the MAGI-based household and count only the individual's income when determining total household income.

NOTE: when the household includes only the individual, selecting the option to count the income of all household members has the same outcome as selecting the option to count only the income of the individual.

A state may vary the options selected by population. A state may choose, for example, to cover individuals age 21 and older with a methodology that includes all household members and counts all household members' income, while covering individuals under age 21 with a less restrictive methodology that includes all household members but only counts the individual's income. Or a state may use a single financial methodology for all individuals covered described in section 1902(ii) of the Act.

For any of these combinations of financial methodology options, the state may also elect to increase the applicant's total family size by one, as described in 42 CFR 435.603(k)(3).

Family Planning Benefits

Benefits for individuals eligible in this group are limited to family planning services and supplies and family planning-related services, as described in the coverage section of the state's Medicaid state plan. This includes medical diagnosis and treatment services that are provided pursuant to a family planning service in a family planning setting. When a state is newly electing to cover the family planning group, it must submit a "companion" coverage state plan amendment (SPA) in addition to the eligibility SPA electing to cover this group. In the coverage SPA, the state describes the family planning-related services covered under this group.

Other Requirements

Although this group provides a limited benefit package, it still includes all other requirements and protections that apply to eligibility and enrollment in other MAGI-based eligibility groups, including those described in the **Eligibility Process** RU. Individuals who are determined ineligible for full scope Medicaid benefits cannot be required to complete a new application to be determined for eligibility in this group. However, individuals may be given the option, at application, to opt out of consideration for the group for individuals eligible for family planning services.

REVIEWABLE UNIT DEPENDENCIES

Many RUs in MACPro are dependent upon other RUs. Each time you change a primary RU, there could be an effect on other, secondary RUs which are dependent on the primary. For example, in the **Mandatory Eligibility Groups** RU, there is question as to whether the state covers the Adult Group. If *Yes* is selected, and if a box is checked to include the Adult Group in the submission package, then the **Adult Group** RU will be included by the system in the package and the user can navigate to it to complete it. If *No* is selected, the **Adult Group** RU will not be included in the package. In this example, the **Mandatory Eligibility Groups** RU is the *Primary RU* and the **Adult Group** RU is the *Secondary RU*. The **Adult Group** RU is considered to be dependent on selections made in the **Mandatory Eligibility Groups** RU.

Whenever a change in a primary RU may affect a secondary RU, you either need to revise the secondary RU (if it is already in the package) or add the secondary RU to the package so that it can be updated in the same submission package as the primary RU.

Primary RU	Secondary RU	Nature of Dependency	Actions Needed
Individuals	Individuals	Unless the Individuals Eligible for Family	If the secondary RU will not display because
Eligible for	Eligible for	Planning Services RU (primary) has either been	the primary RU is neither approved in
Family	Family	approved in MACPro or is included, completed	MACPro nor included in the package, you
Planning	Planning	and validated in the submission package, the	need to:
Services	Services –	Individuals Eligible for Family Planning	• Add the primary RU to the package,
	Presumptive	Services – Presumptive Eligibility RU	complete it and validate it.
	Eligibility	(secondary) cannot be displayed.	• Alternatively, remove the secondary RU
			from the package

The following table explains the dependent relationships for the Individuals Eligible for Family Planning Services RU:

Primary RU	Secondary RU	Nature of Dependency	Actions Needed
Individuals	Individuals	At B.1. of the Individuals Eligible for Family	• Complete sections A through D of the
Eligible for	Eligible for	Planning Services RU (primary), if Yes has been	secondary RU once if all individuals are
Family	Family	selected to The state covers all individuals who	covered in the primary RU or multiple
Planning	Planning	meet the characteristics described in section A,	times for each population selected in the
Services	Services –	sections A through D of the Individuals Eligible	primary RU.
	Presumptive	for Family Planning Services – Presumptive	• If the selection in the primary RU
	Eligibility	Eligibility RU (secondary) will be displayed only	changes with respect to whether all
		once. If <i>No</i> is selected at B.1. in the primary RU,	individuals are covered or which
		sections A through D of the secondary RU will be	populations are covered, add the
		displayed for each population selected at B.2. in	secondary RU to the package and update
		the primary RU.	it accordingly.

INSTRUCTIONS

A. Characteristics

There is a series of statements (A.1. through A.4.) describing the characteristics of individuals who qualify for this eligibility group.

B. Individuals Covered

- At **B.1.** select *Yes* or *No* to indicate if the state covers all individuals who meet the characteristics in section **A**.
- If *No* is selected at **B.1.**, at **B.2.**, select one or both of the options to describe the individuals who are covered in this RU.
 - If **B.2.a.** *All Children under a specified age limit* is selected, select one of the four options to indicate the age of the children covered.
 - If **B.2.b.** *Other* is selected:
 - Provide the name of the population and a description in the text boxes provided.

Screen Validation: Each name entered here must be different from the other names.

- To add additional populations select the + *Add population* link.
- To remove a population:
 - If there is only one population, uncheck the *Other* box
 - If there is more than one population, select the *Remove population* link associated with the population to be removed.

C. Income Standard Used

At C.1. select *Yes* or *No* to indicate if the same income standard is used for all individuals covered.

- If *Yes*, at C.2., enter the income standard as a % of FPL in the text box provided.
- If *No*, and you entered *Yes* at **B.1.** to indicate coverage of all individuals in the group:
 - At **C.2.**, enter the income standard as a % of FPL for those individuals covered at the lowest % FPL.
 - At C.3., categories of populations will be displayed for selection to indicate that the income standard for one or more of the populations is higher than the standard indicated at C.2. Select one or more populations that use a higher income standard.
 - If C.3.a. All children under a specified age limit is selected:
 - Select one of the four options presented to indicate the age of children covered
 - Enter the income standard as a % of FPL in the text box provided.

Screen validation: The percentage of the FPL must be greater than that entered at **C.2.**

- If C.3.b. *Other* is selected:
 - Provide the name of the population and a description in the text boxes provided.

Screen Validation: Each name entered here must be different from the other names.

• Enter the income standard as a % of FPL in the text box provided.

Screen validation: The percentage of the FPL must be greater than that entered at **C.2.**

- To add additional *Other* populations select the + *Add population* link.
- To remove a population,
 - If there is only one population, uncheck the *Other* box
 - If there is more than one population, select the *Remove population* link associated with the population to be removed.
- To display a table with the names of each group and the income standards entered, select the *View Table* button at the bottom of the **C.3**. selections.
- To edit the information in the table, select the *Edit Table* button and modify any of the information. To return to the table, select the *View Table* button.
- If *No* at **C.1.**, and you entered *No* at **B.1.** to indicate coverage of only some individuals in the group:
 - At C.2., the populations selected in B.2. will be displayed.
 - Enter the income standard as a % of FPL in the text box provided for each population.

D. <u>Financial Methodologies</u>

• At **D.1.**, there is a statement that MAGI-based methodologies, including the flexibilities elected in this section, are used in calculating household income for this eligibility group. A separate RU, **MAGI-Based Methodologies (or MAGI-Based Methodologies-Territories)**, 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 **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 Eligible for Family Planning Services* link to return to the **Individuals Eligible for Family Planning Services** RU.
- At **D.2.**, select *Yes* or *No* to indicate if the state uses the same financial methodology to determine eligibility for all individuals covered.
 - If *Yes* is selected at **D.2**:
 - At **D.3.**, select one of the two options to indicate how the MAGI-based household is constructed.

- At **D.4.**, select *Yes* or *No* to indicate whether the individual is counted as two members in determining the family size.
- At **D.5.**, select one of the two options to indicate which household members' income is counted in determining eligibility.
- If *No* is selected at **D.2.**, and you entered *Yes* at **B.1.** to indicate coverage of all individuals in the group:
 - At **D.3**, indicate the financial methodology used for all individuals eligible under the group, except for any populations separately identified at **D.4**.
 - At **D.3.a.**, select one of the two options to indicate which household members are included in determining eligibility.
 - At **D.3.b.**, select, *Yes* or *No*, to indicate whether the individual is counted as two members in determining the family size.
 - At D.3.c., select one of the two options to indicate which household members' income is counted in determining eligibility.
 - At **D.4.**, select one or both options to indicate the populations for which there is a different financial methodology used.
 - If **D.4.a.** is selected, select one of the four options to indicate the age of children for which the financial methodology is being defined.
 - Select one of the two options to indicate how the MAGI-based household is constructed.
 - Select, *Yes* or *No*, to indicate whether the individual is counted as two members in determining the family size.
 - Select one of the two options to indicate which household members' income is counted in determining eligibility.
 - If **D.4.b.** is selected:
 - Enter a name and a description of the population for which the financial methodology is being defined in the text boxes provided.
 - Select one of the two options to indicate how the MAGI-based household is constructed.
 - Select *Yes* or *No* to indicate whether the individual is counted as two members in determining the family size.
 - Select one of the two options to indicate which household members' income is counted in determining eligibility.
 - To add more populations select the + *Add population* link and follow the steps above to describe the population and financial methodology used for it. *Screen validation:* The name of each population must be unique.
 - To remove a population:

- If there is only one population, uncheck the *Other* box
- If there is more than one population, select the *Remove population* link associated with the population to be removed.
- To view a summary of the populations and their financial methodologies, select the *View Table* button.
- To make changes to the populations from the table view, select the *Edit Table* button
- If *No* is selected at **D.2.**, and you entered *No* at **B.1.** to indicate coverage of only some individuals in the group, a table is displayed with the names of the populations previously identified in section **B**. For each population listed,
 - At **D.3.**, select one of the two options to indicate how the MAGI-based household is constructed.
 - At **D.4.**, select, *Yes* or *No*, to indicate whether the individual is counted as two members in determining the family size.
 - At **D.5.**, select one of the two options to indicate which household members' income is counted in determining eligibility.

E. Basis for Income Standard - Maximum Income Standard

- At **E.1.**, indicate that the state has submitted and received approval for its income standard(s) for pregnant women converted to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group. To do this, check the box next to the assurance.
- At **E.2.**, select one of the four options to indicate the basis for the state's maximum income standard for this eligibility group.
 - If E.2.a. is selected, and you wish to view this standard, select the View Approved Version of Pregnant Women – Income Standard Used section link.
 - This section of the **Pregnant Women** RU will appear if it has been approved 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 Eligible for Family Planning Services* link to return to the **Individuals Eligible for Family Planning Services** RU.
 - At **E.3.**, enter the amount of the maximum income standard as a percentage of the FPL in the text box provided.

F. Family Planning Benefits

There is a statement that the benefits provided to beneficiaries of this eligibility group are limited to family planning and related services. These are described in more detail in the Benefits section of the state plan.

G. 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 descriptions of any populations defined must be of sufficient detail so that the reviewer can clearly understand its composition.

The income standard for any populations in this group may not exceed the highest of the income standards for pregnant women in effect under the Medicaid state plan in accordance with 42 CFR 435.116, a Medicaid demonstration under section 1115 of the Act, the CHIP state plan under section 2112 of the Act; or CHIP demonstration under section 1115 of the Act.