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## Modified Adjusted Gross Income (MAGI) Conversion Plan

This MAGI Conversion Plan is being submitted to CMS by **Wisconsin** as required by Section 1902(e)(14)(E) of the Social Security Act, which requires each state to submit for approval the income eligibility thresholds for Medicaid and the Children's Health Insurance Program (CHIP) proposed to be established using modified adjusted gross income (MAGI). As described in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) income conversion, states can choose among three options to convert net standards for Medicaid and CHIP to MAGI equivalent standards.<sup>1</sup> The purpose of the MAGI Conversion Plan is to provide CMS with information about each state's MAGI conversion methodology, as well as the data used and results of conversion. CMS will be reviewing the submitted materials and notifying the State with their approval or disapproval by **June 15, 2013**.

**Eligibility and FMAP claiming conversions.** States are required to submit information about their conversion methodology, data and results for income conversions related to eligibility and those required for FMAP claiming in accordance with CMS' FMAP rule. For additional information about the FMAP rule, please see: <https://s3.amazonaws.com/public-inspection.federalregister.gov/2013-07599.pdf>.

**Note about Income Eligibility Conversions and State Plan Amendments:** Converted income standards will be used to set maximum MAGI-equivalent standards for adults in 2014 and will be used as the actual income standard in effect for children through October 2019. States will use the state plan amendment (SPA) process to identify the minimum and maximum MAGI-equivalent standards and to select the state's MAGI-based income standard for each eligibility group to which MAGI will apply in 2014. For adults for whom the Maintenance of Effort requirement expires in 2014, the selected income standard in the SPA will be anywhere between the minimum allowed and the maximum derived through the income conversion process.

Please indicate the MAGI conversion method chosen by your state and follow the appropriate directions:

- Option 1** – Standardized Methodology with SIPP data  
Attach Excel spreadsheet with finalized SIPP results of eligibility and FMAP conversions to this cover page and submit to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov).
- Option 2** – Standardized Methodology with State data  
Please follow the instructions below and submit this plan to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov).
- Option 3** – State proposed Alternative Method  
Please follow the instructions below and submit this plan to [incomeconversion@cms.hhs.gov](mailto:incomeconversion@cms.hhs.gov).

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<sup>1</sup> SHO letter available at <http://www.medicaid.gov/Federal-Policy-Guidance/downloads/SHO12003.pdf>

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	Part 1 – Conversions for Eligibility		Part 2 – Conversions for FMAP Claiming	
	Pages to Complete	Due Date	Pages to Complete	Due Date
Standardized Methodology	Page 1	May 31, 2013	Page 1	August 1, 2013
Standardized Methodology with State Data	Page 3-10	April 30, 2013	Pages 13-18	August 1, 2013
Alternative Methodology	Page 3-12	April 30, 2013	Pages 13-18	August 1, 2013

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## Standardized Methodology with State Data Method and Alternative Method:

Please provide a state contact who can answer questions about the conversion plan, data, and methods:

Name: Autumn Arnold Title: Program & Policy Analyst

E-mail: autumn.arnold@dhs.wisconsin.gov Phone: 608-261-6869

**Supplemental Information:** In addition to the information provided in the attached MAGI Conversion Plan, during the review and approval process, CMS may determine that supplemental information regarding the income conversion results is necessary. If CMS determines that a supplemental review of these results is necessary, your state may be required to submit:

- Descriptive statistics of the data used. Such descriptive statistics could include for each eligibility group converted with state data:
  - Net income statistics and disregard statistics for the full population or sample and for the population used in conversion (e.g., the 25% band) including: Total N, Mean Net Income, Standard Deviation of Mean Net Income, Median Net Income, and Number of individuals with Positive Net Income
- Data files used for conversion
- Annotated programming code used in the analysis

## **PART 1: ELIGIBILITY CONVERSIONS- TABLE 1 – DUE APRIL 30, 2013**

For States Using  
Standardized Methodology with State Data  
Or  
Alternative Method

Please fill out Table 1 below to provide CMS with information about how state data were used for MAGI income conversion. All cells in rows for eligibility groups that do not have a converted income standard in your state (for example, if your state does not cover independent foster care adolescents or does not apply an income standard to this group) should be marked “N/A.”

### **Instructions for Table 1:**

SIPP results used: Your state may have used SIPP results for converting some groups. For conversions based on SIPP, please mark yes in the first column of Table 1 and provide the converted standard from those results.<sup>2</sup> Please list the group below (e.g., pregnant women) and an explanation of why the SIPP results are being used for this eligibility group (e.g., data unavailable). Attach additional pages if necessary. **Note that for groups that need to be converted both for eligibility and FMAP purposes (e.g., childless adults) the same income conversion method/data source (i.e., SIPP or state data) must be used.**

*We have used SIPP data for pregnant women under 300% FPL, infants under age 1 under 300% FPL, pre-CHIP children under age 1 under 185% FPL, and Family Planning Only categories. For the first three categories, we are using SIPP data because of a concern that our sample sizes were too small to be valid. For Family Planning Only, we have used SIPP data because we do not have complete data in our CARES eligibility system on our disregard of parental income in determining minors' eligibility. Because this income was not considered, information about it was never collected. Because coverage levels for Family Planning Only cannot be higher than that of our pregnant women, which would have been the result if SIPP data were used, we are using 301% FPL as the converted standard in place of the 303% determined by the SIPP analysis. This approach was per the direction of CMS and SHADAC.*

For all conversions using state data, please provide the following information:

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<sup>2</sup> If SIPP results include conversions for applicants and beneficiaries, both should be included.

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Time period-Specify the time period of data that was used, for example, June 2011-May 2012. If a time period other than 12 months was used, please explain why below and summarize the methods used to determine that the time period is unbiased. Attach additional pages if necessary:

*For our AFDC-related standards, the period for January 2007 to December 2007 was used. 2007 was the last full year in which these income standards were in effect in Wisconsin. For non-AFDC-related standards, our state data was obtained from Wisconsin's CARES eligibility system for the month of April 2012. This month was selected because it provided the most recent data while reflecting a period of time that most closely aligns with policy in place during March 2010. We selected one month's worth of data for this population after testing to see if there was any seasonal variation in child support obligation amounts, which is the single disregard allowed for our BadgerCare Plus populations. With the following results, we concluded that there was no seasonal variation in the level of disregard:*

Month	How many households received a deduction for child support paid?	What percentage of eligible households is this?	What was the average deduction amount?	Unique eligible Households
12-Jan	10528	3.9	278.23	270214
12-Apr	10486	3.87	278.69	270933
12-Jul	10215	3.77	279.76	271208
12-Oct	9462	3.49	278.94	271080

Sampling: Please mark this column yes or no. If yes (in other words, the analysis did not include all records in the eligibility group), please provide a detailed explanation below of the sampling approach that was used (i.e., simple random sample, stratified sample, etc.). Please also provide information about the total population and the number of records sampled. Attach additional pages if necessary.

*No sampling was used.*

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Net income standard- Please fill in the net standard that was converted for each eligibility group. This should reflect the bolded standard from the eligibility template that you developed with CMS. For conversions that were based on fixed dollar thresholds, please specify the net standard for each family size. You may use fewer or more family sizes than indicated in Table 1.

For 1115 demonstrations, please enter a row for each MAGI-included 1115 demonstration group, specifying whether its Medicaid or S-CHIP.

Income band used in conversion-This column is applicable only for the State Data method and should reflect the net standard minus 25 percentage points of FPL. For example, if the net standard was 120% FPL, the income band used in conversion would be 95% FPL to 120% FPL. For standards at or below 25% FPL, the income band will include all records—e.g., for a net standard of 18% FPL, the income band used in conversion should be 0-18% FPL. For conversions of fixed dollar thresholds, please specify the income band (expressed as a percentage of FPL) for each family size.<sup>3</sup>

Converted standard for applicants-Please fill in the converted standard for applicants. Fixed dollar standards should be given in dollars for each family size.

Converted standard for beneficiaries (if relevant)- If your state applies different disregards based on whether someone is applying or being renewed for coverage, and you are doing a separate conversion for beneficiaries, please provide. Fixed dollar standards should be given in dollars for each family size.

*Special note for premium payment groups: if your state charges premiums for any eligibility group, you will need to attach a separate sheet showing the MAGI Conversion Plan information requested for each income level used to determine premium payments.*

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<sup>3</sup> See page 15 of *How States Can Implement the Standardized Modified Adjusted Gross Income (MAGI) Conversion Methodology from State Medicaid and CHIP Data* for more information on converting fixed dollar standards to FPL.

<http://aspe.hhs.gov/health/reports/2013/MAGIHowTo/rb.cfm>.

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**Table 1**

Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	(For State Data Method Only) Income band used in conversion	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
Parents and other caretaker relatives (mandatory under Section 1931)	No	April 2012	No	100% FPL _____ <b>or</b> Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	At / above 75% FPL _____ <b>or</b> % FPL by Family size (for groups with fixed dollar standards) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	101% FPL _____ <b>or</b> Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	N/A % FPL _____ <b>or</b> Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____

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Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	(For State Data Method Only) Income band used in conversion	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
Parents and other caretaker relatives (optional under 1902(a)(10)(A)(ii)(I))	No	April 2012	No	200% FPL _____ or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	At / above 175% FPL _____  or % FPL by Family size (for groups with fixed dollar standards) 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	201% FPL _____  or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____	N/A _____  or Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____
Pregnant women, full benefits	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Pregnant women, pregnancy only coverage	Yes	April 2012	No	300	At / above 275% FPL	301%	N/A
Children under age 1	Yes	April 2012	No	300	At / above 275% FPL	301%	N/A
Children ages 1 to 5	No	April 2012	No	185	At / above 160% FPL	186%	N/A
Children ages 6 to 18	No	April 2012	No	100	At / above 75% FPL	101%	N/A
M-CHIP optional targeted low-income children	No	April 2012	No	150	At / above 125% FPL	151%	N/A

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<b>Coverage Category</b>	<b>SIPP Results used (Yes/No)</b>	<b>Time Period</b>	<b>Sampling (yes/no)</b>	<b>Net Income Standard</b>	<b>(For State Data Method Only) Income band used in conversion</b>	<b>Converted Standard for Applicants</b>	<b>Converted Standard for Beneficiaries (if relevant)</b>
Optional reasonable classifications of individuals under age 21	N/A	N/A	N/A	N/A	N/A	N/A	N/A
State adoption assistance	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Independent foster care adolescents	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Family planning services	Yes	N/A	N/A	300%	N/A	301%	N/A
Individuals needing TB-related services	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other Medicaid section 1115 demonstration (e.g., childless adults)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Separate CHIP <ul style="list-style-type: none"> <li>• Children</li> </ul>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Separate CHIP <ul style="list-style-type: none"> <li>• Pregnant Women</li> </ul>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Separate CHIP <ul style="list-style-type: none"> <li>• Unborn child option</li> </ul>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
AFDC payment standard 5/1/1988	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	(For State Data Method Only) Income band used in conversion	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
AFDC payment standard 7/16/1996 – Area 1	No	1/07 to 12/07	No	Fixed dollar standards Family size 1 ___ \$249 ___ 2 ___ \$440 ___ 3 ___ \$518 ___ 4 ___ \$618 ___ 5 ___ \$709 ___ 6 ___ \$766 ___ 7 ___ \$830 ___ 8 ___ \$879 ___ 9 ___ \$921 ___  Add-on for additional family members if relevant \$20 ___	% FPL by family size 1 ___ > 4.24% 2 ___ > 13.57% 3 ___ > 11.17% 4 ___ > 10.89% 5 ___ > 10.25% 6 ___ > 8.31% 7 ___ > 7.02% 8 ___ > 5.52% 9 ___ > 4.04%  Add-on for additional family members if relevant: Used entire group for households larger than 9	Fixed dollar standards Family size 1 ___ \$342 ___ 2 ___ \$565 ___ 3 ___ \$674 ___ 4 ___ \$806 ___ 5 ___ \$929 ___ 6 ___ \$1,018 ___ 7 ___ \$1,113 ___ 8 ___ \$1,194 ___ 9 ___ \$1,268 ___  Add-on for additional family members if relevant ___ \$52 ___	Fixed dollar standards Family size 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ Add-on for additional family members if relevant _____

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Coverage Category	SIPP Results used (Yes/No)	Time Period	Sampling (yes/no)	Net Income Standard	(For State Data Method Only) Income band used in conversion	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
AFDC payment standard 7/16/1996 – Area 2	No	1/07 to 12/07	No	Fixed dollar standards Family size 1 ___ \$241 ___ 2 ___ \$426 ___ 3 ___ \$501 ___ 4 ___ \$599 ___ 5 ___ \$689 ___ 6 ___ \$743 ___ 7 ___ \$806 ___ 8 ___ \$854 ___ 9 ___ \$894 ___  Add-on for additional family members if relevant ___\$20 ___	% FPL by family size 1 ___ > 3.30% 2 ___ > 12.38% 3 ___ > 10.00% 4 ___ > 9.82% 5 ___ > 9.25% 6 ___ > 7.30% 7 ___ > 6.09% 8 ___ > 4.66% 9 ___ > 3.18%  Add-on for additional family members if relevant: Used entire group for households larger than 9	Fixed dollar standards Family size 1 ___ \$337 ___ 2 ___ \$556 ___ 3 ___ \$663 ___ 4 ___ \$795 ___ 5 ___ \$917 ___ 6 ___ \$1004 ___ 7 ___ \$1,100 ___ 8 ___ \$1,181 ___ 9 ___ \$1,253 ___  Add-on for additional family members if relevant ___\$53 ___	Fixed dollar standards Family size 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ Add-on for additional family members if relevant ___
Premium payment determination	<b>PLEASE ATTACH A SEPARATE SHEET SHOWING REQUESTED INFORMATION FOR EACH RELEVANT INCOME LEVEL USED TO DETERMINE PREMIUM PAYMENTS</b>						
Pre-CHIP Medicaid as of 3/31/97	Yes	N/A	N/A	< age 1 ___ 185% ___ 1-5 ___ N/A ___ 6-13 ___ N/A ___ 14-18 ___ N/A ___	< age 1 ___ N/A ___ 1-5 ___ N/A ___ 6-13 ___ N/A ___ 14-18 ___ N/A ___	< age 1 ___ 188% ___ 1-5 ___ N/A ___ 6-13 ___ N/A ___ 14-18 ___ N/A ___	< age 1 ___ N/A ___ 1-5 ___ N/A ___ 6-13 ___ N/A ___ 14-18 ___ N/A ___

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## Premium payment determination:

### For optional parents and other caretaker relatives - to 200% FPL:

- Our conversion amount for the minimum threshold, using non-sampled state data for parents / caretakers from April 2012 and a marginal band of 108 to 133% FPL, was 134% FPL.
- We obtained a conversion factor by dividing our converted maximum for parents / caretakers (201%) by the current maximum for this group (200):  $201/200 = 1.005$ . Applying this conversion factor to each of the premium bands results in the addition of one percentage point to each amount.

Optional parents and other caretaker relatives - to 200% FPL	Threshold	Current amount	Converted amount
	133-139.9% lower bound	133.0% FPL	134
	133-139.9% upper bound	139.9% FPL	140.9
	140-149.9% lower bound	140.0% FPL	141
	140-149.9% upper bound	149.9% FPL	150.9
	150-159.9% lower bound	150.0% FPL	151
	150-159.9% upper bound	159.9% FPL	160.9
	160-169.9% lower bound	160.0% FPL	161
	160-169.9% upper bound	169.9% FPL	170.9
	170-179.9% lower bound	170.0% FPL	171
	170-179.9% upper bound	179.9% FPL	180.9
	180-189.9% lower bound	180.0% FPL	181
	180-189.9% upper bound	189.9% FPL	190.9
	190-199.9% lower bound	190.0% FPL	191
	190-199.9% upper bound	199.9% FPL	200.9
	200-209.9% lower bound	200.0% FPL	201
	200-209.9% upper bound	209.9% FPL	210.9

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	210-219.9% lower bound	210.0% FPL	211
	210-219.9% upper bound	219.9% FPL	220.9
	220-229.9% lower bound	220.0% FPL	221
	220-229.9% upper bound	229.9% FPL	230.9
	230-239.9% lower bound	230.0% FPL	231
	230-239.9% upper bound	239.9% FPL	240.9
	240-249.9% lower bound	240.0% FPL	241
	240-249.9% upper bound	249.9% FPL	250.9
	250-259.9% lower bound	250.0% FPL	251
	250-259.9% upper bound	259.9% FPL	260.9
	260-269.9% lower bound	260.0% FPL	261
	260-269.9% upper bound	269.9% FPL	270.9
	270-279.9% lower bound	270.0% FPL	271
	270-279.9% upper bound	279.9% FPL	280.9
	280-289.9% lower bound	280.0% FPL	281
	280-289.9% upper bound	289.9% FPL	290.9
	290-299.9% lower bound	290.0% FPL	291
	290-299.9% upper bound	299.9% FPL	300.9
	300% and above	300.0% FPL	301

## For premiums for infants under age 1:

- Our conversion amount for this threshold, using non-sampled state data for infants under age 1 from April 2012 and a marginal band of 175 to 200% FPL, was 200.49% FPL.
- We obtained a conversion factor by dividing our converted maximum for infants under age 1 (301%) by the current maximum for this group (300):  $301/300 = 1.00245$ . Applying this conversion factor to each of the premium bands results in the addition of one percentage point to each amount.

Income Determination for Premiums for Infants under age 1	Premium band	Current amount	Converted amount
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	201-230% lower bound	201% FPL	202% FPL
	201-230% upper bound	230% FPL	231% FPL
	231-240% lower bound	231% FPL	232% FPL
	231-240% upper bound	240% FPL	241% FPL
	241-250% lower bound	241% FPL	242% FPL
	241-250% upper bound	250% FPL	251% FPL
	251-260% lower bound	251% FPL	252% FPL
	251-260% upper bound	260% FPL	261% FPL
	261-270% lower bound	261% FPL	262% FPL
	261-270% upper bound	270% FPL	271% FPL
	271-280% lower bound	271% FPL	272% FPL
	271-280% upper bound	280% FPL	281% FPL
	281-290% lower bound	281% FPL	282% FPL
	281-290% upper bound	290% FPL	291% FPL
	291-300% lower bound	291% FPL	292% FPL
	291-300% upper bound	300% FPL	301% FPL
	300% and above	300% FPL	301% FPL

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## **PART 1: ELIGIBILITY CONVERSIONS**

Alternative Method, additional information

Please provide a summary of the alternative method and data source or sources used for income conversion, including how the method differs from the Standardized MAGI Conversion Methodology specified in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) Income Conversion. Please include equations showing how the method is applied mathematically and a description of how fixed dollar standards were converted, if relevant. Attach additional pages if necessary.

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Please provide a description below of how your method meets the criteria specified in the December 28, 2012 State Health Officials' Letter on Modified Adjusted Gross Income (MAGI) Conversion: unbiased, accuracy, precision, and data quality. Attach additional pages if necessary. More detailed information about these criteria is available in the ASPE issue brief *Modified Adjusted Gross Income (MAGI) Income Conversion Methodologies*.<sup>4</sup>

Unbiased: Across all eligibility categories, the method does not systematically increase or decrease the number of eligible individuals within a given eligibility group or systematically increase or decrease the costs to states.

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<sup>4</sup> See [http://www.shadac.org/files/2.%20ASPE%20Brief%20-%20MAGI%20Income%20Conversion%20Methodologies%20\(March%202013\).pdf](http://www.shadac.org/files/2.%20ASPE%20Brief%20-%20MAGI%20Income%20Conversion%20Methodologies%20(March%202013).pdf).

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Accuracy: To the extent possible, the method minimizes changes in eligibility status by minimizing losses and gains in eligibility for a given category of coverage.

Precision: The converted standard must be stable and repeatable. In other words, if the methodology to arrive at the converted standard were repeated, it would arrive at the same result. For example, if a sampling methodology is used, the sample size must be large enough to ensure that the conversion method, if calculated on another sample, would in general yield the same converted standard.

Data quality: The data used are representative of the income and disregards of the population so as not to bias the converted standard due to poor data quality.

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## **PART 2: FMAP CONVERSIONS – DUE AUGUST 1, 2013**

For States Using  
Standardized Methodology with State Data  
Or  
Alternative Method

Please fill out Table 2 below to provide CMS with information about how state data were used for FMAP related conversions. If your state did not cover a certain eligibility group on December 1, 2009, all cells in that row should be marked “N/A.” **All states** must fill out relevant conversions under “MAGI groups relevant for FMAP” and “optional ABD groups.” **209(b) states** must also fill out information for the relevant mandatory groups listed at the end of the table (i.e., if the state applied a disregard on December 1, 2009 that varied from the standard SSI-related methodology disregards).

**Instructions for Table 2:** This template assumes that the information about sampling and time period selection you provided for eligibility conversions in Part 1 of this plan also apply to the FMAP conversions in part 2. If not, please attach a separate explanation of how and why they differ.

SIPP results used: Your state may have used SIPP results for converting some groups. For conversions based on SIPP, please mark yes in the first column of Table 1 and provide the converted standard from those results.<sup>5</sup> Please list the group below (e.g., TWWIIA basic group) and an explanation of why the SIPP results are being used for this eligibility group (e.g., state data unavailable). Attach additional pages if necessary. **Note that for groups that need to be converted both for eligibility and FMAP purposes (e.g., childless adults) the same income conversion method/data source (i.e., SIPP or state data) must be used.**

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<sup>5</sup> If SIPP results include conversions for applicants and beneficiaries, both should be included.

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Effective income standard: For **MAGI groups relevant to FMAP claiming**, in most cases this will be the effective income standard your state provided in Part 1. However, if the effective income standard was different on 12/1/2009, that standard should be listed here. For **ABD groups**, this standard will be the bolded effective income standard from the ABD template you completed with CMS. Please provide this information in % of FBR or in fixed dollar state supplement payments as relevant, and for different family sizes as applicable.

Converted standard for applicants-Please fill in the converted standard for applicants.

Converted standard for beneficiaries (if relevant)- If your state applies different disregards based on whether someone is applying or being renewed for coverage, and you are doing a separate conversion for beneficiaries, please provide. Fixed dollar standards should be given in dollars for each family size.

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**Table 2**

Eligibility Group	SIPP Results used (Yes/No)	Time Period (e.g., June 2011-May 2012)	Effective Income Standard	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
<b>MAGI groups relevant for FMAP claiming</b>					
Parents and other caretaker relatives					
Other Medicaid section 1115 demonstration (e.g., childless adults)					
Optional reasonable classifications of individuals under age 21					
<b>Optional ABD Groups</b>					
Aged, blind and disabled individuals financially eligible for SSI cash assistance					

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Eligibility Group	SIPP Results used (Yes/No)	Time Period (e.g., June 2011-May 2012)	Effective Income Standard	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
<p>Aged, blind or disabled individuals receiving only optional state supplements in 1634 or certain SSI criteria states</p> <p>Aged, blind, or disabled individuals who would be financially eligible for SSI cash assistance if they were institutionalized</p>					
<p>Institutionalized individuals eligible under a special income level</p>					
<p>HCBS waiver enrollees eligible under institutional rules</p>					
<p>HCBS waiver enrollees eligible under institutional rules</p>					

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Eligibility Group	SIPP Results used (Yes/No)	Time Period (e.g., June 2011-May 2012)	Effective Income Standard	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
Individuals receiving hospice care					
Aged, blind, or disabled poverty level group					
Aged, blind, or disabled individuals receiving only optional state supplements in 209(b) or certain SSI criteria states					
Work Incentives Eligibility Group (BBA group)					
TWWIIA Basic Group					
TWWIIA Medical Improvement group					
Family Opportunity Act group					
Katie Beckett Group (TEFRA children)					

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Eligibility Group	SIPP Results used (Yes/No)	Time Period (e.g., June 2011-May 2012)	Effective Income Standard	Converted Standard for Applicants	Converted Standard for Beneficiaries (if relevant)
PACE group					
Medically Needy					
Mandatory Groups (209(b) states only)					
Aged, blind and disabled individuals in 209(b) states					
Disabled Adult children					
Early widows and widowers					
Pickle group					