

ABP2b – Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under section 1902(a)(10)(A)(i)(VIII) of the Act

Statute: 1937(a)(2)(B) and (C)

Regulation: 42 CFR 440.305(b) and (c); 42 CFR 440.315; 42 CFR 440.320

INTRODUCTION

This is the second in the series of Alternative Benefit Plan (ABP) fillable PDFs (state plan pages) in which the state/territory provides assurances and descriptions of its procedures related to the enrollment of individuals in an ABP. This state plan page is presented and must be completed if the state/territory indicates, when defining its ABP population in the **ABP1 – Alternative Benefit Plans Populations** state plan page, that the ABP population includes eligibility groups other than the Adult Group under 1902(a)(10)(A)(i)(VIII). It is presented regardless of whether such groups are designated for voluntary or mandatory enrollment, as even those groups designated for mandatory enrollment will include some individuals who are exempt and therefore subject to voluntary enrollment requirements.

ABP2b presents these assurances and requires that the state/territory affirmatively indicate that it will assure compliance with these requirements. The state/territory also provides information regarding:

- Procedures for informing such individuals about voluntary enrollment;
- Procedures for disenrolling such individuals;
- Documentation processes concerning how individuals excluded from mandatory participation who are being offered the opportunity to participate voluntarily are properly informed; and
- Any other information related to individuals voluntarily enrolled in ABPs.

There is a separate state plan page, **ABP2a – Voluntary Benefit Package Selection Assurances – Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act**, with the assurances related to individuals in the Adult group who meet the exemption criteria from mandatory participation in a section 1937 Alternative Benefit Plan. There is also a third state plan page, **ABP2c – Mandatory Enrollment Assurances**, that includes assurances and information related to the enrollment of mandatory ABP individuals.

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BACKGROUND

Section 1937(a)(2)(B) of the Act and 42 CFR 440.315 specify the types of Medicaid beneficiaries who are exempt from mandatory enrollment. (See the Implementation Guide section on the **ABP1 - Alternative Benefit Plan Populations** state plan page for lists of the categories of these beneficiaries and the eligibility groups that are exempt from mandatory enrollment and those who may be required to enroll.)

However, 42 CFR 440.320 provides that the state/territory may offer ABPs to exempt individuals for enrollment on a voluntary basis, but only if certain conditions are met. This state plan page is used to document the state/territory's processes for complying with these conditions.

The conditions that must be met and clearly documented in this state plan page include the following:

- When offering voluntary enrollment in an ABP (Benchmark or Benchmark-Equivalent), prior to enrollment:
 - The state/territory must inform the individual they are exempt and the state/territory must comply with all requirements related to voluntary enrollment.
 - The state/territory assures it will effectively inform individuals who voluntarily enroll of the following:
 - Enrollment is voluntary;
 - The individual may disenroll from the ABP at any time and regain immediate access to full standard state/territory plan coverage;
 - What the process is for disenrolling.
 - The state/territory assures it will inform the individual of:
 - The benefits available under the ABP; and
 - The costs of the different benefit packages and a comparison of how the Alternative Benefit Plan differs from the approved Medicaid state/territory plan.
- The state/territory must indicate how they inform the exempt individuals about voluntary enrollment and provide a copy of the letter or other communication text they will use to inform the individual, as well as indicating when the individual is informed and the describing the disenrollment process.
- The state/territory must document in the exempt individual's eligibility file that the individual was informed in accordance with this section prior to enrollment,

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was given ample time to arrive at an informed choice, and voluntarily and affirmatively chose to enroll in the ABP.

- The state/territory must maintain data that tracks the total number of beneficiaries that have voluntarily enrolled in an ABP and the total number of individuals that have disenrolled from the ABP.

TECHNICAL GUIDANCE

The state/territory must affirmatively acknowledge that it will comply with the first two assurances concerning informing exempt individuals of their voluntary enrollment and complying with all requirements related to voluntary enrollment, and that it will effectively inform those who voluntarily enroll of the information listed.

The state/territory must affirmatively acknowledge the third assurance concerning informing potential voluntary enrollees of the Alternative Benefit Plan's benefits and costs.

The state/territory provides these affirmative assurances by checking the box next to each assurance.

Review Criteria

The state/territory must acknowledge each of the three assurances by checking the box next to each one. If each box is not checked, the SPA cannot be approved.

Next the state/territory must:

- Select one or more of the options listed for how this informing will be accomplished.
- If ***Other*** is selected,
 - Indicate and describe the other informing process.
- Upload a copy of the letter, email, or other communication text that will be sent to the exempt individuals.
- Describe the timeframes associated with informing individuals who are being offered voluntary enrollment.
- Describe its process for allowing those who voluntarily enroll to disenroll from the ABP.

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Review Criteria

The descriptions should be sufficiently clear, detailed, and complete to permit CMS to determine that the state/territory's election meets applicable federal statutory, regulatory, and policy requirements. If the descriptions do not meet this standard, the SPA cannot be approved.

The state/territory must affirmatively acknowledge the fourth assurance concerning documenting in the Medicaid eligibility file how the voluntarily enrolled individual was informed.

The state/territory provides this affirmative assurance by checking the box next to the assurance.

Review Criteria

The state/territory must acknowledge the assurance by checking the box next it. If the box is not checked, the SPA cannot be approved.

Next the state/territory must:

- Indicate how the information is documented by selecting one or more of the options presented.
 - If ***Other*** is selected, indicate and describe the other method used.
- Select one or more of the options presented to indicate what documentation will be maintained in the eligibility file.
 - If ***Other*** is selected, indicate and describe what the other documentation is.

Review Criteria

The descriptions should be sufficiently clear, detailed, and complete to permit CMS to determine that the state/territory's election meets applicable federal statutory, regulatory and policy requirements. If the descriptions do not meet this standard, the SPA cannot be approved.

The state/territory must affirmatively acknowledge the fifth assurance, that it will maintain data that tracks the total number of individuals enrolled in ABPs and the total number who have disenrolled.



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The state/territory provides this affirmative assurance by checking the box next to the assurance.

Review Criteria

The state/territory must acknowledge the assurance by checking the box next to it. If the box is not checked, the SPA cannot be approved.

Finally, the state/territory may provide a narrative with any other information it considers important related to how it meets the requirements pertaining to voluntary ABP participants.