

ABP1 – Alternative Benefit Plan Populations

Statute: 1937(a)(1)(A) and (B); 1937(a)(2)

Regulation: 42 CFR 440.305(b) and (c); 42 CFR 440.310; 42 CFR 440.315;
42 CFR 440.320

INTRODUCTION

This state plan page (fillable PDF) is used to identify and define eligible Medicaid populations that will receive their Medicaid coverage through an Alternative Benefit Plan (ABP). It should be the first state plan page completed when submitting an ABP State Plan Amendment (SPA).

BACKGROUND

Overview

States and territories are required, effective January 1, 2014, to provide ABP coverage when offering services to the new Adult eligibility group authorized by section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (hereinafter referred to as the “Adult group”). In addition, states and territories have the option of providing Medicaid coverage through ABPs to other eligible Medicaid individuals, either as mandatory participants, or in the case of individuals who are exempt from participation under the law, as voluntary participants.

Based on the characteristics of the population a state/territory may wish to tailor the benefits provided in an ABP to meet the needs of a specific population. For example, the state/territory may provide less comprehensive coverage and preventive health care services to healthier populations in one plan while offering comprehensive long-term services and supports to the elderly or individuals with a disability, who are more likely to need such benefits, in another. In these state plan pages, the state/territory defines the population(s) to which it will target such a benefit package.

Voluntary or Mandatory Enrollment

For all eligibility groups, except for the new Adult group, the statute and regulations exempt certain eligibility groups and individuals with certain characteristics (e.g. individuals entitled to Medicare, certain pregnant women, children in foster care) from being required to participate in an ABP (lists of individuals and eligibility groups exempted from mandatory participation are provided below.) States and territories may, however, offer ABP coverage to these individuals, and the beneficiaries may elect to participate by choosing such a plan instead of the state/territory’s standard approved Medicaid state plan benefit package and delivery system(s).

Although a particular eligibility group may not be exempt from mandatory enrollment in an Alternative Benefit Plan, individuals within these “Not Exempt” eligibility groups may be exempt based on one of the individual exemption criteria outlined below. The state/territory

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must exclude these individuals from mandatory enrollment in section 1937 Alternative Benefit Plans and establish procedures to identify them.

Even the Adult eligibility group, which is required to have its benefits provided through an ABP, may include individuals that meet exemption criteria. Individuals in the Adult group that meet the exemption criteria must be offered a choice of enrolling in an ABP that includes essential health benefits and is subject to 1937 requirements or enrolling in an ABP that is the state/territory's approved standard Medicaid state plan benefit package, that is not subject to section 1937 requirements. The state/territory must have a process in place to identify these individuals and afford them the choice. (This is addressed in the **Section 2a - Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act** state plan page.)

List of Populations Exempted from Mandatory Enrollment (section 1937(a)(2)(B))

The following individuals are exempt from mandatory participation in an Alternative Benefit Plan and may only be proposed for participation on a voluntary basis, or if in the Adult Group, offered the alternative of participating in an ABP by enrolling in the state/territory's standard approved Medicaid state plan. The exemption criteria shown in *italics* do not apply to individuals in the Adult group.

- *A pregnant woman who is required to be covered under section 1902(a)(10)(A)(i) of the Act.*
- An individual who qualifies for medical assistance on the basis of being blind or disabled (or being treated as being blind or disabled) without regard to whether the individual is eligible for Supplemental Security Income benefits under title XVI on the basis of being blind or disabled and including an individual who is eligible for medical assistance on the basis of section 1902(e)(3) of the Act.
- *An individual entitled to benefits under any part of Medicare.*
- An individual who is terminally ill and is receiving benefits for hospice care under title XIX.
- An individual who is an inpatient in a hospital, nursing facility, intermediate care facility for the mentally retarded, or other medical institution, and is required, as a condition of receiving services in that institution under the state plan, to spend for costs of medical care all but a minimal amount of the individual's income required for personal needs.
- An individual who is medically frail or otherwise an individual with special medical needs. For these purposes, the state/territory's definition of individuals who are medically

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frail or otherwise have special medical needs must at least include those individuals described in 42 CFR 438.50(d)(3). In addition the following individuals are considered to be medically frail as specified at 42 CFR 440.315(f):

- Individuals with disabling mental disorders (including children with serious emotional disturbances and adults with serious mental illness);
 - Individuals with chronic substance use disorders;
 - Individuals with serious and complex medical conditions;
 - Individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform one or more activities of daily living; or
 - Individuals with a disability determination based on Social Security criteria or in states/territories that apply more restrictive criteria than the Supplemental Security Income program, the state plan criteria.
- *An individual who qualifies based on a medical condition for medical assistance for long-term care services described in section 1917(c)(1)(C) of the Social Security Act.*
 - *An individual who is eligible and enrolled for Medicaid under 42 CFR 435.145 based on current eligibility for assistance under Title IV-E of the Act or under 42 CFR 435.150 based on current status as a former foster care child.*
 - *A parent or caretaker relative covered under section 1931 of the Social Security Act.*
 - *A woman who is receiving medical assistance by virtue of the application of sections 1902(a)(10)(ii)(XVIII) and 1902(aa) of the Social Security Act.*
 - *An individual who qualifies for medical assistance on the basis of section 1902(a)(10)(A)(ii)(XII) of the Social Security Act.*
 - *An individual who is only covered by Medicaid for care and services necessary for the treatment of an emergency medical condition in accordance with section 1903(v) of the SSA.*
 - *An individual determined eligible as medically needy or eligible because of a reduction of countable income based on costs incurred for medical or other remedial care under section 1902(f) of the SSA or otherwise based on incurred medical costs.*

Eligibility Group Exemptions and Exclusions

The statute and regulations also require that a state/territory may only enroll beneficiaries in Alternative Benefit Plans if their eligibility is based on an eligibility group that was covered under the state/territory's Medicaid state plan on or before February 8, 2006. Eligibility groups

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enacted after this date are therefore excluded from ABPs, other than the Adult group whose members are required to be covered by an ABP. Also excluded are those eligibility groups that a state/territory has added to its state plan after February 8, 2006.

Only individuals in “full benefit eligible” eligibility groups may be mandated to participate in an ABP. Full benefit eligible Medicaid eligibility groups are those whose participants are eligible to receive the standard full Medicaid benefit package under the approved state plan, if not designated for mandatory enrollment in an Alternative Benefit Plan. This includes the full benefit categorically needy (mandatory and options for coverage) eligibility groups, but does not include the medically needy, Medicare Savings Program eligibility groups (QMB, SLMB, QI, QDWI), or those with a limited benefit package such as the Individuals Electing COBRA Continuation Coverage (COBRA Coverage) and Individuals with Tuberculosis (TB) eligibility groups.

An **ABP Eligibility Group Exemption Table** can be found in the **Appendix** at the end of this implementation guide section. It indicates by eligibility group which groups have a full exemption, a partial exemption or no exemption from mandatory enrollment in an ABP. It also indicates which groups are excluded from enrollment in an ABP because they were enacted after February 8, 2006. Those indicated as having a full exemption may not be selected for mandatory enrollment, but may be selected for voluntary enrollment. Although any non-exempt eligibility group may include individuals who qualify for an exemption based on individual-level criteria, non-exempt eligibility groups are classified in the table as “partial exemption” if they are likely to include significant numbers of exempt individuals.

Targeting Individuals within Eligibility Groups

The Alternative Benefit Plan Population is named and then defined based on eligibility groups not excluded from an ABP, the exemption requirements, and, at the option of the state/territory, specific targeting criteria for the ABP population. 42 CFR 440.347(e) provides that an ABP benefit design may not discriminate on the basis of the individual’s age, expected length of life, and/or an individual’s present or predicted disability, degree of medical dependency, or quality of life or other health conditions. However, this policy does not prevent states/territories from exercising section 1937 targeting criteria. States and territories may elect to target individuals within the eligibility groups in the population based on income level; disability, disease, diagnosis or condition; or by another criteria specified by the state/territory, but not by the amount of FFP that may be claimed.

In addition, because the statewideness requirement does not apply to ABPs, the state/territory can choose to make the plan available to residents of specific geographic areas of the state/territory, such as counties, municipalities or defined regions.

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An **Upload Public Notice Documents** section is found at end of the Technical Guidance section. Public Notice is required for all ABP submissions and this section includes the instructions states and territories will need to follow to provide copies of their public notice documents to CMS.

TECHNICAL GUIDANCE

PREREQUISITE:

Each eligibility group included in an ABP must be already included in the state/territory's approved Medicaid state plan, or the state/territory must have submitted a SPA to add the eligibility group prior to or concurrent with the submission of the ABP SPA.

Name the Population

The state/territory identifies and begins the definition of the Alternative Benefit Plan Population associated with a particular ABP by first naming the population in the “Alternative Benefit Plan Population Name” text box.

Review Criteria

The state/territory must name the Alternative Benefit Plan Population. If this is not done, the SPA cannot be approved.

The state/territory then proceeds to define the Population.

Select the Eligibility Group(s)

The first step in this process is to select the eligibility group or groups whose members will participate in the Alternative Benefit Plan. A list of eligibility groups is presented in a drop-down list.

- The state/territory selects the first eligibility group to receive its benefit package through the ABP.
 - For each eligibility group selected, indicate if the eligibility group is mandatory or voluntary for enrollment. (See the Background section above and the Appendix below for additional rules applicable to designating eligibility groups or individuals for mandatory enrollment.)

Note: States and territories may not designate an eligibility group as mandatory for enrollment in an Alternative Benefit Plan if it is a Full Exemption eligibility group as indicated in the table in the Background section. (Eligibility groups that are excluded from enrollment in ABPs are not included in the drop-down list of eligibility groups.)

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- The state/territory may add another eligibility group by selecting the group from the drop-down list.
 - Repeat the process above for each group that is added.

Note: Coverage for the new Adult eligibility group must be provided through an Alternative Benefit Plan.

Review Criteria

Any eligibility group included in the Alternative Benefit Plan must be already included in the Medicaid state plan, or the state/territory must have submitted a SPA to add the group prior to submitting or concurrent with the submission of the ABP SPA. If an eligibility group is included that does not meet this criteria, the SPA cannot be approved.

The designation of any eligibility groups for enrollment must meet applicable federal statutory, regulatory and policy requirements. In particular, any eligibility group designated for enrollment in any ABP must have been added to the state plan on or before February 8, 2006. In addition, the state/territory may not designate an eligibility group for mandatory enrollment if the entire eligibility group is exempted from such enrollment. If a group is included that is either excluded, or designated for mandatory enrollment when the group is exempted from such enrollment, the SPA cannot be approved.

Targeting Criteria

The state/territory must respond, *Yes* or *No*, to the statement ***Enrollment is available for all individuals in these eligibility group(s).***

If the state/territory responds *No*, the following targeting criteria are presented in order for the state/territory to define its targeting criteria for the population:

- Income.
 - Two initial options are presented for selection. The state/territory must select one:
 - Income standard is used to target households with income at or below the standard; or
 - Income standard is used to target households with income above the standard.
 - Select and define one of the income standard options:
 - a percentage of an existing standard;
 - the Federal Poverty Level;
 - the SSI Federal Benefit Rate; or
 - a percentage of an ***Other*** standard identified by the state/territory.

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- If any of these are selected, enter the percentage of the standard that applies.
- If **Other** is selected, provide an explanation of the other standard.

Review Criteria

The description of any “Other” income standard must 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 description does not meet this standard, the SPA cannot be approved.

- The state/territory may also use specific dollar amounts as the standard. If selected, choose one of the options to indicate if the standard
 - Is as statewide standard
 - Varies by region
 - Varies by living arrangement
 - Has another basis
- In these options provide the following information:
 - Enter the specific income standard for each family size up to a maximum number of members determined by the state/territory.
 - For larger families, enter an incremental amount that will be added to the largest standard the state/territory enters to determine the standard for these larger families. For example, if the state/territory enters income standard values for families with up to 10 members, if there is a family with 12 members the incremental amount times 2 will be added to the income standard for 10 members to determine the income standard for a 12 person family.
 - Finally, the state/territory may define another basis for the income standard, in which case it must name and clearly define the standard.

Review Criteria

The description of another basis for the income standard must 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 description does not meet this standard, the SPA cannot be approved.

- Disease/Diagnosis/Disorder or Condition: If this is selected, a number of options are presented for selecting individuals with these specific diseases, diagnoses, disorders, or conditions for inclusion in the Alternative Benefit Plan.
 - Select one or more of the options.
 - If ***Other Disease/Condition/Diagnosis/Disorder*** is selected, specify and describe those that apply.

Review Criteria

The description of any “other disease, condition/diagnosis/disorder” criteria must 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 description does not meet this standard, the SPA cannot be approved.

- Other: The state/territory may propose other targeting criteria, but it must not discriminate against individuals as described at 42 CFR 440.347(e) and in the Background section for this state plan page implementation guide, or on any other basis prohibited by law.

Review Criteria

- ***The description of any “Other” targeting criteria must 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. In particular, the targeting criteria must not discriminate against individuals on a basis as described at 42 CFR 440.347(e) or on any other basis prohibited by law. If the description does not meet this standard, the SPA cannot be approved.***

Population Definition by Geographic Area

Section 1937(a)(1) of the Act provides that section 1902(a)(1) (relating to statewideness) does not apply to Alternative Benefit Plans. Therefore states/territories may limit Alternative Plans to certain counties, regions, municipalities, or other geographic areas within the state/territory. In

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this section the state/territory indicates if the Alternative Benefit Plan population will include individuals from the entire state or territory, or if it only includes individuals that reside in certain counties, regions, cities or towns, or another state/territory-defined geographic area.

- Indicate, *Yes* or *No*, to indicate if the ABP population will include individuals from the entire state or territory.
 - If *No*, select one of the options presented to indicate how the state/territory will define the geographic area in which the Alternative Benefit Plan will be provided.
 - By county
 - If selected specify the counties in the text box.
 - By region
 - If selected, name each region and provide a description of the region in the text box.
 - By city or town
 - If selected, specify the cities or towns in the text box.
 - Other geographic area
 - If selected, specify and describe the geographic area in the text box.

Review Criteria

The description of the other geographic area 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 description does not meet this criterion the SPA cannot be approved.

Other Information

The state/territory may provide other information related to the definition of the Alternative Benefit Plan's population in this text box.

Upload Public Notice Documents

States and territories must provide the public with notice and a reasonable opportunity to comment prior to submitting an Alternative Benefit Plan SPA, as required by 42 CFR 440.386. Copies of the public notice documents that the state used must be attached to any ABP SPA submission. States and territories must attach these documents when submitting this ABP1 Alternative Benefit Plan Populations fillable PDF state plan page. The documents are attached as follows:

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APPENDIX

ABP Eligibility Group Exemption Table

ELIGIBILITY GROUP TABLE MANDATORY COVERAGE OF THE CATEGORICALLY NEEDY				
Eligibility Group	Short Description	Citations	Type	Exempt from Mandatory ABP
Parents and Other Caretaker Relatives	Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.	42 CFR 435.110 1902(a)(10)(A)(i)(I) 1931(b) and (d)	Family/ Adult	Full Exemption
Transitional Medical Assistance	Families with Medicaid eligibility extended for up to 12 months because of earnings.	408(a)(11)(A) 1902(a)(52) 1902(e)(1)(B) 1925 1931(c)(2)	Family/ Adult	Partial Exemption
Extended Medicaid due to Earnings	Families with Medicaid eligibility extended for 4 months because of increased earnings.	42 CFR 435.112 408(a)(11)(A) 1931 (c)(2) 1902 (e)(1)(A)	Family/ Adult	Full Exemption
Extended Medicaid due to Spousal Support Collections	Families with Medicaid eligibility extended for 4 months as the result of the collection of spousal support.	42 CFR 435.115 408(a)(11)(B) 1931 (c)(1)	Family/ Adult	Full Exemption
Pregnant Women	Women who are pregnant or post-partum, with household income at or below a standard established by the state.	42 CFR 435.116 1902(a)(10)(A)(i)(III) and (IV) 1902(a)(10)(A)(ii)(I), (IV) and (IX) 1931(b) and (d) 1920	Family/ Adult	Partial Exemption

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ELIGIBILITY GROUP TABLE MANDATORY COVERAGE OF THE CATEGORICALLY NEEDY				
Eligibility Group	Short Description	Citations	Type	Exempt from Mandatory ABP
Deemed Newborns	Children born to women covered under Medicaid or a separate CHIP program for the date of the child's birth, who are deemed eligible for Medicaid until the child turns one.	42 CFR 435.117 1902(e)(4) 2112(e)	Family/ Adult	Not Exempt
Infants and Children under Age 19	Infants and children under age 19 with household income at or below standards established by the state based on age group.	42 CFR 435.118 1902(a)(10)(A)(i)(III), (IV), (VI) and (VII) 1902(a)(10)(A)(ii)(IV) and (IX) 1931(b) and (d)	Family/ Adult	Not Exempt
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	Individuals for whom an adoption assistance agreement is in effect or foster care or kinship guardianship assistance maintenance payments are made under Title IV-E of the Act.	42 CFR 435.145 473(b)(3) 1902(a)(10)(A)(i)(I)	Family/ Adult	Full Exemption
Former Foster Children	Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and foster care when they turned age 18 or aged out of foster care.	42 CFR 435.150 1902(a)(10)(A)(i)(IX)	Family/ Adult	Excluded

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ELIGIBILITY GROUP TABLE MANDATORY COVERAGE OF THE CATEGORICALLY NEEDY				
Eligibility Group	Short Description	Citations	Type	Exempt from Mandatory ABP
Adult Group	Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	42 CFR 435.119 1902(a)(10)(A)(i)(VII I)	Family/ Adult	Not Exempt
SSI Beneficiaries	Individuals who are aged, blind or disabled who receive SSI.	42 CFR 435.120 1902(a)(10)(A)(i)(II)(aa)	ABD	Partial Exemption
Aged, Blind and Disabled Individuals in 209(b) States	In 209(b) states, aged, blind and disabled individuals who meet more restrictive criteria than used in SSI.	42 CFR 435.121 1902(f)	ABD	Partial Exemption
Individuals Receiving Mandatory State Supplements	Individuals receiving mandatory State Supplements to SSI benefits.	42 CFR 435.130	ABD	Partial Exemption
Individuals Who Are Essential Spouses	Individuals who were eligible as essential spouses in 1973 and continue be essential to the well-being of a beneficiary of cash assistance.	42 CFR 435.131 1905(a)	ABD	Not Exempt

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ELIGIBILITY GROUP TABLE MANDATORY COVERAGE OF THE CATEGORICALLY NEEDY				
Eligibility Group	Short Description	Citations	Type	Exempt from Mandatory ABP
Institutionalized Individuals Continuously Eligible Since 1973	Institutionalized individuals who were eligible for Medicaid in 1973 as inpatients of Title XIX medical institutions or intermediate care facilities, and who continue to meet the 1973 requirements.	42 CFR 435.132	ABD	Full Exemption
Blind or Disabled Individuals Eligible in 1973	Blind or disabled individuals who were eligible for Medicaid in 1973 who meet all current requirements for Medicaid except for the blindness or disability criteria.	42 CFR 435.133	ABD	Full Exemption
Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972	Individuals who would be eligible for SSI/SSP except for the increase in OASDI benefits in 1972, who were entitled to and receiving cash assistance in August, 1972.	42 CFR 435.134	ABD	Partial Exemption

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ELIGIBILITY GROUP TABLE MANDATORY COVERAGE OF THE CATEGORICALLY NEEDY				
Eligibility Group	Short Description	Citations	Type	Exempt from Mandatory ABP
Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increases Since April, 1977	Individuals who are receiving OASDI and became ineligible for SSI/SSP after April, 1977, who would continue to be eligible if the cost of living increases in OASDI since their last month of eligibility for SSI/SSP/OASDI were deducted from income.	42 CFR 435.135 1939(a)(5)(E)	ABD	Partial Exemption
Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI	Disabled widows and widowers who would be eligible for SSI /SSP, except for the increase in OASDI benefits due to the elimination of the reduction factor in P.L. 98-21, who therefore are deemed to be SSI or SSP beneficiaries.	42 CFR 435.137 1939(a)(2)(C)	ABD	Full Exemption
Disabled Widows and Widowers Ineligible for SSI due to Early Receipt of Social Security	Disabled widows and widowers who would be eligible for SSI/SSP, except for the early receipt of OASDI benefits, who are not entitled to Medicare Part A, who therefore are deemed to be SSI beneficiaries.	42 CFR 435.138 1634(d)	ABD	Full Exemption

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ELIGIBILITY GROUP TABLE MANDATORY COVERAGE OF THE CATEGORICALLY NEEDY				
Eligibility Group	Short Description	Citations	Type	Exempt from Mandatory ABP
Working Disabled under 1619(b)	Individuals who are blind or disabled who no longer receive SSI or state supplementary payment due to earned income and who have been determined by the Social Security Administration to meet the requirements of 1619(b).	1902(a)(10)(A)(i)(II) 1905(q) 1619(b)	ABD	Full Exemption
Disabled Adult Children	Individuals who lose eligibility for SSI at age 18 or older due to receipt of or increase in Title II OASDI child benefits.	1939(a)(2)(D)	ABD	Full Exemption
Qualified Medicare Beneficiaries (QMB)	Individuals with income equal to or less than 100% of the FPL who are entitled to Medicare Part A, who qualify for Medicare cost-sharing.	1902(a)(10)(E)(i) 1905(p)	ABD	Full Exemption
Qualified Disabled and Working Individuals (QDWI)	Working, disabled individuals with income equal to or less than 200% of the FPL, who are entitled to Medicare Part A under section 1818A, who qualify for payment of Medicare Part A premiums.	1902(a)(10)(E)(ii) 1905(p) 1905(s)	ABD	Full Exemption

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ELIGIBILITY GROUP TABLE MANDATORY COVERAGE OF THE CATEGORICALLY NEEDY				
Eligibility Group	Short Description	Citations	Type	Exempt from Mandatory ABP
Specified Low Income Medicare Beneficiaries (SLMB)	Individuals with income between 100% and 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.	1902(a)(10)(E)(iii) 1905(p)(3)(A)(ii)	ABD	Full Exemption
Qualifying Individuals (QI)	Individuals with income between 120% and 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.	1902(a)(10)(E)(iv) 1905(p)(3)(A)(ii)	ABD	Full Exemption

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ELIGIBILITY GROUP TABLE OPTIONS FOR COVERAGE AS CATEGORICALLY NEEDY

Eligibility Group	Short Description	Citations	Type	Exempt from Mandatory ABP
Optional Coverage of Parents and Other Caretaker Relatives	Individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state.	42 CFR 435.220 1902(a)(10)(A)(ii)(I)	Family/ Adult	Not Exempt
Reasonable Classifications of Individuals under Age 21	One or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state.	42 CFR 435.222 1902(a)(10)(A)(ii)(I) and (IV)	Family/ Adult	Not Exempt
Children with Non-IV-E Adoption Assistance	Children with special needs for whom there is a non-IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state.	42 CFR 435.227 1902(a)(10)(A)(ii)(VI II) 1905(a)(i)	Family/ Adult	Partial Exemption

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ELIGIBILITY GROUP TABLE OPTIONS FOR COVERAGE AS CATEGORICALLY NEEDY

Independent Foster Care Adolescents	Individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state.	42 CFR 435.226 1902(a)(10)(A)(ii)(X VII)	Family/ Adult	Full Exemption
Optional Targeted Low Income Children	Uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state.	42 CFR 435.229 and 435.4 1902(a)(10)(A)(ii)(XI V) 1905(u)(2)(B)	Family/ Adult	Not Exempt
Individuals Electing COBRA Continuation Coverage	Individuals choosing to continue COBRA benefits with income equal to or less than 100% of the FPL.	1902(a)(10)(F) 1902(u)(1)	Family/ Adult	Not Exempt
Individuals above 133% FPL	Individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state.	CFR 435.218 1902(a)(10)(A)(ii)(X X) 1902(hh)	Family/ Adult	Excluded
Certain Individuals Needing Treatment for Breast or Cervical Cancer	Individuals under the age of 65 who have been screened for breast or cervical cancer and need treatment.	42 CFR 435.213 1902(a)(10)(A)(ii)(X VIII) 1902(aa)	Family/ Adult	Full Exemption

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ELIGIBILITY GROUP TABLE OPTIONS FOR COVERAGE AS CATEGORICALLY NEEDY				
Individuals Eligible for Family Planning Services	Individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services.	42 CFR 435.214 1902(a)(10)(A)(ii)(X XI)	Family/ Adult	Excluded
Individuals with Tuberculosis (TB)	Individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.	1902(a)(10)(A)(ii)(XI I) 1902(z)	Family/ Adult	Full Exemption
Aged, Blind or Disabled Individuals Eligible for but Not Receiving Cash	Individuals who meet the requirements of SSI or Optional State Supplement, but who do not receive cash.	42 CFR 435.210 42 CFR 435.230 1902(a)(10)(A)(ii)(I) 1902(v) 1905(a)	ABD	Partial Exemption
Individuals Eligible for Cash except for Institutionalization	Individuals who meet the requirements of SSI or Optional State Supplement, and would be eligible if they were not living in a medical institution.	42 CFR 435.211 1902(a)(10)(A)(ii)(IV) 1905(a)	ABD	Full Exemption
Individuals Receiving Home and Community Based Services under Institutional Rules	Individuals who would be eligible for Medicaid under the state plan if in a medical institution, who would live in an institution if they did not receive home and community based services.	42 CFR 435.217 1902(a)(10)(A)(ii)(VI)	ABD	Full Exemption

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ELIGIBILITY GROUP TABLE OPTIONS FOR COVERAGE AS CATEGORICALLY NEEDY				
Optional State Supplement Beneficiaries - 1634 states, and SSI Criteria states with 1616 Agreements	Individuals in 1634 states and in SSI Criteria states with agreements under 1616, who receive a state supplementary payment (but not SSI).	42 CFR 435.232 1902(a)(10)(A)(ii)(IV))	ABD	Partial Exemption
Optional State Supplement Beneficiaries - 209(b) states, and SSI Criteria states without 1616 Agreements	Individuals in 209(b) states and in SSI Criteria states without agreements under 1616, who receive a state supplementary payment (but not SSI).	42 CFR 435.234 1902(a)(10)(A)(ii)(XI))	ABD	Partial Exemption
Institutionalized Individuals Eligible under a Special Income Level	Individuals who are in institutions for at least 30 consecutive days who are eligible under a special income level.	42 CFR 435.236 1902(a)(10)(A)(ii)(V)	ABD	Full Exemption
Individuals Participating in a PACE Program under Institutional Rules	Individuals who would be eligible for Medicaid under the state plan if in a medical institution, who would require institutionalization if they did not participate in the PACE program.	1934	ABD	Excluded
Individuals Receiving Hospice Care	Individuals who would be eligible for Medicaid under the state plan if they were in a medical institution, who are terminally ill, and who will receive hospice care.	1902(a)(10)(A)(ii)(VI) I) 1905(o)	ABD	Full Exemption

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ELIGIBILITY GROUP TABLE OPTIONS FOR COVERAGE AS CATEGORICALLY NEEDY				
Qualified Disabled Children under Age 19	Certain children under 19 living at home, who are disabled and would be eligible if they were living in a medical institution.	1902(e)(3)	ABD	Full Exemption
Poverty Level Aged or Disabled	Individuals who are aged or disabled with income equal to or less than a percentage of the FPL, established by the state (no higher than 100%).	1902(a)(10)(A)(ii)(X) 1902(m)(1)	ABD	Partial Exemption
Work Incentives Eligibility Group	Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.	1902(a)(10)(A)(ii)(XI II)	ABD	Full Exemption
Ticket to Work Basic Group	Individuals with earned income between ages 16 and 65 with a disability, with income and resources equal to or below a standard specified by the state.	1902(a)(10)(A)(ii)(X V)	ABD	Full Exemption
Ticket to Work Medical Improvements Group	Individuals with earned income between ages 16 and 65 who are no longer disabled but still have a medical impairment, with income and resources equal to or below a standard specified by the state.	1902(a)(10)(A)(ii)(X VI)	ABD	Full Exemption

ABP1 – Alternative Benefit Plan Populations



ELIGIBILITY GROUP TABLE OPTIONS FOR COVERAGE AS CATEGORICALLY NEEDY				
Family Opportunity Act Children with Disabilities	Children under 19 who are disabled, with income equal to or less than a standard specified by the state (no higher than 300% of the FPL).	1902(a)(10)(A)(ii)(XI X) 1902(cc)	ABD	Full Exemption
Individuals Eligible for Home and Community-Based Services	Individuals with income equal to or below 150% of the FPL, who qualify for home and community based services under the state plan in accordance with needs-based criteria, without a determination that they would otherwise live in an institution.	42 CFR 435.219 1902(a)(10)(A)(ii)(X XII)1915(i)	ABD	Excluded
Individuals Eligible for Home and Community-Based Services - Special Income Level	Individuals with income equal to or below 300% of the SSI federal benefit rate, who are eligible for home and community-based services under a waiver approved for the state.	42 CFR 435.219 1902(a)(10)(A)(ii)(X XII) 1915(i)	ABD	Excluded

ABP1 – Alternative Benefit Plan Populations



ELIGIBILITY GROUP TABLE - MEDICALLY NEEDED

Eligibility Group	Short Description	Citations	Type	Exempt from Mandatory ABP
Medically Needy Pregnant Women	Women who are pregnant or post-partum, who would qualify under the state's mandatory or optional eligibility groups, except for income.	42 CFR 435.301(b)(1)(i) and (iv); 1902(a)(10)(C)(ii)(I)	Family/ Adult	Full Exemption
Medically Needy Children under Age 18	Children under age 18 who would qualify under the state's mandatory or optional eligibility groups, except for income.	42 CFR 435.301(b)(1)(ii) 1902(a)(10)(C)(ii)(I)	Family/ Adult	Full Exemption
Medically Needy Children Age 18 through 20	Children at least age 18 and under an age established by the state (not to exceed 21), who would qualify under the state's mandatory or optional eligibility groups, except for income.	42 CFR 435.308 1902(a)(10)(C)	Family/ Adult	Full Exemption
Medically Needy Parents and Other Caretaker Relatives	Parents and other caretaker relatives of dependent children who would qualify under the state's mandatory or optional eligibility groups, except for income.	42 CFR 435.310	Family/ Adult	Full Exemption

ABP1 – Alternative Benefit Plan Populations



ELIGIBILITY GROUP TABLE - MEDICALLY NEEDY

Eligibility Group	Short Description	Citations	Type	Exempt from Mandatory ABP
Medically Needy Aged, Blind or Disabled	Individuals who are age 65 or older, blind or disabled, who are not eligible as categorically needy, who meet income and resource standards specified by the state, or who meet the income standard using incurred medical and remedial care expenses to offset excess income.	42 CFR 435.320 42 CFR 435.330 1902(a)(10)(C)	ABD	Full Exemption
Medically Needy Blind or Disabled Individuals Eligible in 1973	Blind or disabled individuals who were eligible for Medicaid as Medically Needy in 1973 who meet all current requirements for Medicaid except for the blindness or disability criteria.	42 CFR 435.340	ABD	Full Exemption