

Template B2 – Alternative Benefit Plan Populations

INTRODUCTION

This template is used to identify and define Medicaid Populations that will receive their medical coverage through an Alternative Benefit Plan. It is the first template completed when adding a New Alternative Benefit Plan.

BACKGROUND

States are required, effective January 1, 2014, to provide Alternative Benefit Plan coverage to the new Adult Eligibility Group authorized in Section 1902(a)(10)(A)(VIII) of the Act. In addition they have the option of providing Medicaid through Alternative Benefit Plans to other full benefit eligible Medicaid individuals, either as mandatory participants, or in the case of individuals who are exempt from participation under the law, as voluntary participants.

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 Alternative Benefit Plan. (A list of individuals and eligibility groups excluded from mandatory participation is provided below.) States may, however, offer Alternative Benefit Plans to these individuals and they may elect to participate by choosing such a plan instead of the standard Medicaid State plan benefit package and delivery systems. The statute and regulations also exclude from enrollment in an Alternative Benefit Plan participants in certain eligibility groups if the eligibility group was not covered under the State's plan on or before February 8, 2006. Eligibility groups enacted after this date are therefore excluded, other than the new Adult Group which is required to be covered by an Alternative Benefit Plan. Also excluded are those eligibility groups a state has added to its State plan after this date.

Based on the characteristics of the population a State may wish to tailor the benefits provided in an Alternative Benefit Plan to meet the needs of a specific population. For example, the State 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 Alternative Benefit Plan. In this template the State defines the population to which it wishes to target such a benefit package.

Full Benefit Eligible individuals are those 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 groups, or those with a limited benefit package such as the TB, Family Planning and COBRA coverage eligibility groups.

The Alternative Benefit Plan Population is named and then defined based on, at the option of the State, on specific targeting criteria within each eligibility group. States may elect to target individuals within each included eligibility group based on income level, disability, disease, diagnosis or condition, or by another criteria specified by the State. For each eligibility group included in the Population the State will indicate if the members of the group are mandatory participants or voluntary participants. Finally, because the statewideness requirement does not apply to Alternative Benefit Plans, the State can choose to make the plan available to residents of specific geographic areas of the state, such as counties, municipalities or state-defined regions.

TECHNICAL GUIDANCE

Adding a New Alternative Benefit Plan Population

The State identifies and defines the Alternative Benefit Plan Population by first selecting “Add a New Alternative Benefit Plan Population” from the choices in the drop-down list. It then names the Population in the text box provided.

The State 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 and the State selects the first group to receive its benefit package through the Alternative Benefit Plan.

Note: If the State has included the new Adult eligibility group in its State plan it must provide coverage through an Alternative Benefit Plan.

Targeting Criteria

Next,

- Indicate if the State will include the entire eligibility group or groups in the Alternative Benefit Plan.
- If no and the State will target individuals with specific characteristics, the State will be presented with targeting criteria.
- Indicate if targeting applies to every eligibility group in the Alternative Benefit Plan or only to some.
- If targeting applies to every group, the State will be presented with targeting criteria once.
- If targeting applies to only some of the eligibility groups, the State will select each group to which targeting applies and complete the targeting criteria for that eligibility group. It will then repeat the process for each other eligibility group to which targeting applies.

The following targeting criteria are presented:

- Income. Two initial options are presented for selection. The State must select one:
 - Households in the eligibility group with income at or below the standard are provided the Alternative Benefit Plan coverage.
 - Households in the eligibility group above the income standard are provided the Alternative Benefit Plan coverage.
 - Next select and define one of the income standard options:
 - a percentage of the Federal Poverty Level,
 - the SSI Federal Benefit Rate,
 - or another standard identified by the State.
 - The State may also use specific amounts as the standard and -apply these on a statewide or regional basis.
 - There is also the option to vary the income standard based on living arrangement.
 - In these options enter the specific income standard for each family size up to a maximum number of members determined by the State.
 - For larger families enter an incremental amount that will be added to the largest standard the State enters to determine the standard for these larger families. For example, if the State 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 12.
 - A table will be displayed of the family size and income standard based on the entries made in this area.
 - Finally, the State may define another basis for the income standard, in which case it must name and define the standard.
- Disease/Diagnosis/Disorder or Condition: A number of options are presented for inclusion in the Alternative Benefit Plan. In this case “Disabled” means individuals who meet the categorical criteria for receiving disability-based benefits under the State plan.
- Other: The State may propose other targeting criteria, but it must not discriminate against individuals on the basis of race, color, national origin, disability or age in accordance with Title VI of the Civil Rights Act of 1964 (42 USC 2000d et seq.), 45 CFR Part 80, Section 504 of the Rehabilitation Act of 1973 (29 USC 706), 45 CFR Part 84, and the Age Discrimination Act of 1975 (42 USC 6101 et seq., 45 CFR Part 90).

Review Criteria

The description of any targeting criteria must be sufficiently clear, detailed and complete to permit the reviewer to determine that the State's election meets applicable federal statutory, regulatory and policy requirements.

Voluntary or Mandatory Enrollment

For each eligibility group included in the Alternative Benefit Plan Population the State must indicate if the individuals in the group are mandatory participants or voluntary participants. Certain eligibility groups are excluded by law from mandatory enrollment.

Validation: The MACPro system will not permit the State to designate as mandatory groups those eligibility groups that are excluded by law from mandatory enrollment.

Other exclusions pertain to individuals with certain characteristics who may be members of eligibility groups that are included in the Alternative Benefit Plan. The State must exclude these individuals from mandatory enrollment and establish procedures to identify them. (This is addressed in the B3b Mandatory Enrollment Assurances template.) Such individuals may be offered the opportunity to volunteer to participate. Listed below are the exclusions from mandatory participation.

List of Populations Excluded from Mandatory Benchmark 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:

- 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 (definition expansion to be proposed in regulation) or otherwise an individual with special medical needs. For these purposes, the definition of individuals who are medically frail or otherwise have special medical needs must at least include those individuals described in 42 CFR 438.50(d)(3), children with serious emotional disturbances, individuals with disabling mental disorders, individuals with serious and complex medical conditions, and individuals with physical and or mental disabilities that significantly impair their ability to perform one or more activities of daily living.
- An individual who qualifies based on medical condition for medical assistance for long-term care services described in section 1917(c)(1)(C) of the Social Security Act.
- An individual with respect to whom child welfare services are made available under part B of title IV to children in foster care and individuals with respect to whom adoption or foster care assistance is made available under part E of title IV, without regard to age, *or the individual has aged out of foster care, is under 26 years of age and qualifies on the basis of section 1902(a)(10)(A)(i)(IX)*. (Italicized portion added with the Affordable Care Act.)
- 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 Exemption Table

The following table indicates by eligibility group which groups have a full exemption, a partial exemption or are not exempt from mandatory enrollment in an Alternative Benefit Plan. 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 other

criteria, those eligibility groups coded as partial exemption are likely to include significant numbers of exempt individuals.

ELIGIBILITY GROUP TABLE				
Eligibility Group	Short Description	Citations	Type	Exempt from Mandatory Benchmark
MANDATORY COVERAGE				
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 increased earnings.	42 CFR 435.??? 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	Partial 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	Partial 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
Deemed Newborns	Children born to women covered under Medicaid or a separate CHIP 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)	Family /Adult	Not Exempt
Infants and Children	Infants and children under age 19 with household	42 CFR 435.118 1902(a)(10)(A)(i)	Family /Adult	Not Exempt

under Age 19	income at or below standards established by the state based on age group.	(III), (IV), (VI) and (VII) 1902(a)(10)(A)(ii) (IV) and (IX) 1931(b) and (d)		
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 when they aged out of foster care.	42 CFR 435.150 1902(a)(10)(A)(i) (IX)	Family /Adult	Full Exemption
Individuals at or below 133% FPL Age 19 through 64	Non-pregnant individuals aged 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	1902(a)(10)(A)(i) (VIII) 42 CFR 435.119	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 who continue to be essential to the well-being of a beneficiary of cash assistance.	42 CFR 435.131; 1905(a)	ABD	Not Exempt
Institutionalized Individuals	Institutionalized individuals who were eligible for Medicaid in 1973 as	42 CFR 435.132	ABD	Full Exemption

Continuously Eligible Since 1973	inpatients of Title XIX medical institutions or intermediate care facilities, and who continue to meet the 1973 requirements.			
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
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) Section 503 of P.L. 94-566	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; 1634(b)	ABD	Full Exemption
Disabled Widows and Widowers Ineligible for SSI due to	Disabled widows and widowers who would be eligible for SSI/SSP, except for the early receipt of OASDI benefits, who are	42 CFR 435.138; 1634(d)	ABD	Full Exemption

Early Receipt of Social Security	not entitled to Medicare Part A, who therefore are deemed to be SSI beneficiaries.			
Working Disabled under 1619(b)	Blind or disabled individuals who participated in Medicaid as SSI cash beneficiaries or who were considered to be receiving SSI, who would still qualify for SSI except for earnings.	1619(b); 1902(a)(10)(A)(i)(II); 1905(q)	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.	1634(c)	ABD	Full Exemption
Qualified Medicare Beneficiaries	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	Excluded
Qualified Disabled and Working Individuals	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)(3)(A)(i); 1905(s)	ABD	Excluded
Specified Low Income Medicare Beneficiaries	Individuals with income between 100% and 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part A premiums.	1902(a)(10)(E)(iii); 1905(p)(3)(A)(ii)	ABD	Excluded
Qualifying Individuals	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	Excluded
OPTIONS FOR COVERAGE				
Optional Coverage of Parents and	Individuals qualifying as parents or other caretaker relatives who are not	42 CFR 435.???; 1902(a)(10)(A)(ii)(I)	Family /Adult	Not Exempt

Other Caretaker Relatives	mandatorily eligible and who have income at or below a standard established by the State.			
Reasonable Classifications of Individuals under Age 21	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 would have been eligible for Medicaid if IV-E requirements were used.	42 CFR 435.227; 1902(a)(10)(A)(ii)(VIII); 1905(a)(i)	Family /Adult	Partial Exemption
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.???; 1902(a)(10)(A)(ii)(XVII)	Family /Adult	Partial 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)(XIV); 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	Excluded
Individuals above 133% FPL under Age 65	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(aa); 1902(a)(10)(A)(ii)(XX)	Family /Adult	Not Exempt

Certain Women Needing Treatment for Breast or Cervical Cancer	Women under the age of 65 who have been screened for breast or cervical cancer and need treatment.	42 CFR 435.???; 1902(a)(10)(A)(ii) (XVIII); 1902(aa)	Family /Adult	Full Exemption
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.	1902(a)(10)(A)(ii) (XXI)	Family /Adult	Excluded
Individuals with Tuberculosis	Individuals infected with tuberculosis whose income and resources do not exceed established standards, limited to tuberculosis-related services.	1902(a)(10)(A)(ii) (XII); 1902(z)	Family /Adult	Excluded
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 & 230; 1902(a)(10)(A)(ii)(I); 1902(v)(1); 1905(a)	ABD	Partial Exemption
Individuals Eligible for Cash except for Institutionalization	Individuals who meet the requirements of AFDC, 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
Optional State	Individuals in 1634 States and in SSI Criteria States	42 CFR 435.232; 1902(a)(10)(A)(ii)	ABD	Partial Exemption

Supplement Beneficiaries - 1634 States, and SSI Criteria States with 1616 Agreements	with agreements under 1616, who receive a state supplementary payment (but not SSI).	(IV)		
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.	1934 1902(a)(10)(A)(ii) (VII); 1905(o)	ABD	Full Exemption
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	Individuals who are aged or	1902(a)(10)(A)(ii)	ABD	Partial

Level Aged or Disabled	disabled with income equal to or less than a percentage of the FPL, established by the state (no higher than 100%).	(X); 1902(m)(1)		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) (XIII)	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) (XV)	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) (XVI)	ABD	Full Exemption
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) (XIX); 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 without a determination that they would otherwise live in an institution.	1902(a)(10)(A)(ii) (XXII); 1915(i)	ABD	Not Exempt
Individuals Eligible for Home and Community-Based Services - Special Income	Individuals with income equal to or below 300% of the SSI federal benefit rate, who are eligible under a waiver approved for the State, who would live in an institution if they did not receive home and	1902(a)(10)(A)(ii) (XXII); 1915(i)	ABD	Full Exemption

Level	community based services.			
MEDICALLY NEEDY				
Medically Needy Pregnant Women	Women who are pregnant, who would qualify as categorically needy, except for income..	42 CFR 435.301(b)(1)(i) and (iv); 1902(a)(10)(C)(ii) (II)	Family /Adult	Full Exemption
Medically Needy Children under Age 18	Children under 18 who would qualify as categorically needy, except for income.	42 CFR 435.301(b)(1)(ii); 1902(a)(10)(C)(ii) (II)	Family /Adult	Full Exemption
Medically Needy Children Age 18 through 20	Children over 18 and under an age established by the State (less than age 21), who would qualify as categorically needy, except for income.	42 CFR 435.308; 1902(a)(10)(C)(ii) (II)	Family /Adult	Full Exemption
Medically Needy Parents and Other Caretakers	Parents and other caretaker relatives of dependent children, eligible as categorically needy except for income.	42 CFR 435.310	Family /Adult	Full Exemption
Medically Needy Individuals Age 19 through 64	Non-pregnant individuals ineligible for Medicaid under 42 CFR 435.119 solely due to income.	435.??? 1902(a)(10)(C)	Family /Adult	Full Exemption
Medically Needy Individuals under Age 65	Individuals ineligible for Medicaid under 42 CFR 435.218 solely due to income.	435.??? 1902(a)(10)(C)	Family /Adult	Full Exemption
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 medical and remedial care expenses to offset excess income.	42 CFR 435.320 and 435.330; 1902(a)(10)(C)	ABD	Full Exemption
Medically Needy Blind or Disabled Individuals	Blind or disabled individuals who were eligible for Medicaid as Medically Needy in 1973	42 CFR 435.340; 1902(a)(10)(C)	ABD	Full Exemption

Eligible in 1973	who meet all current requirements for Medicaid except for the blindness or disability criteria.			
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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 may limit Alternative Plans to certain counties, regions, municipalities or other geographic areas within the State. In this section the State 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-defined geographic area. For counties there is a list of counties provided for each State to be used in selecting the geographic area. For other geographic areas the State must indicate in the text box the specifics and if a region, define the region.

Review Criteria

The description should be sufficiently clear, detailed and complete to permit the reviewer to determine that the State’s election meets applicable federal statutory, regulatory and policy requirements.

Other Information

The State may provide other information related to the definition of the Alternative Benefit Plan Population in this text box.

Amending an Alternative Benefit Plan Population

The State may change which Medicaid beneficiaries are included in an Alternative Benefit Plan Population. To amend the Population definition, select an existing Population from the initial list. The State will be presented with the data for the current approved definition it previously submitted. The State should then make the changes to eligibility groups, targeting criteria, voluntary or mandatory enrollment or geographic designations as described above to redefine the Population.

Note: If the State is removing any individuals from the Population it must complete Template B15-Alternative Benefit Plan Termination – Phase-Out Plan to describe how it will transition those individuals being removed from the Plan to the standard Medicaid State plan coverage or another Alternative Benefit Plan.

Review Criteria

The description should be sufficiently clear, detailed and complete to permit the reviewer to determine that the State's election meets applicable federal statutory, regulatory and policy requirements.