

POLICY MEMO

| TITLE: | MEDICAL ASSISTANCE NEW LIMITED FAMILY PLANNING SERVICES INCOME EXPANSION |
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| DIVISION AND OFFICE: | MEDICAID OPERATIONS OFFICE |
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| APPROVED BY: RALPH CHOATE | |

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Purpose and Audience:

This memo provides policy guidance for authorized individuals/entities, such as county departments of social/human services, Medical Assistance (MA) sites, Eligibility Application Partner (EAP) sites, and anyone who processes Medical Assistance eligibility applications about the new Modified Adjusted Gross Income (MAGI) Limited Family Planning Services Medical Assistance program as required by Senate Bill 21-025.

Information:

Per Federal requirements described at 42 CFR § 435.214 and § 435.603(k), which codify statutory provisions in sections 1902(a)(10)(A)(ii)(XXI) of the Social Security Act (the Act), this provision offers a new state plan option to extend coverage for individuals eligible for limited Family Planning Services. The Department has adopted this option per Senate Bill 21-025 which will be effective July 1, 2022. The limited Family Planning Services will provide members services such as contraceptive services, healthcare and/or counseling services focused on preventing, delaying, or planning a pregnancy.

The limited Family Planning Services will now expand to individuals of any age or gender, this includes individuals who are not pregnant or incarcerated, and not eligible for a Medical Assistance eligibility category that provides full coverage. The applicant's income must also be

less than 260% of the federal poverty level. A new Medical Assistance (MA) program has been created in the Colorado Benefits Management System (CBMS) for Family Planning Services. When calculating income and eligibility, this new MA limited Family Planning category will follow the MAGI methodology. However, for the limited Family Planning Services, we will count each individual who falls into the Family Planning category as two individuals and add all other members who would be included as part of their MAGI household composition. For example, a household that includes a mom, dad, and two children and all members of the household are requesting assistance. The mom and dad's tax filing status is married, filing jointly and claiming both children as dependents, with a household income that falls at 200% of the federal poverty level. The two children qualify for CHP+ and will have a household size of 4 (Mom = 1, Dad = 1, Child#1 = 1, Child#2 = 1) because the children were determined under CHP+. The parents are over income for all other programs but fall within Family Planning Service guidelines. The parents' household size is 6 (Mom = 2, Dad = 2, Child#1 = 1, Child#2 = 1). Applicants must meet citizenship and identity requirements according to 10 CCR 2505-10 section 8.100.3.G.

The Department will also add a new category for the presumptive eligibility (PE) program for the limited Family Planning Services to allow members to receive immediate services. Like the MA Limited Family Planning category, the Family Planning PE will follow the same eligibility criteria and requirements described above. The applicant is required to declare their citizenship and identity at the time of application, and these declarations will be verified later through the Department's electronic data sources to determine if citizenship and identity are met. Family Planning PE will provide services to the applicant while their application is processed to determine eligibility for medical assistance.

Application Updates

Applicants and members will be able to apply for the limited Family Planning Services through all available application modes such as over the phone, online via PEAK, in person, fax, through their renewal, or other commonly available electronic means. A new question has been added to the Health First Colorado (Colorado's Medicaid program) and Child Health Plan *Plus* (CHP+) paper application, the joint program Single Purpose Application, and the Renewal Packet to give individuals the option to opt-out of receiving these services. Individuals who opt-out for these services will not be determined for eligibility for the program. Individuals who fail to answer the question on the application will automatically be considered as requesting Medical Assistance. Members may later request to opt-out of the services.

Income Guidelines

The income limits for the MAGI Limited Family Planning program are based on Federal Poverty Level (FPL) guidelines updated annually. The FPL income guidelines are used to determine financial eligibility for all MAGI programs and are subject to change annually as the FPL is adjusted.

The FPL guide below provides the current Limited Family Planning Income guideline up to 260%:

| Family Size | Limited Family Planning 134% to 260% |
|----------------|--|
| 2 | 2031 - 3968 |
| 3 | 2554 - 4990 |
| 4 | 3077 - 6013 |
| 5 | 3600 – 7036 |
| 6 | 4123 - 8058 |

| Family Size | Limited Family Planning 134% to 260% |
|----------------|--|
| 7 | 4647 - 9081 |
| 8 | 5168 - 10104 |
| 9 | 5693 - 11126 |
| 10 | 6216 - 12149 |
| 11 | 6739 - 13172 |

Eligible Secondary Aid Codes

Members eligible for the limited Family Planning Services may also qualify for other eligibility programs as a secondary eligibility program. Medicare-eligible members who qualify for the Medicare Savings Program (MSP) with QMB or SLMB category qualify for the limited Family Planning Services as a primary benefit. Members may also qualify for limited Family Planning Services and also meet the requirements for the COVID-19 only Medicaid eligibility category for uninsured individuals. Individuals who meet both the COVID-19 only and Family Planning eligibility requirements will have the Family Planning Services as primary with the EMS=C indicator and can be seen within the wrap up screen within CBMS. The COVID-19 only category is only available during the Public Health Emergency (PHE). Members eligible for both services will no longer be eligible for the COVID-19 only services at the end of the PHE.

Members eligible for the Family Planning Services can still shop for coverage through Colorado's Marketplace, Connect for Health Colorado, because Family Planning Services are considered a "limited" benefits program.

The new limited Family Planning and Presumptive Eligibility Services will be updated in CBMS, and eligible members will have an effective date on or after July 1, 2022.

Attachment(s):

None

Department Contact:

HCPF_MEDICAID.ELIGIBILITY@STATE.CO.US