Revision:		ATTACHMENT 2.2-A PAGE 23.e
	State/Territory:	
Citation	Gro	oups Covered
В.	Optional Groups	Other Than the Medically Needy (Continued)
1902(a)(10)(A) (ii)(XIX) of the Act	[] 26.	Family Opportunity Act — Children who have not attained 19 years of age, who would be considered disabled under Section 1614(a)(3)(C) of the Act, and whose family income meets the standard described on Page 12p of Attachment 2.6-A.  Beginning with the effective date of its plan amendment, the State covers all children eligible under this group, as described below.  In the case of the second, third, and
		fourth quarters of fiscal year 2007, the State covers children who were born on or after January 1, 2001, or who were born on or after the following earlier date
		In the case of each quarter of fiscal year 2008, the State covers children who were born on or after October 1, 1995, or who were born on or after the following earlier date
		In the case of each quarter of fiscal year 2009 and each quarter of any fiscal year thereafter, the State covers children who were born after October 1, 1989.
TN No Supersedes TN No	_ Approval Date	Effective Date

Revision:	ATTACHMENT 2.6-A Page 12p
State/Ter	rritory:
Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XIX) of the Act (cont.)	Income Standards  The agency uses the family income standard of 300% of federal poverty level;  The agency uses the family income standard of less than 300% of the federal poverty level.  Specify the income standard  The agency uses a family income standard higher than 300% of the federal poverty level, (no federal financial participation is provided for benefits to families above 300% FPL).  Specify the income standard  Resource Standards  Under this provision agencies may not impose resource standards or asset tests in determining eligibility.

Supersedes Approval Date Effective Date TN No.

CMS-	10232

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Revision:	ATTACHMENT 2.6-A Page 12q
State/Te	rritory:
Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XIX) of the Act (cont.)	In determining whether a family meets the income standard described above, the agency uses the following methodologies.  The income methodologies of the SSI program.  The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.  The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.
TN No Approva	al Date Effective Date CMS ID:

Revi	Si	or	1:

## ATTACHMENT 2.6-A Page 12r

State/Territory:		
Citation	Condition or Requirement	
1902(cc) of the Act and 1903(a)	Interaction with Employer Sponsored Family	Coverage
	For individuals eligible under the FOA eligi described in No. 26 on page 23e of Attach	,
	The agency requires parents to enroll in avergroup health plans through their employers qualifies under Section 2791(a) of the Pub Service Act and the employer contributes a percent of the total cost of annual premium coverage.	s if the plan lic Health at least 50
	If such coverage is obtained, the agency (some payment of premiums described in Atta 2.6-A, pages 12s and t) reduces any premoved by the State by an amount that represents the premium contribution made by for private coverage on behalf of a child will disability; and treats such coverage as a the liability.	achment ium easonably the parent th a
	The agency provides for payment of portion of the annual premium for the employer-provided private family conthe parent is required to pay. Any purposes of section 1903(a), to be purposed assistance.	ne overage that payments for
	The agency pays perc premium.	ent of the
TN No Ap TN No	proval Date Effective Date	

	OMB Approvar # 0936-xxxx
Revision:	ATTACHMENT 2.6-A Page 12s
State/Territo	ory:
Citation	Condition or Requirement
1902(a)(10)(A)(ii)(XIX), 1916(i) and 1902(cc)(2)(A)(ii)(l) of the Act	Payment of Premiums  For individuals eligible under the FOA eligibility group described in No. 26 on page 23e of Attachment 2.2-A:  The agency does not require the payment of premiums for Medicaid coverage.  The agency requires payment of premiums on a sliding scale based on income. The premiums, and how they are applied are described below:  NOTE: Amounts paid for premiums for Medicaid, required family coverage, and other cost-sharing may not exceed 5% of a family's income for families with income up to and including 200% FPL and 7.5% of a family's income for families above 200% and up to 300% FPL.

TN No.			
Supersedes	Approval Date	Effective Date	
TN No.			

Revision:	ATTACHMENT 2.6-A Page 12t
State/Territo	ory:
Citation	Condition or Requirement
1902(a)(10)(A)(ii)(XIX), 1916(i) and 1902(cc)(2)(A)(ii)(I) of the Act	Payment of Premiums (Continued)  NOTE: A State may not require prepayment of premiums and may not terminate eligibility of a child for medical assistance on the basis of failure to pay a premium until the failure to pay continues for at least 60 days from the date on which the premium was past due.  NOTE: The State may waive payment of any such premium in any case where the State determines that requiring payment would create an undue hardship.
TN No Approval D TN No	vate Effective Date

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