NEW PAGES:

Territory:			
SECTION 2 – COVERAGE AND ELIGIBILITY			
Citation(s)			
	2.1 <u>Application</u>	on, Determination of E	ligibility and Furnishing Medicaid
42 CFR 436.10			s all requirements of 42 CFR Part
and Subpart J	Subp	436, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.	
TN: Supersedes TN:	Approval	Date	Effective Date

Revision:

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	SECTION 2 – COVERAGE AND ELIGIBILITY
Citation(s)	
	2.1 Application, Determination of Eligibility and Furnishing Medicaid (Continued)
1902(a)(34) of the Act	(b) (1) Except as provided in items 2.1(b)(2) below, or otherwise specified in Attachment 2.2-A or 2.6-A, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, it they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in

	1 errito	ory:
SECTION 2 – COVERAGE AND ELIGIBILITY		
Citation(s)		
	2.1 <u>Application</u> (Continued	n, Determination of Eligibility and Furnishing Medicaid
1902(a)(47) and 1920A of the Act	p: 1:	hildren are entitled to services under the plan during a resumptive eligibility period in accordance with section 920A of the Act. <u>ATTACHMENT 2.6-A</u> specifies the equirements for determination of eligibility for this group.
1902(a)(47) and 1920B of the Act	re ui ao <u>A</u>	Vomen with breast or cervical cancer who meet the equirements of section 1902(aa) are entitled to services or the plan during a presumptive eligibility period in ecordance with section 1920B of the Act. TTACHMENT 2.6-A specifies the requirements for etermination of eligibility for this group.
TN: Supersedes TN: Revision:	Approval I	Date Effective Date

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SECTION 2 – COVERAGE AND ELIGIBILITY		
Citation(s)		
	2.1 <u>Application, Determination of Eligibility and Furnishing Medicaid</u> (Continued)	
42 CFR 438.6	(c) The Medicaid agency elects to enter into a risk contract that complies with 42 CFR 438.6 and is procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):	
	Qualified under title XIII of the Public Health Service Act.	
	A MCO that meets the definition of 1903(m) of the Act and 42 CFR 438.2.	
	A PIHP that meets the definition of 1903(m) of the Act and 42 CFR 438.2.	
	A PAHP that meets the definition of 1903(m) of the Act and 42 CFR 438.2.	
	Not applicable.	
TN: Supersedes TN: Revision:	Approval Date Effective Date	

MEDICAL ASSISTANCE PROGRAM

	Territory:	_
	SECTION 2 – COVERAGE A	ND ELIGIBILITY
Citation(s)		
	2.1 <u>Application, Determination</u> (Continued)	of Eligibility and Furnishing Medicaid
1902(a)(55) of the Act	applicants, and perform those low income pregage 19, described in sec (A)(i)(VI), 1902(a)(10 locations other than the applications for the title disproportionate share	has procedures to take applications, assist in initial processing of applications from mant women, infants, and children under ction 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(IX) at ose used for the receipt and processing of e IV-A program including FQHCs and hospitals. Such application forms do not form for cash assistance under title IV-A CMS instructions.
TN: Supersedes TN: Revision:	Approval Date	Effective Date

	SECTION 2 – COVERAGE AND ELIGIBILITY
Citation(s)	
	2.2 <u>Coverage and Conditions of Eligibility</u>
42 CFR 436.10	Medicaid is available to the groups specified in <u>ATTACHMENT 2.2-A</u> .
	Mandatory categorically needy and other required special groups only.
	Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
	Mandatory categorically needy, other required special groups, and specified optional groups.
	Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.
	The conditions of eligibility that must be met are specified in <u>ATTACHMENT 2.6-A</u> .
	All applicable requirements of 42 CFR Part 436 and sections 1902(a) (10)(A)(i), 1902(a)(10)(A)(ii), 1902(a)(10)(C), 1902(a)(10)(E), 1902(e)(3), 1920A, 1920B and 1925 of the Act are met.
TN: Supersedes TN: Revision:	Approval Date Effective Date
STATE I	PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM
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SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)				
42 CFR 436.10, 436.403 and 1902(b) of the Act, P.L. 99-	2.3	State under 42 C	FR 436.403, rega	ndividuals who are residents of the rdless of whether or not the permanently or maintain it at a
272 (Section 9529) and P.L. 99-509 (Section 9405)		fixed address.		
TN: Supersedes TN: Revision:	_	Approval Date		Effective Date
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SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)	
	2.4 <u>Blindness</u>
42 CFR 436.530(b) 42 CFR 435.531	All of the requirements of 42 CFR 436.530 and 42 CFR 436.531 are met. The definition of blindness in terms of ophthalmic measurement used in this plan is specified in <u>Supplement 2 to ATTACHMENT 2.2-A</u> .
TN: Supersedes TN: Revision:	Approval Date Effective Date
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Citation(s)		
	2.5	<u>Disability</u>
42 CFR 436.540(b) and 42 CFR 436.541		All of the requirements of 42 CFR 436.540 and 436.541 are met. The definition of disability that is used in this plan is specified in Supplement 2 to ATTACHMENT 2.2-A.

Effective Date _____

SECTION 2 – COVERAGE AND ELIGIBILITY

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2.6 Financial Eligibility

42 CFR 436.10 and
Subparts G and H
1902(a)(10)(A)(i)(III),
1902(a)(10)(A)(i)(IV),
1902(a)(10)(A)(i)(V),
1902(a)(10)(A)(i)(VI),
1902(a)(10)(A)(ii),
1902(a)(10)(C),
1902(a)(10)(E),
1902(e)(3),
1902(r)(2), 1920,
1920A and 1920B
of the Act

(a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in <u>ATTACHMENT 2.6-A</u>.

TN: Supersedes TN: Revision:	Approval Date	Effective Date
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	Territory:	
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Citation(s)		

2.7 Medicaid Furnished Out of State

42 CFR 431.52 and
1902(b) of the Act,
P.L. 99-272 (Section
9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN:	Approval Date	Effective Date
Supersedes TN:		