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	State:	
	SECTION 2 – COVERAGE A	AND ELIGIBILITY
Citation(s)		
	2.1 Application, Determinatio	n of Eligibility and Furnishing Medicaid
42 CFR 435.10 and Subpart J	435,	meets all requirements of 42 CFR Part ng applications, determining eligibility, aid.
TIN		
TN: Supersedes TN:	Approval Date	Effective Date

Revision:

	Sta	te:
	SECTION 2	2 – COVERAGE AND ELIGIBILITY
Citation(s)		
	2.1 <u>Application</u> (Continu	tion, Determination of Eligibility and Furnishing Medicaid ned)
42 CFR 435.914 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 <u>ATTACHMENT 2.2-A or 2.6A</u> .
1902(e)(8) and 1905(a) of the Act	(2)	For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a Qualified Medicare Beneficiary. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group.
1902(a)(47) and 1920 of the Act	(3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group.
TN: Supersedes TN: Revision:	Approva	al Date Effective Date

State:				
	SECTION 2 – COVERAGE AND ELIGIBILITY			
Citation(s)				
	2.1 Application, Determination of Eligibility and Furnishing Medicaid (Continued)			
1902(a)(47) and 1920A of the Act	(4) Children are entitled to services under the plan during a presumptive eligibility period in accordance with section 1920A of the Act. <u>ATTACHMENT 2.6-A</u> specifies the requirements for determination of eligibility for this group.			
1902(a)(47) and 1920B of the Act	— (5) Women with breast or cervical cancer who meet the requirements of section 1902(aa) are entitled to services under the plan during a presumptive eligibility period in accordance with section 1920B of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.			
TN: Supersedes TN: Revision:	Approval Date Effective Date			

	Territory:
	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	AND ELIGIBILITY
Citation(s)		
	2.1 <u>Application, Determinatio</u> (Continued)	n of Eligibility and Furnishing Medicaid
1902(a)(55) of the Act	applicants, and perfor those low income pre age 19, described in s (A)(i)(VI), 1902(a)(1) locations other than the applications for the ti- disproportionate share	has procedures to take applications, assist m initial processing of applications from gnant women, infants, and children under ection 1902(a)(10)(A)(i)(IV), 1902(a)(10)(D)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) at a cose used for the receipt and processing of the IV-A program including FQHCs and the hospitals. Such application forms do not a form for cash assistance under title IV-A of CMS instructions.
TN: Supersedes TN:	Approval Date	Effective Date
Revision:		

	State:
	SECTION 2 – COVERAGE AND ELIGIBILITY
Citation(s)	
	2.2 <u>Coverage and Conditions of Eligibility</u>
42 CFR 435.10	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 435 and sections 1902(a) (10)(A)(i), 1902(a)(10)(A)(ii), 1902(a)(10)(C), 1902(a)(10)(E), 1902(a)(10)(F), 1902(e)(3), 1902(f), 1920A, 1920B, 1925, 1619(b), 1634(b), 1634(c) and 1634(d) of the Act are met.
TN: Supersedes TN: Revision:	Approval Date Effective Date
STATE PL	AN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM
	State:

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)					
	2.3	<u>Residence</u>			
42 CFR 435.10, 435.403 and 1902(b) of the Act, P.L. 99- 272 (Section 9529) and P.L. 99-509 (Section 9405)		State under 42 C	FR 435.403, rega	ndividuals who are residents of ordless of whether or not the permanently or maintain it at a	
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STATE P	LAN		XIX OF THE SO SISTANCE PRO	CIAL SECURITY ACT GRAM	
		State:			

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)						
	2.4	Blindness				
42 CFR 435.121 42 CFR 435.530(b) 42 CFR 435.531		met. The State u	ses the same de ess a more res	efinition of bli trictive definiti	nd 42 CFR 435.53 ndness used under on is specified in i	the
TN: Supersedes TN: Revision:		Approval Date		Effec	tive Date	
STATE P	LAN	UNDER TITLE MEDICAL AS			URITY ACT	
		State:				

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)			
	2.5	<u>Disability</u>	
42 CFR 435.121,		All of the requirements of 42 CFR 435.540 and 435.541 are m	net.
42 CFR 435.540(b) and 42 CFR 435.541		State uses the same definition of disability used under the SSI unless a more restrictive definition of disability is specified in A.12 of <u>ATTACHMENT 2.2-A</u> of this plan.	
TNI.		Approval Date Effective Date	
TN: Supersedes TN: Revision:	_	Approval Date Effective Date	
STATE P	LAN	UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM	
		State:	

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)		
2.6	<u>Fina</u>	ncial Eligibility
42 CFR 435.10 and Subparts G and H 1902(a)(10)(A)(i)(III), 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(ii), 1902(a)(10)(C), 1902(a)(10)(E), 1902(a)(10)(F), 1902(a)(10)(F), 1902(e)(3), 1902(f), 1902(r)(2), 1920, 1920A, 1920B, 1925 1619(b), 1634(c) and 1634(d) 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 ATTACHMENT 2.6-A.
TN: Supersedes TN: Revision:		roval Date Effective Date DER TITLE XIX OF THE SOCIAL SECURITY ACT
	ME	EDICAL ASSISTANCE PROGRAM
C.		State: ON 2 – COVERAGE AND ELIGIBILITY

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Citation	C
Citation	

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.

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