

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_

GROUPS COVERED AND AGENCIES RESPONSIBLE  
FOR ELIGIBILITY DETERMINATION

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Agency	Citation(s)	Groups Covered
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The following groups are covered under this plan.

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups

42 CFR 435.110  
1902(a)(10)(A)(i)(I)  
and 1931 of the Act

1. Low-Income Families and Children

The State covers low-income families and children under section 1931 of the Act who, except as provided in Supplement 12 to ATTACHMENT 2.6-A, meet:

- (1) financial eligibility requirements under the State’s Aid to Families with Dependent Children (AFDC) State plan in effect as of July 16, 1996; and
- (2) eligibility requirements under section 406(a) through (c) of title IV of the Social Security Act, in effect as of July 16, 1996.

The AFDC income standards are listed in Supplement 1 to ATTACHMENT 2.6-A. The AFDC resource standards are listed in Supplement 2 to ATTACHMENT 2.6-A.

42 CFR 435.115(f)-(h), 408(a)(11)(B), 1931(c)(1), and 1902(a)(10)(A)(i)(I) result of the Act

2. Extended Medicaid Due to Support Collections.

Families who have received Medicaid under section 1931 of the Act for 3 of the preceding 6 months and lose eligibility as a result of collection or increased collection of child or spousal support under part D of title IV of the Act continue to be eligible for the immediately succeeding 4 months.

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<p>A. <u>Mandatory Coverage - Categorically Needy and Other Required Special Groups</u> (Continued)</p>		
<p>42 CFR 435.112 408(a)(11)(A), 1925, 1902(a)(10)(A)(i)(I), 1902(a)(10)(52) and result 1931(c)(2) of the Act</p>	<p>3.</p>	<p>Transitional Medical Assistance.</p> <p>Families who have received Medicaid under section 1931 of the Act for 3 of the preceding 6 months and lose eligibility as a result of increased working hours or earned income from employment of the caretaker relative or loss of a time-limited earned income disregard remain eligible for the immediately succeeding 6-month period and, if they meet certain requirements, may remain eligible for the following 6-month period.</p>
<p>1902(e)(1) of the Act</p>		<p>NOTE: If the provisions expire for section 1925 of the Act, extended benefits are provided in accordance with section 1902(e)(1) of the Act.</p>
<p>42 CFR 435.115(e) and 42 CFR 435.145 1902(a)(10)(A)(i)(I) of the Act</p>	<p>4.</p>	<p>Title IV-E Subsidized Adoption or Foster Care Children.</p> <p>Individuals who meet the requirements of section 473(b) of the Act for whom an adoption assistance agreement is in effect or foster care maintenance payments are made under title IV-E of the Act.</p>
<p>42 CFR 435.113 1902(a)(10)(A)(i)(I) of the Act</p>	<p>5.</p>	<p>Individuals who are ineligible for assistance under the State's title IV-A plan solely because of eligibility requirements that are specifically prohibited under Medicaid. Included are:</p> <p>a. Families denied assistance under title IV-A solely because of income and resources deemed to be available from:</p> <p>(1) Stepparents who are not legally liable for support of stepchildren under a State law of general applicability;</p>

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- (2) Grandparents;
- (3) Legal guardians;
- (4) Alien sponsors who are not organizations; or
- (5) Siblings.

b. Other:

42 CFR 435.116  
1902(a)(10)(A)(i)(III)  
resource  
and 1905(n) of the Act

6. Qualified Pregnant Women and Children.  
The following individuals who meet the income and requirements of the State’s July 16, 1996 approved AFDC plan:
- a. A pregnant woman whose pregnancy has been medically verified; and
  - b. A child who is younger than 19 years old.

1902(a)(10)(A)(i)(IV),  
1902(l)(1)(A) and  
1902(l)(1)(B) of the Act

7. Poverty-Level Related Women During Pregnancy (and During the 60-Day Postpartum Period Beginning on the Last Day of the Pregnancy) and Infants Younger Than 1 Year Old.
- The income standard for this group, which is at least 133% and no more than 185% of the Federal poverty level (FPL), is specified in Supplement 1 to ATTACHMENT 2.6-A. The resource standard is specified in Supplement 2 to ATTACHMENT 2.6-A.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

8. Poverty-Level Related Children:

- |  |    |   |
|--|----|---|
| 1902(a)(10)(A)(i)(VI) years and 1902(l)(1)(C) of the Act | a. | who have attained 1 year of age but have not attained 6 age, with family income at or below 133 percent of the Federal poverty level by household size, as revised annually in the <u>Federal Register</u> .            |
| 1902(a)(10)(A)(i)(VII) and 1902(1)(1)(D) of the Act      | b. | who have attained 6 years of age but have not attained 19 years of age, with family income at or below 100 percent of the Federal poverty level by household size, as revised annually in the <u>Federal Register</u> . |

The income standards for these groups are specified in Supplement 1 to ATTACHMENT 2.6-A. The resource standards are specified in Supplement 2 to ATTACHMENT 2.6-A.

- |   |       |   |
|---|-------|---|
| 1902(e)(5) of the Act<br>42 CFR 435.170 | 9. a. | <p>Extended Eligibility for Pregnant Women.</p> <p>A woman who, while pregnant, is eligible for, applied for, and received Medicaid under the approved State plan on the day that the pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.</p> |
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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(e)(6) of the Act  
42 CFR 435.170

b. Continuous Eligibility for Pregnant Women.

A pregnant woman who would otherwise lose eligibility because of a change in family income is deemed to continue to be eligible for all pregnancy-related and postpartum medical assistance under the plan through the last day of the month in which the 60-day postpartum period ends (which begins on the last day of her pregnancy).

42 CFR 435.117  
1902(e)(4) of the Act

10. Deemed Newborns.

A child born to a woman who was eligible for and receiving Medicaid (including coverage of an alien for labor and delivery as emergency medical services) for the date of the child's birth, including retroactively. The child is deemed eligible for one year from birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.120                      11. Aged, Blind and Disabled Individuals Receiving Cash Assistance

    \_\_\_ Individuals receiving SSI.

        This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.

- \_\_\_ Aged
- \_\_\_ Blind
- \_\_\_ Disabled

42 CFR 435.121 and 1619(b)(1) of the Act                      12. \_\_\_ Individuals who meet more restrictive requirements for Medicaid than the SSI requirements. (This includes persons who qualify for benefits under section 1619(a) of the Act or who meet the requirements for SSI status under section 1619(b)(1) of the Act and who met the State's more of the Act restrictive requirements for Medicaid in the month before the month they qualified for SSI under section 1619(a) or met the requirements under section 1619(b)(1) of the Act. Medicaid eligibility for these individuals continues as long as they continue to meet the 1619(a) eligibility standard or the requirements of section 1619(b) of the Act.)

- \_\_\_ Aged
- \_\_\_ Blind
- \_\_\_ Disabled



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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

The more restrictive categorical eligibility criteria are described below:

(Financial criteria are described in ATTACHMENT 2.6-A).

1902(a)(10)(A)(i)(II) and 1905(q) of the Act

- 13. Qualified severely impaired blind and disabled individuals under age 65, who--
  - a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
  - b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid - These individuals must--
    - (1) Continue to meet the criteria for blindness or have the disabling physical or mental Impairment under which the individual was found to be disabled;
    - (2) Except for earnings, continue to meet all non-disability related requirements for eligibility for SSI benefits;
    - (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
- (5) Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

\_\_\_ Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

1619(b)(3)  
of the Act

\_\_\_ The state applies more restrictive eligibility requirements for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619(a) or met the requirements of section 1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619(b)(1) of the Act.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1634(c) of the Act

14. Blind or disabled individuals who--

- a. Are at least 18 years of age;
- b. Lose SSI eligibility because they become entitled to OASDI child's benefits under section 202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absent their OASDI eligibility.

— The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

— The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.

42 CFR 435.122

15. Except in States that apply more restrictive eligibility requirements for Medicaid than under SSI, individuals who are ineligible for SSI or optional State supplements (if the agency provides Medicaid under section 435.232), because of requirements that do not apply under title XIX of the Act.

42 CFR 435.130

16. Individuals receiving mandatory State-supplements.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.131

17. Individuals who in December 1973 were eligible for Medicaid as an essential spouse and who have continued, as spouse, to live with and be essential to the well-being of a recipient of cash assistance. The recipient with whom the essential spouse is living continues to meet the December 1973 eligibility requirements of the State's approved plan for OAA, AB, APTD, or AABD and the spouse continues to meet the December 1973 requirements for having his or her needs included in computing the cash payment.

In December 1973, Medicaid coverage of the essential spouse was limited to the following group(s):

- Aged
- Blind
- Disabled
- Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.

42 CFR 435.132

18. Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of Title XIX medical institutions or residents of Title XIX intermediate care facilities, if, for each consecutive month after December 1973, they--

- a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and
- b. Remain institutionalized; and
- c. Continue to need institutional care.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.133

19. Blind and disabled individuals who—
- a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and
  - b. Were eligible for Medicaid in December 1973 as blind or disabled; and
  - c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

42 C FR 435.134

20. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972). who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
- \_\_\_ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
  - \_\_\_ Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
  - \_\_\_ Not applicable with respect to intermediate care facilities; the State did or does not cover this service.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

42 CFR 435.135

- 21. Individuals who
  - a. Are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and
  - b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income.
    - \_\_\_ Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients.
    - \_\_\_ The State applies more restrictive eligibility requirements than those under SSI, and none of the OASDI cost-of-living increases are deducted when determining the amount of countable income for categorically needy eligibility.
    - \_\_\_ The State applies more restrictive eligibility standards than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

1634(b) of the Act

- 22. Disabled widows and widowers who would be eligible for SSI or SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of Pub. L. 98-21 and who are deemed, for purposes of title XIX, to be SSI beneficiaries or SSP beneficiaries for individuals who would be eligible for SSP only, under section 1634(b) of the Act.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

- \_\_\_ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.
- \_\_\_ Not applicable because the State applies more restrictive eligibility than those under SSI and the State chooses not to deduct any of the benefit that caused SSI/SSP ineligibility or subsequent cost-of-living increases.
- \_\_\_ The State applies more restrictive eligibility standards than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

1634(d) of the Act

23. Disabled widows and widowers who would be eligible for SSI except for the receipt of early social security disability benefits, who are not entitled to hospital insurance under Medicare Part A and who are deemed, for purposes of title XIX, to be SSI beneficiaries under section 1634(d) of the Act.

- \_\_\_ Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.
- \_\_\_ Not applicable because the State applies more restrictive eligibility than those under SSI and the State chooses not to deduct any of the benefit that caused SSI/SSP ineligibility or subsequent cost-of-living increases.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

— The State applies more restrictive eligibility standards than those under SSI and part or all of the amount of the benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

1902(a)(10)(E)(i) and 1905(p) of the Act

24. Qualified Medicare Beneficiaries --

- a. Who are entitled to hospital insurance benefits under Medicare Part A, (but not pursuant to an enrollment under section 1818A of the Act);
- b. Whose income does not exceed 100 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare cost-sharing as defined in item 3.2 of this plan.)

1902(a)(10)(E)(ii), 1905(s) and 1905(p)(3)(A)(i) of the Act

25. Qualified Disabled and Working Individuals --

- a. Who are entitled to hospital insurance benefits under Medicare Part A under section 1818A of the Act;
- b. Whose income does not exceed 200 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

d. Who are not otherwise eligible for medical assistance under Title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part A premiums under section 1818A of the Act.)

1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act

26. Specified Low-Income Medicare Beneficiaries --

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. whose income is greater than 100 percent but less than 120 percent of the Federal poverty level; and
- c. Whose resources do not exceed twice the maximum standard under SSI.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act.)

1902(a)(10)(E)(iv) and 1905(p)(3)(A)(ii) of the Act

27. Qualifying Individuals --

- a. Who are entitled to hospital insurance benefits under Medicare Part A (but not pursuant to an enrollment under section 1818A of the Act);
- b. whose income is at least 120 percent but less than 135 percent of the Federal poverty level;
- c. Whose resources do not exceed twice the maximum standard under SSI;

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

d. Who is not otherwise eligible for medical assistance under title XIX of the Act.

(Medical assistance for this group is limited to Medicare Part B premiums under section 1839 of the Act)

B. Optional Groups Other Than the Medically Needy

42 CFR 435.210  
1902(a)(10)(A)(ii)  
(I) and 1905(a) of  
the Act

\_\_\_ 1. Individuals described below who are not described in section 1902(a)(10)(A)(i) of the Act and who meet the income and resource requirements of the July 16, 1996 AFDC State Plan, the SSI program, or an optional State supplement as specified in 42 CFR 435.232 or 42 CFR 435.234, but who do not receive cash assistance.

\_\_\_ The plan covers all individuals as described above.

\_\_\_ The plan covers only the following group or groups of individuals:

- \_\_\_ Aged
- \_\_\_ Blind
- \_\_\_ Disabled
- \_\_\_ Parents and Other Caretaker Relatives
- \_\_\_ Pregnant Women

Note: For children under age 21, see B.7.

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B. Optional Groups Other Than the Medically Needy (Continued)

Section 1902(v)(1) 42 U.S.C. 1396(a)	___	The plan covers individuals not receiving SSI who the State finds blind or disabled and who are determined otherwise eligible for assistance during the period of time prior to which a final determination of disability or blindness is made by Social Security Administration. The State applies the definitions of disability and blindness found in section 1614(a) of the Social Security Act.
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42 CFR 435.211 1902(a)(10)(A)(ii) (IV) and 1905(a) of the Act	___ 2.	Individuals described below who are not described in section 1902(a)(10)(A)(i) of the Act and who meet the income and resource requirements of the July 16, 1996 AFDC State Plan, the SSI program, or an optional State supplement as specified in 42 CFR 435.232 or 42 CFR 435.234, and would be eligible if they were not institutionalized in a medical institution.
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\_\_\_ The plan covers all individuals as described above.

\_\_\_ The plan covers only the following group or groups of individuals:

- \_\_\_ Aged
- \_\_\_ Blind
- \_\_\_ Disabled
- \_\_\_ Parents and Other Caretaker Relatives
- \_\_\_ Pregnant Women

Note: For children under age 21, see B.7.

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42 CFR 435.212 and 1902(e)(2) of the Act, P.L. 99-272 (Section 9517) P.L-101-508 (Section 4732)	___ 3.	<p>The State deems as eligible those individuals who became otherwise ineligible for Medicaid while enrolled in an HMO qualified under Title XIII of the Public Health Service Act or while enrolled in an entity described in section 1903(m)(2)(B) (111), (E) or (G) or 1903(m)(6) of the Act, or a Competitive Medical Plan (CHP) with a Medicare contract under section 1876 of the Act, but who have been enrolled in the HMO or entity for less than the minimum enrollment period listed below. The HMO or entity must have a risk contract as specified in 42 CFR 434.20(a). Coverage under this section is limited to HMO services and family planning services described in section 1905(a)(4)(C).</p> <p>___ The State elects not to guarantee eligibility.</p> <p>___ The State elects to guarantee eligibility. The minimum enrollment period is ___ months (not to exceed six). The State measures the minimum enrollment period from:</p> <p>___ The date beginning the period of enrollment in the HMO or other entity, without any intervening disenrollment, regardless of Medicaid eligibility.</p> <p>___ The date beginning the period of enrollment in the HMO as a Medicaid patient (including periods when payment is made under this section), without any intervening disenrollment.</p> <p>___ The date beginning the last period of enrollment in the HMO as a Medicaid patient (not including periods when payment is made under this section), without any intervening disenrollment of periods of enrollment as a privately paying patient. (A new minimum enrollment period begins each time the individual becomes Medicaid eligible other than under this section.)</p>

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B. Optional Groups Other Than the Medically Needy (Continued)

1903(m)(2)(F) of the Act, P.L. 98- 369 (Section 2364), P.L. 99-272 of (Section 9517), P.L. 101-508 (Section 4732)

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPS) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

\_\_\_ Disenrollment rights are restricted for a period of \_\_\_ months (not to exceed 12 months).

During the first three months of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

\_\_\_ No restrictions upon disenrollment rights.

1903(m)(2)(H), 1902 (a)(52) of the Act P.L. 101-508 (Section 4732)

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an entity having a contract under section 1903(m) when they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

\_\_\_ The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

\_\_\_ The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

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Agency	Citation(s)	Groups Covered
1902(a)(10)(A)(ii) (VI)	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)	
42 CFR 435.217	—	<p>4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.</p>
	—	<p>5. The State covers the 42 CFR 435.217 group in Item 4 above, and covers individuals under a PACE program under section 1934 of the Act using institutional rules in a manner similar to the use of such rules under the 42 CFR 435.217 group.</p>
1902(a)(10)(A)(ii) (VII) of the Act	—	<p>6. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.</p>
	—	<p>The State covers all individuals as described above.</p>
	—	<p>The State covers only the following group or groups of individuals:                      Aged                      Blind                      Disabled                      Individuals under the age of—                      _____ 21                      _____ 20                      _____ 19                      _____ 18                      Parents and Other Caretaker Relatives                      Pregnant Women</p>

TN No: \_\_\_\_\_

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Effective Date \_\_\_\_\_

Supersedes TN No. \_\_\_\_\_



State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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**B. Optional Groups Other Than the Medically Needy (Continued)**

42 CFR 435.220  
1902(a)(10)(A)(ii)  
And 1905(a) of the  
Act

7. Individuals who are not described in section 1902(a)(10)(A)(i) of the Act and would meet the income and resource requirements of the July 16, 1996 AFDC State plan if their work-related child care costs were paid from their earnings rather than by a State agency as a service expenditure. The State’s AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

Individuals under the age of—

- 21
- 20
- 19
- 18

Parents and Other Caretaker Relatives

Pregnant Women

42 CFR 435.222  
1902(a)  
1902(a)(10)(A)(ii)  
and 1905(a)(i) of  
the Act

8.  a. All individuals who are not described in section (10)(A)(i) of the Act; meet the income and resource requirements of the July 16, 1996 AFDC State Plan, the Title IV-E State Plan, or an optional State Supplement; and who are under the age of 21 as indicated below.

- 20
- 19
- 18

TN No: \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Supersedes TN No. \_\_\_\_\_

State: \_\_\_\_\_

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Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.222

\_\_\_ b. Reasonable classifications of individuals described in (a) above, as follows:

\_\_\_ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

\_\_\_ (a) In foster homes (and are under the age of \_\_\_)

\_\_\_ (b) In private institutions (and are under the age of \_\_\_)

\_\_\_ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, non-profit agencies (and are under the age of \_\_\_).

\_\_\_ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_)

\_\_\_ (3) Individuals in nursing facilities (NFs) (who are under the age of \_\_\_). NF services are provided under this plan.

\_\_\_ (4) In addition to the group under (b)(3), individuals in ICF/MRs (who are under the age of \_\_\_)

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Revision:

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Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

\_\_\_ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_ ). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

\_\_\_ (6) Other defined groups (and ages), as specified in Supplement 1 to ATTACHMENT 2.2-A.

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TN No: \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
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State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.227  
1902(a)(10)(A)(ii)  
(VIII) and 1905  
(a)(i) of the Act

- \_\_\_ 9. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement—
  - a. Was eligible for Medicaid under the State's approved Medicaid plan; or
  - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers these individuals under the age of:

- \_\_\_ 21
- \_\_\_ 20
- \_\_\_ 19
- \_\_\_ 18

42 CFR 435.223  
1902(a)(10)(A)(ii)  
(III) and 1905(a)  
of the Act

- \_\_\_ 10. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A of the Act:

- \_\_\_ Individuals under the age of –
  - \_\_\_ 21
  - \_\_\_ 20
  - \_\_\_ 19
  - \_\_\_ 18
- \_\_\_ Parents and Other Caretaker Relatives
- \_\_\_ Pregnant Women

TN No: \_\_\_\_\_  
Supersedes TN No. \_\_\_\_\_

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Effective Date \_\_\_\_\_

State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.232      \_\_\_ 11. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a state supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

\_\_\_ (1) All aged individuals.

\_\_\_ (2) All blind individuals.

\_\_\_ (3) All disabled individuals.

\_\_\_ (4) Aged individuals in domiciliary facilities or other group living.

\_\_\_ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.

TN No: \_\_\_\_\_

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Effective Date \_\_\_\_\_

Supersedes TN No. \_\_\_\_\_

State: \_\_\_\_\_

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Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.232.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.232.
- (9) Individuals in additional classifications approved by the Secretary as follows:

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 to ATTACHMENT 2.6-A.

TN No: \_\_\_\_\_  
Supersedes TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_

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Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.121  
435.234, and  
1902(a)(10)(A)(ii)  
(XI) of the Act

\_\_\_ 12. Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.

The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is—

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in each classification and available on a Statewide basis.
- d. Paid to one or more of the classifications of individuals listed below:
  - \_\_\_ (1) All aged individuals.
  - \_\_\_ (2) All blind individuals.
  - \_\_\_ (3) All disabled individuals.
  - \_\_\_ (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
  - \_\_\_ (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.

TN No: \_\_\_\_\_  
Supersedes TN No. \_\_\_\_\_

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Effective Date \_\_\_\_\_



State: \_\_\_\_\_

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Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving federally administered optional State supplement that meets the conditions specified in 42 CFR 435.234.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.234.
- (9) Individuals in additional classifications approved by the Secretary as follows:

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

Yes

No

The standards for optional State supplementary payments are listed in Supplement 6 to ATTACHMENT 2.6-A.

TN No: \_\_\_\_\_  
Supersedes TN No. \_\_\_\_\_

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State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.236  
1902(a)(10)(A)(ii)  
(V) of the Act

\_\_\_ 13. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.

\_\_\_ The State covers all individuals as described above.

\_\_\_ The State covers only the following group or groups of individuals:

- \_\_\_ Aged
- \_\_\_ Blind
- \_\_\_ Disabled
- \_\_\_ Individuals under the age of--
  - \_\_\_ 21
  - \_\_\_ 20
  - \_\_\_ 19
  - \_\_\_ 18
- \_\_\_ Parents and Other Caretaker Relatives
- \_\_\_ Pregnant Women

TN No: \_\_\_\_\_  
Supersedes TN No. \_\_\_\_\_

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Effective Date \_\_\_\_\_

State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.225 and 1902(e)(3) of the Act	___ 14.	Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.
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Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)(A)(ii) (IX) and 1902(l) of the Act	___ 15.	Optional Poverty-Level Related Pregnant Women and Infants Younger than One Year Old
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The following individuals who are not eligible under 1902(a)(10)(A)(i) of the Act and whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant, and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:

- a. Women during pregnancy (and during the 60-day postpartum period beginning on the last day of pregnancy); and
- b. Infants under one year of age.

1902(a)(10)(A)(ii) (IX) and 1902(l)(1) (D) of the Act	___ 16.	The following individuals who are not mandatory categorically needy who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in <u>Supplement 1 to ATTACHMENT 2.6-A</u> for a family of the same size.
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TN No: _____	Approval Date _____	Effective Date _____
Supersedes TN No. _____		

State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained age 19\*

- \_\_\_ 7 years of age; or
- \_\_\_ 8 years of age.

\*A mandatory coverage group under OBRA 1990.

1902(a)(10)(A)(ii) (X) and 1902(m) (1) and (3) of The Act

- \_\_\_ 17. Individuals--
  - a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
  - d. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
  - e. Whose resources do not exceed the maximum amount allowed under SSI, or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

1902(a)(10)(A)(ii) (XII) and 1902(z) of the Act

- \_\_\_ 18. Individuals not described in section 1902(a)(10)(A)(i) of the Act who are infected with tuberculosis whose income and resources do not exceed the maximum amounts described in Supplement 14 to ATTACHMENT 2.6-A.

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Effective Date \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_

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Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(47) and  
1920 of the Act

\_\_\_ 19. Presumptive Eligibility for Pregnant Women.

Women who are determined by a “qualified provider” (as defined in section 1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible for ambulatory prenatal care during a presumptive eligibility period in accordance with section 1920 of the Act.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

Presumptive eligibility for pregnant women is limited to no more than one period per pregnancy.

The State requires that a written application be completed and signed by the woman.

- \_\_\_ Yes
- \_\_\_ No

The written application requests the following identifying information:

State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

1902(a)(10)(F) and 1902(u)(1) of the Act	20.	Individuals entitled to elect COBRA continuation coverage and whose income as determined under section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See <u>Supplement 11 to ATTACHMENT 2.6-A</u> .
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1902(a)(10)(A)(ii) (XIV) of the Act	___ 21.	<p>Optional Targeted Low-Income Children</p> <p>Children younger than age 19 who:</p> <ul style="list-style-type: none"> <li>a. Are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);</li> <li>b. Would not be eligible for Medicaid under the policies in the State's Medicaid Plan in effect on March 31, 1997 (but taking into account the expansion of age provided for in section 1902(l)(1)(D));</li> <li>c. Are not covered under a group health plan or other group health insurance (as such terms are defined in section 2791 of the Public Health Service Act), other than under a health insurance program in operation before July 1, 1997 offered by a State which received no Federal funds for the program; and</li> <li>d. Have family income at or below: <ul style="list-style-type: none"> <li>___ 200 percent of the Federal Poverty Level (FPL) for the size family involved, as revised annually in the Federal Register; or</li> </ul> </li> </ul>
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State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

\_\_\_ \_\_\_ percentage of the FPL, which is in excess of the "Medicaid applicable income level" (as defined in section 2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

\_\_\_ All children described above who are under age \_\_\_ (18, 19) with family income at or below \_\_\_ percent of the FPL.

\_\_\_ The following reasonable classifications of children described above who are under age \_\_\_ (18, 19) with family income at or below the FPL percent specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902(e)(12) of the Act

\_\_\_ 22. Continuous Eligibility for Children

A child under age \_\_\_ (not to exceed age 19) who has been determined eligible under section 1902(a)(10)(A) of the Act is deemed to be eligible for a total of \_\_\_ months (not to exceed 12 months) regardless of changes in circumstances, other than moving out of the State or attainment of the maximum age stated above, until the earlier of:

TN No: \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Supersedes TN No. \_\_\_\_\_

State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

- a. The end of a period (not to exceed 12 months) of continuous eligibility; or
- b. The time that the individual exceeds that age.

1902(a)(47) and  
1920A of the Act  
42 CFR 435.110-1102

— 23. Presumptive Eligibility for Children

Children under age \_\_\_\_ (no more than 19) who are determined by a "qualified entity" (as defined in section 1920A(b)(3)(A) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with section 1920A of the Act.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application.

If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No: \_\_\_\_\_  
Supersedes TN No. \_\_\_\_\_

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Effective Date \_\_\_\_\_



State: \_\_\_\_\_

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Agency	Citation(s)	Groups Covered
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C. Optional Coverage Other Than the Medically Needy (Continued)

The following types of “qualified entities” are used to determine presumptive eligibility:

The State requires that a written application be completed and signed by the child’s parent or other representative.

- Yes
- No

The written application requests the following identifying information:

1902(a)(10)(A)(ii)  24. Independent Foster Care Adolescents  
 (XVII) and 1905(w)  
 of the Act

An individual who is younger than age 21, who on the individual’s 18<sup>th</sup> birthday was in foster care under the responsibility of a State, who meets the targeting criteria in a. below, and whose income and resources do not exceed the level(s), if any, established in b. below.

a. Individuals who meet the following criteria:

- (1) Are under the age of:
  - 21
  - 20
  - 19

State: \_\_\_\_\_

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Agency	Citation(s)	Groups Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

(2) Are:

- All such individuals.
- Individuals for whom foster care maintenance payments or independent living services were furnished under a program funded under title IV-E before the date the individual turned 18 years old.
- Other reasonable classifications:

b. Financial Requirements

(1) Income Test:

- There is not income test.
- The income test is:

(2) Resource Test:

- There is no resource test.
- The resource test is:

NOTE: If there is an income or resource test, the standards and methodologies may not be more restrictive than those for the State's section 1931 population, as specified in Supplement 12 to ATTACHMENT 2.6-A.

TN No: \_\_\_\_\_  
Supersedes TN No. \_\_\_\_\_

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State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

1902(a)(10)(A)(ii)  
(XVIII) and 1902  
(aa) of the Act

\_\_\_ 25. Certain Women with Breast or Cervical Cancer.

The State covers medical assistance for women who:

- a. Have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention, Breast and Cervical Cancer Early Detection Program, established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act;
- b. Need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- c. Are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act, but applied without regard to paragraph (1)(F) of such section;
- d. Are not eligible for Medicaid under any mandatory categorically needy eligibility group described in section 1902(a)(10)(A)(i) of the Act; and
- e. Have not attained age 65.

TN No: \_\_\_\_\_  
Supersedes TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

\_\_\_ 26. Presumptive Eligibility for Certain Women with Breast or Cervical Cancer.

The State covers medical assistance during a presumptive eligibility period for women who are determined by a qualified entity (as defined in section 1920B(b)(2) of the Act) based on preliminary information, to be a woman described in section 1902(aa) of the Act related to certain breast and cervical cancer patients

The State limits the classes of entities that may become qualified entities as follow:

The presumptive eligibility period begins on the date that a qualified entity determines the woman to be eligible. The period ends on the date that the State makes a determination with respect to the woman’s eligibility for Medicaid. However, if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

1902(a)(10)(A)(ii) (XIII) of the Act	___	27. BBA Work Incentives Eligibility Group – Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. <u>See page 12c to ATTACHMENT 2.6-A.</u>
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1902(a)(10)(A)(ii) (XV) of the Act	___	28. TWWIIA Basic Coverage Group – Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. <u>See page 12d to ATTACHMENT 2.6-A.</u>
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1902(a)(10)(A)(ii) (XVI) of the Act	___	29. TWWIIA Medical Improvement Group – Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. <u>See page 12h to ATTACHMENT 2.6A.</u>
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NOTE: If the State elects cover this group, it MUST also cover the eligibility group described in No. 28 above.

State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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B. Optional Coverage Other Than the Medically Needy (Continued)

1902(a)(10)(A)(ii) (XIX) of the Act	___ 30.	Family Opportunity Act (FOA) – 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 to ATTACHMENT 2.6-A.
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\_\_\_ 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.

State: \_\_\_\_\_

Agency	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy

42 CFR 435.301  
1902(a)(10)(C)  
of the Act

This plan includes the medically needy.

No.

Yes. This plan covers:

1902(a)(10)(C)(ii)(II)  
of the Act and 42  
CFR 435.301(b)(1)(i)

1. Pregnant women during the course of their pregnancy who, except for income and/or resources, would be eligible as categorically needy under section 1902(a)(10)(A) of the Act.

1902(e)(5) of the Act  
42 CFR 435.301

2. Women who, while pregnant, are eligible for, applied for, and received Medicaid as medically needy under the approved State plan on the day that their pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period, (beginning on the last date of the pregnancy) and for any remaining days in the month in which the 60th day falls.

(b)(1)(iv)

1902(a)(10)(C)(ii)  
(I) of the Act and  
42 CFR 435.301  
(b)(1)(ii)

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

1902(e)(4) of the  
Act and 42  
CFR 435.301  
(b)(1)(iii)

4. Newborn children born to women eligible for and receiving Medicaid as medically needy for the date of the child's birth, including retroactively. The child is deemed to have applied and been found eligible for Medicaid for the date of birth and remains eligible for one year so long as the mother remains eligible, or would remain eligible if still pregnant, and the child remains in the same household of the mother.

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Agency	Citation(s)	Groups Covered
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C. Optional Coverage of the Medically Needy (Continued)

42 CFR 435.308  
1902(a)(10)(C)(i)  
of the Act

5. Medically Needy Children

\_\_\_ a. Individuals who are financially eligible as medically needy, are not eligible in accordance with section 1902(a)(10)(A) of the Act, are not described in section C.3. above, and are under the age of –

\_\_\_ 21

\_\_\_ 20

\_\_\_ 19

\_\_\_ 18 or under 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical training

\_\_\_ b. Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:

\_\_\_ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

\_\_\_ (a) In foster homes (and are under the age of \_\_\_).

\_\_\_ (b) In private institutions (and are under the age of \_\_\_).

\_\_\_ (c) In addition to the group under b(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of \_\_\_).

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Agency	Citation(s)	Groups Covered
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C. Optional Coverage for the Medically Needy (Continued)

- \_\_\_ (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of \_\_\_).
- \_\_\_ (3) Individuals in NFs (who are under the age of \_\_\_). NF services are provided under this plan.
- \_\_\_ (4) In addition to the group under b(3), individuals in ICF/MR (who are under the age of \_\_\_).
- \_\_\_ (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_). Inpatient-psychiatric services for individuals under age 21 are provided under this plan.
- \_\_\_ (6) Other defined groups (and ages), as specified in Supplement 1 to ATTACHMENT 2.2-A.

42 CFR 435.310     \_\_\_ 6. Parents and Other Caretaker Relatives

42 CFR 435.320 and \_\_\_ 7. Aged Individuals  
42 CFR 435.330

42 CFR 435.322 and \_\_\_ 8. Blind Individuals  
42 CFR 435.330

42 CFR 435.324 and \_\_\_ 9. Disabled Individuals  
42CFR 435.330

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Agency	Citation(s)	Groups Covered
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C. Optional Coverage for the Medically Needy (Continued)

- |                |   |
|----------------|---|
| 42 CFR 435.326 | 10. Individuals who would be ineligible if they were not enrolled in a managed care organization or primary care case management. Categorically needy individuals are covered under 42 CFR 435.212 and the same rules apply to medically needy individuals.   |
| 42 CFR 435.340 | 11. Blind and disabled individuals who: <ul style="list-style-type: none"> <li data-bbox="597 827 1432 894">a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria;</li> <li data-bbox="597 936 1432 1003">b. Were eligible as medically needy in December 1973 as blind or disabled; and</li> </ul> (3) For each consecutive month after December 1973 continue to meet the December 1973 eligibility criteria. |

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE  
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation(s)	Groups Covered
1935(a) and 1902(a)(66)		The agency provides for making Medicare prescription drug Low Income Subsidy determinations under section 1935(a) of the Social Security Act.
42 CFR 423.774 and 423.904	<ol style="list-style-type: none"> <li data-bbox="592 825 1451 934">1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;</li> <li data-bbox="592 972 1451 1081">2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;</li> <li data-bbox="592 1119 1451 1264">3. The agency provides for screening of individuals for Medicare cost-sharing described in section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.</li> </ol>	

TN No: \_\_\_\_\_  
Supersedes TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_

Effective Date \_\_\_\_\_

Revision:

SUPPLEMENT 1 TO  
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Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_

REASONABLE CLASSIFICATIONS OF INDIVIDUALS UNDER  
THE AGE OF 21, 20, 19, OR 18

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TN No: \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
Supersedes TN No. \_\_\_\_\_

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ATTACHMENT 2.2-A  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: \_\_\_\_\_

Method for Determining Cost Effectiveness of Caring for  
Certain Disabled Children at Home

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Supersedes TN No. \_\_\_\_\_