

Revision: HCFA-PM-85-14 (BERC)
SEPTEMBER 1985

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

- A. The following charges are imposed on the categorically needy for services other than those provided under section 1905(a)(1) through (5) and (7) of the Act:

Services and Basis for determination	Type of Charge			
	Deduct.	Coins.	Copay.	Amount

TN No. _____
Supersedes _____ Approval Date _____ Effective Date _____
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

B. The method used to collect cost sharing charges for categorically needy individuals:

___ **Providers are responsible for collecting the cost sharing charges from individuals.**

___ **The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.**

C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

TN No.
Supersedes
TN No.

Approval Date _____ Effective Date

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

E. Cumulative maximums on charges:

___ State policy does not provide for cumulative maximums.

___ Cumulative maximums have been established as described below:

TN No.
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Approval Date _____ Effective Date

State

The following enrollment fee, premium or similar charge is imposed on the medically needy:

Gross Family Income (per mo.)	Charge Family Size			Liability Period	Frequency of Charges
	1 or 2	3 or 4	5 or more		
(1)	(2)	(3)	(4)	(5)	(6)
\$150 or less					
151 - 200					
201 - 250					
251 - 300					
301 - 350					
351 - 400					
401 - 450					
451 - 500					
501 - 550					
551 - 600					
601 - 650					
651 - 700					
701 - 750					
751 - 800					
801 - 850					
851 - 900					
901 - 950					
951 - 1000					
More than \$1000					

TN No.
Supersedes
TN No.

Approval Date _____ Effective Date

State

Effect on recipient of non-payment of enrollment fee, premium or similar charge:

- Non-payment does not affect eligibility
- Effect is as described below:

TN No.
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

A. The following charges are imposed on the medically needy for services:

Service and Basis for Determination	Deduct.	Coins.	Type of Charge	
			Copay.	Amount

TN No.
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Approval Date _____ Effective Date

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

- B. The method used to collect cost sharing charges for medically needy individuals:
- ___ Providers are responsible for collecting the cost sharing charges from individuals.
 - ___ The agency reimburses providers the full Medicaid rate for services and collects the cost sharing charges from individuals.
- C. The basis for determining whether an individual is unable to pay the charge, and the means by which such an individual is identified to providers, is described below:

TN No.
Supersedes
TN No.

Approval Date _____ Effective Date

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

D. The procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b) are described below:

E. Cumulative maximums on charges:

___ State policy does not provide for cumulative maximums.

___ Cumulative maximums have been established as described below:

TN No.

Supersedes

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AUGUST 1991

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OMB No.: 0938-0429

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

Premiums Imposed on Low Income Pregnant Women and Infants

- A. **The following method is used to determine the monthly premium imposed on optional categorically needy pregnant women and infants covered under section 1902(a)(10)(A)(ii)(IX)(A) and (B) of the Act:**

- B. **A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):**

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

C. State or local funds under other programs are used to pay for premiums:

// Yes // No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

*Description provided on attachment.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

**Optional Sliding Scale Premiums Imposed on
Qualified Disabled and Working Individuals**

- A. The following method is used to determine the monthly premium imposed on qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act:

- B. A description of the billing method used is as follows (include due date for premium payment, notification of the consequences of nonpayment, and notice of procedures for requesting waiver of premium payment):

***Description provided on attachment.**

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OMB No.: 0938-0429

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory:

C. State or local funds under other programs are used to pay for premiums:

// Yes // No

D. The criteria used for determining whether the agency will waive payment of a premium because it would cause an undue hardship on an individual are described below:

***Description provided on attachment.**

TN No. _____
Supersedes Approval Date _____ Effective Date
TN No. _____