			State	2:			
GROUPS COVERED AND AGENCIES RESPONSIBLE FOR ELIGIBILITY DETERMINATION							
Agency	Citation(s)				Groups Covered		
	A.	<u>Ge</u>	nera	l Con	ditions of Eligibility		
		Eac	ch in	divid	ual covered under the plan:		
42 CFR Part Subpart G	435,	1.			cially eligible (using the methods and standards described B and C of this Attachment) to receive services.		
42 CFR Part	435,	2.	Me	eets th	e applicable non-financial eligibility conditions.		
Subpart F			a.	For	the categorically needy:		
				(i)	For AFDC-related individuals (all groups except as specified under items A.2.a.(ii) - (ix) below), meets the non-financial criteria of the State's AFDC plan in effect as of July 16, 1996.		
				(ii)	For SSI-related individuals, meets the non-financial eligibility conditions of the SSI program or more restrictive SSI-related categorically needy criteria.		
1902(l) of th Act	e			(iii)	For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), or 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.		
1902(m) of t Act	he			(iv)	For financially eligible aged or disabled individuals covered under section $1902(a)(10)(A)(ii)(X)$ of the Act, meets the non-financial criteria of section $1902(m)$ of the Act.		
TN No:		-	App	roval	Date Effective Date		

Supersedes TN No.	

	State:	
Citation(s)	Condition or Requirement	_
1902(a)(10)(A)(ii)(VIII) of the Act	<ul> <li>(v) For children receiving State adoption assistance are financially eligible under section 1902(a)(10 (ii)(VIII) of the Act, meets the non-financial eligible criteria of that section.</li> </ul>	0)(A)
1902(z) of the Act	(vi) For tuberculosis-infected individuals financially eligible under section 1902(a)(10)(A)(ii)(XII) of Act, meets the non-financial eligibility criteria section 1902(z).	of the
1905(u)(2) of the Act	(vii) For optional targeted low-income children final eligible under section 1902(a)(10)(A)(ii)(XIV) Act, meets the non-financial eligibility criteria section 1905(u)(2)(B).	of the
1905(w) of the Act	(viii) For independent foster care adolescents financial eligible under 1902(a)(10)(A)(ii)(XVII) of the meets the non-financial eligibility criteria of section 1905(w).	Act,
1902(aa) of the Act	(ix) For women with breast or cervical cancer finan eligible under section 1902(a)(10)(A)(ii)(XVIII Act, meets the non-financial criteria of section 1902(aa).	
	b. For the medically needy, meets the non-financial eligiconditions of 42 CFR Part 435 listed in A.2.a(i) or (ii above.	-
TN No:	Approval Date Effective Date	

Supersedes TN No.	

	S	State:	
Citation(s)			Condition or Requirement
1902(a)(10)(E)(i) and 1905(p) of the Act		c.	For financially eligible Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial eligibility criteria of section 1905(p) of the Act.
1902(a)(10)(A)(E)(ii) and 1905(s) of the Act		d.	For financially eligible Qualified Disabled and Working Individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial eligibility criteria of section 1905(s) of the Act.
1902(a)(10)(E)(iii) and and 1905(p) of the Act		e.	For financially eligible Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, meets the non-financial eligibility criteria of section 1905(p) of the Act.
1902(a)(10)(E)(iv) and		f.	For financially eligible Qualifying Individuals covered
and 1905(p) of the Act			under section 1902(a)(10)(E)(iii) of the Act, meets the non-financial eligibility criteria of section 1905(p) of the Act.
42 CFR 435.406	3.	Is re	esiding in the United States and
		a.	Is a citizen or national of the United States;
		b.	Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended;
		c.	Is a qualified alien subject to the 5-year bar described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition or as defined in section 401 of PRWORA;

TN No:	Approval Date	Effective Date
Supersedes TN No		

Revision:		ATTACHMENT 2.6-A Page 2a
	State:	
Citation(s)	Сс	ondition or Requirement
		llien, so that eligibility is limited to ergency medical condition or as defined RWORA; or
	under section 402(t	(QA) whose eligibility is authorized o) of PRWORA as amended, and is not on 403 of PRWORA as amended.
	State covers al	l authorized QAs.
	State does not	cover authorized QAs.
42 CFR 431.52 and 435.403 1902(b) of the Act	for an indefinite period, maintains the residence absent from the State tempurpose of the absence in an out-of-state institution another State.	e with the intent to remain permanently or regardless of whether the individual permanently or at a fixed address, is imporarily and intends to return when the is accomplished, is placed by the State in on, or receives a title IV-E payment from the residency agreement with the
	Carta har an an an	
	State has open ag	
	Not applicable; n	o residency requirement.
TN No:	Approval Date	Effective Date

Supersedes TN No.	

	Sta	te:
Citation(s)		Condition or Requirement
42 CFR 435.1008 1905(a) of the Act	5. a.	Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008, 1905(a) of the Act	b	Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
		Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145, 1912 of the Act	ri M to m a:	required, as a condition of eligibility, to assign his or her own ghts, or the rights of any other person who is eligible for fedicaid and on whose behalf the individual has legal authority execute an assignment to medical support and payments for redical care from any third party. (Medical support is defined a support specified as being for medical care by a court or dministrative order.)
	p a: e: n 1 w re ir	In applicant or recipient must also cooperate in establishing the aternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is ligible for Medicaid and on whose behalf the individual can take an assignment; except that individuals described in section $902(1)(1)(A)$ of the Social Security Act (pregnant women and romen in the post-partum period) are exempt from these equirements involving paternity and obtaining support. Any adividual may be exempt from the cooperation requirements by emonstrating good cause for refusing to cooperate.
TN No: Supersedes TN No	Ap	proval Date Effective Date

1906 of the Act

10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

TN No:	Approval Date	Effective Date
Supersedes TN No		

Revision:		ATTACHMENT 2.6-A Page 4
	State	<b>:</b>
Citation(s)		Condition or Requirement
1	B. Post El	igibility Treatment of Institutionalized Individual's Income
1924 of the Act 42 CFR 435.725 42 CFR 435.733 42 CFR 435.832	dec ins	te following monthly amounts for personal needs are ducted from total monthly income in the application of an stitutionalized individual's or couple's income to the cost of stitutionalized care:
		rsonal Needs Allowance (PNA) of not less than \$30 for dividuals and \$60 for couples for all institutionalized persons.
	a.	Aged, blind, disabled:
		Individuals \$ Couples \$
		For the following persons with greater need:
		Supplement 12 to ATTACHMENT 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.
	b.	AFDC related:
		Individuals \$ Couples \$
		For the following persons with greater need:
		Supplement 12 to ATTACHMENT 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.

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

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

TN No: \_\_\_\_

Supersedes TN No.	

Revision:			ATTACHMENT 2.6-A Page 4a
		Sta	te:
Citation(s)			Condition or Requirement
	В.		Eligibility Treatment of Institutionalized Individual's Income inued)
1924 of the Act		a	n addition to the amounts under item 1, the following monthly mounts are deducted from the remaining income of an astitutionalized individual with a community spouse:
		a	The monthly income allowance for the community spouse, calculated using the formula in section 1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in section 1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.
			The poverty level component is calculated using the applicable percentage (set out in section 1924(d)(3)(B) of the Act) of the official poverty level.
			The poverty level component is calculated using a percentage greater than the applicable percentage, equal to%, of the official poverty level (still subject to maximum maintenance needs standard).
			The maintenance needs standard for all community spouses is set at the maximum permitted by section 1924(d)(3)(C). Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.
TN No:		Ap	proval Date Effective Date

Supersedes TN No.	

Supersedes TN No. Revision:		_	ATTACHMENT 2.6-A Page 4c
		State	:
Citation(s)			Condition or Requirement
	В.	Post Eli (Contin	gibility Treatment of Institutionalized Individual's Income ued)
		C.	Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:
			(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
			(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A.)
42 CFR 435.725 42 CFR 435.733 42 CFR 435.832		fol: mo	addition to any amounts deductible under the items above, the owing monthly amounts are deducted from the remaining onthly income of an institutionalized individual or an citutionalized couple:
		a.	An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:
			<ul> <li>AFDC level in effect under the State's plan as of July 16, 1996; or</li> <li>Medically needy level:</li> </ul>

(Check one)

<u>2.6-A</u>

\_\_\_ AFDC Levels in <u>Supplement 1 to ATTACHMENT</u>

\_\_\_ Medically needy level in <u>Supplement 1 to ATTACHMENT 2.6-A</u>

TN No:	Approval Date	Effective Date
'N No:	Approval Date	Effective Da

Revision:			ATTACHMENT 2.6-A Page 4d
		Sta	nte:
Citation(s)			Condition or Requirement
	В.		Eligibility Treatment of Institutionalized Individual's Income inued)
		t	o. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:
			(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
			<ul> <li>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in <u>Supplement 3 to ATTACHMENT 2.6-A.</u>)</li> </ul>
42 CFR 435.725 42 CFR 435.733 42 CFR 435.832		Ċ	At the option of the State, as specified below, the following is leducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:
		i h i	A monthly amount for the maintenance of the home of the ndividual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:
		_	No.
		_	Yes (the applicable amount is designated on page 4e)
TN No:		Aŗ	proval Date Effective Date

Supersedes TN No.	

Revision:		ATTACHMENT 2.6-A Page 4e
	State:	
Citation(s)		Condition or Requirement
	Amount mainten  Amount countab (1) of the community when countab with a community when c	to for maintenance of home is: \$  It for maintenance of home is the actual nance costs not to exceed \$  It for maintenance of home is deductible when le income is determined under section 1924(d) ne Act only if the individual's home and the nity spouse's home are different.  It for maintenance of home is not deductible buntable income is determined under section 19(1) of the Act.
TN No:	Approval Date	Effective Date

Supersedes TN No.	

ATTACHMENT 2.6-A Page 5

### Revision:

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ELIGIBILITY CONDITIONS AND REQUIREMENTS	
Citation(s) Condition or Requirement	•

42 CFR 435.811, 42 CFR 435.831, 42 CFR 435.840, and 42 CFR 435.845

## C. FINANCIAL ELIGIBILITY

Depending on whether the individual is being considered for an AFDC-related or SSI-related Medicaid eligibility group, the income and resource levels and methods for determining countable income and resources in either the State's AFDC plan in effect on July 16, 1996 or the SSI program apply, unless this plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, more liberal methods under section 1902(r)(2) of the Act, or more restrictive or liberal methods under section 1931 of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

- <u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the income eligibility standards for mandatory categorically needy, optional categorically needy, and medically needy eligibility groups.
- <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource eligibility standards for mandatory categorically needy, optional categorically needy, and medically needy eligibility groups.
- <u>Supplement 3 to ATTACHMENT 2.6-A</u> specifies the reasonable limits on amounts of necessary medical or remedial care not covered under Medicaid.
- <u>Supplement 4 to ATTACHMENT 2.6-A</u> specifies the methods for determining income eligibility, used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.

TN No:	Approval Date	Effective Date
Supersedes TN No		

- Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility, used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- Supplement 5a to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility for individuals with incomes related to the Federal poverty level, used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- <u>Supplement 6 to Attachment 2.6-A</u> specifies the standards for optional State supplementary payments.
- <u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income standards for 1902(f) States for categorically needy aged, blind, or disabled individuals who are covered under requirements more restrictive than SSI.
- Supplement 8 to ATTACHMENT 2.6-A specifies the resource standards for 1902(f) States for categorically needy aged, blind, or disabled individuals who are covered under requirements more restrictive than SSI.
- Supplement 8a to ATTACHMENT 2.6-A specifies more liberal methods of treating income under section 1902(r)(2) of the Act, used by States that have less restrictive methods than the cash assistance programs.
- Supplement 8b to ATTACHMENT 2.6-A specifies more liberal methods of treating resources under section 1902(r)(2) of the Act, used by States that have less restrictive methods than the cash assistance programs.
- <u>Supplement 8c to ATTACHMENT 2.6-A</u> specifies requirements related to the DRA long term care insurance partnership programs.

TN No:	Approval Date	Effective Date
Supersedes TN No		

Revision:		ATTACHMENT 2.6-A Page 6a
	State:	<u>—</u>
Citation	Condi	ition or Requirement
	used for transfer of assets u which affects the eligibility after February 8, 2006.  Supplement 10 to ATTACH used to exclude the assets to because of undue hardship permitted under section 190  Supplement 11 to ATTACH effectiveness methodology beneficiaries.  Supplement 12 to ATTACH from the basic personal need (50) of the Act. It also spect the income and resource eligibility and a community supplement 13 to ATTACH of available income and resource spouses with a community supplement 14 to ATTACH and resource requirements are eligibility of Tuberculosisis determined under section supplement 15 to ATTACH supplement 15 to ATTACH and resource requirements are supplement 15 to ATTACH and resource requirements are supplement 15 to ATTACH.	HMENT 2.6-A specifies the variations eds allowance under section 1902(a) cifies the AFDC covered groups and igibility criteria for low-income of the Act.  HMENT 2.6-A specifies the treatment sources for certain institutionalized spouse under section 1924 of the Act.  HMENT 2.6 -A specifies the income used by States for determining infected individuals whose eligibility in 1902(z)(1) of the Act.
TN No:	Approval Date	Effective Date

Supersedes TN No.	

ELICIE	State:	
		CONDITIONS AND REQUIREMENTS
Citation(s)		Condition or Requirement
1902(r)(2) of the 1 Act	. Met	hods of Determining Income
	a.	AFDC-related individuals (except for individuals eligible under section 1931 of the Act and poverty-level related pregnant women, infants, and children).
		(1) In determining countable income for AFDC-related individuals, the following methods are used:
		(a) The methods under the State's approved AFDC plan in effect on July 16, 1996 only; or
		(b) The methods under the State's approved AFDC plan in effect on July 16, 1996 and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
		Note: For individuals eligible under section 1931 of the Act, see <u>Supplement 12 to ATTACHMENT 2.6-A.</u> For poverty-level related pregnant women, infants, and children, see e of this section.
1902(a)(17)(D) of the Act 42 CFR 435.602		(2) In determining financial responsibility of relatives and other individuals, the Medicaid agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21, with the specified exceptions for AFDC-related and SSI-related eligibility groups.
TN No: Supersedes TN No	Appro	oval Date Effective Date

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

ELIGI	BILITY	CONDITIONS AND REQUIREMENTS
Citation(s)		Condition or Requirement
1902(e)(6) of the Act		(3) Agency continues to treat women eligible under the provisions of eligible under the provisions of section 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
42 CFR 435.601 aged 42 CFR 435.831	b.	Aged individuals. In determining countable income for individuals, including aged individuals with incomes up to
1902(m)(1)(B), 1902(m)(4), and 1902(r)(2) of the Act		the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used.
130 <b>2</b> (1)(2) 01 the 11ct		The methods of the SSI program only.
		The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
		— For individuals other than optional state supplement recipients, more restrictive methods than are used by the SSI program. Any more restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u> .
		NOTE: More restrictive methods cannot be applied to aged individuals eligible under section 1902(m)(1) of the Act.

TN No:	Approval Date	Effective Date
Supersedes TN No		

-	State:	
	ELIGIBILITY CONDITIONS AN	
Citation(s)		Condition or Requirement
	— For institutional couple 1611(e)(5) of the Act.	es, the methods specified under section
		plement recipients under 435.232, income han SSI, as specified in <u>Supplement 8a to A</u> .
		plement recipients under 435.234 in and SSI criteria States without section nts—
	SSI methods only	
		or any more liberal methods than SSI lement 8a to ATTACHMENT 2.6-A.
	<del></del>	trictive than SSI. More restrictive ibed in Supplement 4 to ATTACHMENT
1902(a)(17)(D) of the Act 42 CFR 435.602	9	e financial responsibility, the agency ome of spouses living in the same to spouses.
TN No: Supersedes TN No.	Approval Date	Effective Date

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

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

TN No:

Supersedes TN No.	

	State:
 Citation	Condition or Requirement
42 CFR 435.602 1902(a)(17)(D) of the Act	In determining relative responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
42 CFR 435.601, d. and 435.831, 1902(m)(1)(B), 1902(m)(4), and 1902(r)(2) of the Act	d. <u>Disabled individuals</u> . In determining countable income of disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act the following methods are used
	The methods of the SSI program.
	SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6A.</u>
	For institutional couples: the methods specified under section 1611(e)(5) of the Act.
	— For optional State supplement recipients under 435.232: income methods more liberal than SSI, as specified in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
	— For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1902(m)(1) of the Act); more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6 A.
TN No:	Approval Date Effective Date

Supersedes TN No.	

Supplement 8a to ATTACHMENT 2.6-A.

TN No:	Approval Date	Effective Date
Supersedes TN No		

Revision:	ATTACHMENT 2.6-A
	Page 11a

# ELIGIBILITY CONDITIONS AND REQUIREMENTS

	•	
 Citation(s)	Condition or Requirement	
1902(a)(17)(D) of the Act 42 CFR 435.602	(2) In determining financial responsibility of relatives other individuals, the Medicaid agency considers of the income of spouses living in the same household available to spouses and the income of parents as available to children living with parents until the children become 21, with the specified exceptions AFDC-related and SSI-related eligibility groups.	only d as
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under eligible under the provisions of section 1902(a)(10 the Act as eligible, without regard to any changes income of the family of which she is a member, fo 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.	O) of in or the

TN No:	Approval Date	Effective Date
Supersedes TN No		

	State	:
ELIO	GIBILITY	CONDITIONS AND REQUIREMENTS
Citation(s)		Condition or Requirement
1902(a)(10)(E)(i), 1902(p)(1), 1902(m)(4), and 1902(r)(2) of the Act	f.	Qualified Medicare Beneficiaries. In determining countable income for Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used:  The methods of the SSI program only.  SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.  For institutional couples, the methods specified under section 1611(e)(5) of the Act.  If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty levels are effective no later than the
	Ann	date of publication.  Toval Date Effective Date
Supersedes TN No		Ovai Date Effective Date

	State	:
 Citation		Condition or Requirement
1902(a)(10)(E)(ii) and 1905(s) of the Act	g.	For Qualified Disabled and Working Individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses the methods under the SSI program for treatment of income
1902(a)(10)(E)(iii) and 1902(r)(2) of	h.	For Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the agency uses:
the Act		The methods used under the SSI program.
		The methods used under SSI program and/or more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> . If more liberal methods are used, the same methods are applied as in f. for QMBs.
1902(a)(10)(E)(iv) and 1902(r)(2) of the Act	i.	For Qualifying Individuals covered under section 1902(a)(10)(E)(iv) of the Act, the agency uses:
the rice		The methods used under the SSI program.
		The methods used under SSI program and/or more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> . If more liberal methods are used, the same methods are applied as in f. for QMBs.

TN No:	Approval Date	Effective Date
Supersedes TN No		

Revision:		ATTACHMENT 2.6-A Page 12b
	State: _	
 Citation		Condition or Requirement
1902(u) of the Act	]	In determining countable income for COBRA continuation beneficiaries, the following disregards are applied:  The disregards of the SSI program;  The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to ATTACHMENT 2.6-A.  NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

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

TN No: \_\_\_\_ Approval Date \_\_\_\_

Supersedes TN No.	

ATTACHMENT 2.6-A Page 12c

State	e:		
Citation(s)		Condition or Requirement	
1902(a)(10)(A)(ii) (XIII), 1902(f) and 1902(r)(2) of the Act	k.	Working Individuals with Disabilities -BBA  In determining countable income and resources for working individuals with disabilities under BBA, the following methodologies are applied:  The methodologies of the SSI program.  The agency uses more liberal income and/or resource methods than the SSI program. More liberal income methodologies are described in Supplement 8a to ATTACHMENT 2.6-A. More liberal resource methodologies are described in Supplement 8b to ATTACHMENT 2.6-A.  The agency uses more restrictive income and/or resource methods than the SSI program. More restrictive income methods are described in Supplemed 4 to ATTACHMENT 2.6-A. More restrictive resource methods are described in Supplement 5 to ATTACHMENT 2.6-A.	ent

Supersedes TN No.	

ATTACHMENT 2.6-A Page 12d

S	tate:	
Citation(s)		Condition or Requirement
1902(a)(10)(A)(ii) (XV) of the Act	•	g Individuals with Disabilities – Basic Coverage ge Group - TWWIIA
	with dis	mining financial eligibility for working individuals abilities under this provision, the following and methodologies are applied:
		e agency does not apply any income or resource ndard.
	NO	TE: If the above option is chosen, no further eligibility-related options should be elected.
		e agency applies the following income and/or ource standard(s):
TN No:	Approval Date	Effective Date

Supersedes TN No.	

ATTACHMENT 2.6-A Page 12e

Sta	ite:	
Citation(s)		Condition or Requirement
1902(a)(10)(A)(ii) (XV), 1902(f) and 1902(r)(2) of the Act	standard described methodologies.  The methodo  The agency user solution in the agency user.  The agency user is a gency user in the solution in the solution in the solution in the solution.	nether an individual meets the income d above, the agency uses the following logies of the SSI program.  ses more liberal income methods than the More liberal income methodologies are Supplement 8a to ATTACHMENT 2.6-A.  ses more restrictive income methods than am. More restrictive income methods are Supplement 4 to ATTACHMENT 2.6-A.
TN No:	Approval Date	Effective Date

Supersedes TN No.	

ATTACHMENT 2.6-A Page 12f

Sta	nte:
Citation(s)	Condition or Requirement
Citation(s)  1902(a)(10)(A)(ii) (XV), 1902(f) and 1902(r)(2) of the Act	Resource Methodologies  In determining whether the individual meets the resource standard described above, the agency uses the following methodologies.  Unless one of the following items is checked, the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8b to ATTACHMENT 2.6-A.  The agency disregards funds held in employer-
	sponsored retirement plans, but not private retirement plans.  —— The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to ATTACHMENT 2.6-A.
TN No:	Approval Date Effective Date

Supersedes TN No.	

State	<u> </u>
Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii) (XV), 1902(f) and	The agency does not disregard funds in retirement accounts.
1902(r)(2) of the Act	The methodologies of the SSI program.
	The agency uses more liberal resource methods than the SSI program. More liberal resource methodologies are described in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
	The agency uses more restrictive resource methods than the SSI program. More restrictive resource methods are described in <u>Supplement 5 to ATTACHMENT 2.6-A</u> .

TN No:	Approval Date	Effective Date
Supersedes TN No		

ATTACHMENT 2.6-A Page 12h

	State:	
Citation(s)		Condition or Requirement
1902(a)(10)(A)(ii) (XVI) of the Act	m.	Working Individuals with Disabilities – Employed Medically Improved Individuals - TWWIIA  In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:  The agency does not apply any income or resource standard.  NOTE: If the above option is chosen, no further eligibility-related options should be elected.  The agency applies the following income and/or resource standard(s):
 TN No:	Appr	oval Date Effective Date

Supersedes TN No.	

ATTACHMENT 2.6-A Page 12i

Sta	ite:	
Citation(s)		Condition or Requirement
1902(a)(10)(A)(ii) (XVI), 1902(f) and 1902(r)(2) of the Act	standard described methodologies.  — The methodol  — The agency us SSI program, described in Successful described in State of the SSI program described in Successful describe	ether an individual meets the income above, the agency uses the following logies of the SSI program.  Sees more liberal income methods than the More liberal income methodologies are supplement 8a to ATTACHMENT 2.6-A.  Sees more restrictive income methods than am. More restrictive income methods are supplement 4 to ATTACHMENT 2.6-A.
TN No:	Approval Date	Effective Date

Supersedes TN No.	

ATTACHMENT 2.6-A Page 12j

St	ate:	
Citation(s)	Condition or R	Requirement
1902(a)(10)(A)(ii) (XVI), 1902(f) and 1902(r)(2) of the Act	In determining whether the individual standard described above, the ages methodologies.  Unless one of the following items under the authority of section 190 disregards all funds held in retiremincluding private retirement accounter individual accounts, and em retirement plans such as 401(k) plemployer pension plans. Any distretirement accounts is separately on the agency disregards funds sponsored retirement plans, be plans.  The agency disregards funds manner other than those descagency's disregards are specied ATTACHMENT 2.6-A.	are checked, the agency, 2(r)(2) of the Act, nent funds and accounts, ints such as IRAs and ployer-sponsored ans, Keogh plans, and regard involving described in Supplement with not private retirement in retirement accounts in a ribed above. The fied in Supplement 8b to
TN No:	Approval Date Eff	ective Date

Supersedes TN No.	

Stat	e:
Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii) (XVI) of the Act	The agency does not disregard funds in retirement accounts.
	The methodologies of the SSI program.
	The agency uses more liberal resource methods than the SSI program. More liberal resource methodologies are described in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
	The agency uses more restrictive resource methods than the SSI program. More restrictive resource methods are described in <u>Supplement 5 to ATTACHMENT 2.6-A</u> .

TN No:	Approval Date	Effective Date
Supersedes TN No		

State: _	
Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii) (XVI) and 1905(v)(2) of the Act	Definition of Employed – Employed Medically Improved Individuals – TWWIIA
	The agency uses the statutory definition of "employed", i.e., earning at least the minimum wage, and working at least 40 hours per month.
	The agency uses an alternative definition of "employed" that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency's threshold criteria is described below:

TN No:	Approval Date	Effective Date
Supersedes TN No		

ATTACHMENT 2.6-A Page 12m

State	o:	
Citation(s)		Condition or Requirement
1902(a)(10)(A)(ii)(XIII) of the Act	Payment of Premi	ums or Other Cost Sharing Charges
or the rice		gible under the BBA eligibility group 7 on page 23g to <u>ATTACHMENT 2.2-A</u> :
	cost-sharing of income. The	equires payment of premiums or other charges on a sliding scale based on premiums or other cost-sharing charges, are applied are described below:
TN No.	Approval Data	Effective Date
TN No:	Approval Date	Effective Date

Supersedes TN No.	

State: _	
Citation(s)	 Condition or Requirement
1902(a)(10)(A)(ii) (XV), (XVI), and 1916(g) of the Act	For individuals eligible under the Basic Coverage Group described in No. 28 on page 23g to <u>ATTACHMENT 2.2-A</u> , and the Medical Improvement Group described in No. 29 on page 23g to <u>ATTACHMENT 2.2-A</u> :
	NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums. The \$75,000 limit was effective October 1, 2000, and increases by the percentage increase in the Social Security Cost of Living increase each calendar year.
	The agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income.
	The premiums or other cost-sharing charges, and how they are applied are described on page 12o.

TN No:	Approval Date	Effective Date
Supersedes TN No		

ATTACHMENT 2.6-A Page 12o

State:		_
Citation(s)	Condition	on or Requirement
Sections 1902(a)(10)(A)(ii) (XV), (XVI), and 1916(g) of the Act	Premiums and Other Cost-S For the Basic Coverage Gro Improvement Group, the ag	oup and the Medical
	cost-sharing charges, and he described below.	
TN No:	Approval Date	Effective Date

Supersedes TN No.	

Revision:		ATTACHMENT 2.6-A Page 12p
S	tate:	
Citation		Condition or Requirement
1902(a)(10)(A)(ii) (XIX) of the Act	n.	Family Opportunity Act (FOA)  In determining financial eligibility for disabled children under this provision, the following standards and methodologies are applied:  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.
	Appr	oval Date Effective Date
- · · <u></u>	rP*	

Supersedes TN No.	

Revision:	ATTACHMENT 2.6-A Page 12q
State	:
 Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIX), 1902(f) and 1902(r)(2) of the Act	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.
11N 1NU	Approval Date Effective Date

Supersedes TN No.	

Revision:		ATTACHMENT 2.6-A Page 12r	
Sta	ate:		
 Citation	Conditio	on or Requirement	
1902(cc) of the Act and 1903(a)	For individuals eligible undescribed in No. 30 on particle and the interest of annual premiums for some support of premiums described and 12t reduces any particle and 12t reduces any particle and 12t reduces any particle by the parent for provided by the parent for provided in a gency provided of the annual premium.	r individuals eligible under the FOA eligibility group scribed in No. 30 on page 23h to ATTACHMENT 2.2-A: the agency requires parents to enroll in available group alth plans through their employers if the plan qualifies der Section 2791(a) of the Public Health Service Act and the employer contributes at least 50 percent of the total cost annual premiums for such coverage.  Such coverage is obtained, the agency (subject to the syment of premiums described in Attachment 2.6-A, pages and 12t reduces any premium imposed by the State by amount that reasonably reflects the premium contribution and by the parent for private coverage on behalf of a child the disability; and treats such coverage as a third party bility.  The agency provides for payment of all or some portion of the annual premium for the employer-provided	
	pay. Any payments for purposes of section medical assistance.	age that the parent is required to made by the State are considered, on 1903(a), to be payments for percent of the premium.	
TN No:	Approval Date	Effective Date	

Supersedes TN No.	

Revision:		ATTACHMENT 2.6-A Page 12s
State	e:	
 Citation		Condition or Requirement
1902(a)(10)(A)(ii) (XIX), 1916(i) and 1902(cc)(2)(A)(ii)(I) of the Act  TN No:	described in The ag for Me The ag scale be	ency does not require the payment of premiums dicaid coverage.  ency requires payment of premiums on a sliding ased on income. The premiums, and how they blied are described below:  Amounts paid for premiums for Medicaid, required family coverage, and other costsharing 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.
	71pp101tit Dute	

Supersedes TN No.	

Revision:		ATTACHMENT 2.6-A Page 12t
Sta	ate:	
Citation		Condition or Requirement
1902(a)(10)(A)(ii) (XIX), 1916(i) and 1902(cc)(2)(A)(ii)(I) of the Act	<u>Paymen</u>	t 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 Date	Effective Date

Supersedes TN No.	

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

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

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

Supersedes TN No.	

Revision:		ATTACHMENT 2.6-A Page 14		
	State:			
Citation		Condition or Requirement		
42 CFR.435.732 and 42 CFR 435.831	4.	Handling of Excess Income - Spend-down for the Medic Needy in All States and the Categorically Needy in secti 1902(f) States		
		. Medically Needy		
		<ul> <li>(1) The Medicaid agency considers income in excess of the MNIL available for payment of medical or remedial care expenses in budget periods that do not exceed 6 months. The agency measures available income as specified below:         <ul> <li>The agency uses one budget period of month(s) during which countable income for the period is reduced by the amount of incurred medical or remedial care expenses in determining income eligibility for the period.</li> <li>The agency uses more than one budget period during which countable income for each period is reduced by the amount of incurred medical or remedial care expenses in determining income eligibility for the period. The agency uses the budget periods specified below in the circumstances described.</li> </ul> </li> </ul>		
		Budget Period: <u>Circumstance</u> :		
TN No:	Appro	ral Date Effective Date		

Supersedes TN No.	

current payments on old bills not previously

The agency deducts the expenses regardless of

The agency deducts expenses incurred prior to

when incurred. (This is the only option available to section 1902(f) States.)

the third month before the month of application, but incurred no earlier

than:\_\_\_\_\_

deducted in any budget period.

TN No:	Approval Date	Effective Date
Supersedes TN No		

Revision:		ATTACHMENT 2.6-A Page 14b
	State:	
Citation		Condition or Requirement
	a. Mo	edically Needy (Continued)
		The agency deducts expenses incurred no earlier than the third month before the month of application.
	(5	The agency carries over unused deductible expenses for which liability continues, to be deducted from future excess income, to the extent indicated below (check one):
		Up to the first budget period in which there is either no spenddown liability or no eligibility.
		Beyond the first budget period in which there is either no spenddown liability or no eligibility, but not later than:
		Indefinitely.
	` '	e agency deducts incurred medical or remedial care penses in the following order (check one):
	_	By the type of service, in the following order:
		<ol> <li>Premiums, deductibles, coinsurance, and copayments.</li> </ol>
		2. Expenses for necessary medical or remedial care services that are recognized under State law but not included in the State plan.
TN No:	Approval Dat	e Effective Date

Supersedes TN No.	

Revision:		ATTACHMENT 2.6-A Page 14c	
	State:		
Citation		Condition or Requirement	
	a. Me	edically Needy (Continued)	
		3. Expenses for necessary medical or remedial care services that are included in the State plan, including those that exceed agency limitations on amount, duration, or scope of services.	
	_	_ In chronological order by service date.	
	_	In chronological order by bill submission date.	
		The State may set reasonable limits on the amount to be deducted for expenses for:	
	1.	Medicare and other health insurance premiums, deductibles or coinsurance charges, including enrollment fees and co-payments, or deductibles imposed by the Medicaid program;	
	2.	Expenses incurred by the individual; or family or financially responsible relatives for necessary medical and remedial services that are recognized under State law but not included in the State plan;	
	3.	Expenses incurred earlier than the third month before the month of application as specified in item 4. This option is not available to section 1902(f) States.	
		Reasonable limits are described below:	
TN No:	Approval Da	te Effective Date	

Supersedes TN No.	

Revision:		ATTACHMENT 2.6-A Page 14d
	State:	
 Citation		Condition or Requirement
	a. Med	dically Needy (Continued)
	(7)	If countable income excess the MNIL standard the agency deducts spenddown payments made to the State by the individual. Individuals may elect or reject the pay in option on a:
		<pre> monthly or quarterly basis.</pre>

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

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

TN No: \_\_\_\_

Supersedes TN No.	

TN No:	Approval Date	Effective Date	
Supersedes TN No.			

Revision:		ATTACHMENT 2.6-A Page 15a
	State:	
Citation		Condition or Requirement
	b.	Categorically Needy - Section 1902(f) States
1903(f)(2) of the Act	_	(6) Spenddown payments made to the State by the the individual.
		Individuals may elect or reject the pay in option on a:
		<ul><li> Monthly; or</li><li> Quarterly Basis.</li></ul>
		NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

TN No:	Approval Date	Effective Date
Supersedes TN No		

Revision:			ATTACHMENT 2.6-A Page 16
	State:		_
Citation		Condit	ion or Requirement
	5. Met	hods for Determining Re	esources
	a.		als (except for individuals eligible ne Act and poverty-level related s, and children).
		, ,	ntable resources for AFDC-related lowing methods are used:
		plan in effect (b) The method un in effect on Ju	under the State's approved AFDC on July 16, 1996; or der the State's approved AFDC plan ly 16, 1996 and/or any more liberal ibed in Supplement 8b to NT 2.6-A.
		Act, see <u>Supple</u> For poverty-lev	eligible under section 1931 of the ement 12 to ATTACHMENT 2.6-A. vel related pregnant women, infants, ee e - g of this section.
42 CFR 435.602 and 1902(a)(17)(D) of the Act		agency considers o the same household	tive financial responsibility, the nly the resources of spouses living ir d as available to spouses and the s as available to children living with ildren become 21.
TN No:	Appro	val Date	Effective Date

Supersedes TN No.	

Revision:	

## ATTACHMENT 2.6-A Page 17

State:	
 Citation	Condition or Requirement
1902(a)(10)(A), t 1902(a)(10)(C), 1902(f), 1902(m)(1)(B) and 1902(r) of the Act	Aged Individuals. For aged individuals, including those covered under section 1902(m)(1) of the Act, the agency uses the following methods for treatment of resources:  The methods of the SSI program.
	SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
	Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describes the more restrictive methods.
42 CFR 435.602 and 1902(a)(17)(D) of the Act	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(a)(10)(A), (1902(a)(10)(C),	Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:
1902(f), and 1902(r) of the Act	The methods of the SSI program.
	SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
	Methods that are more restrictive than those of the SSI program. <u>Supplement 5 to ATTACHMENT 2.6-A</u> describes the more restrictive methods.
42 CFR 435.602 and 1902(a)(17)(D) of the Act	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

TN No:	Approval Date	Effective Date
Supersedes TN No		

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

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

TN No:

Supersedes TN No.	

	State	::
 Citation		Condition or Requirement
		Not applicable. The agency does not consider resources in determining eligibility.
42 CFR 435.602 and 1902(a)(17)(D) of the Act		In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(l)(3) and 1902(r)(2) of the Act	f.	Poverty Level Infants Covered Under Section 1902(a)(10)(A)(i)(IV) of the Act.
		The agency uses the following methods for the treatment of resources:
1902(l)(3) and 1902 (r)(2) of the Act		The methods of the State's approved AFDC plan in effect on July 16, 1996.
1902(l)(3) and 1902 (r)(2) of the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .
		Not applicable. The agency does not consider resources in determining eligibility.
42 CFR 435.602 and 1902(a)(17)(D) of the Act		In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
TN No:	Ap	proval Date Effective Date

Supersedes TN No.	

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	

EL	IGIBILITY	CONDITIONS AND	REQUIREMENTS
Citation(s)		Con	dition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g.	1902(a)(10)(A)(i)( The agency uses the treatment of resources	ne following methods for the
1902(l)(3) and 1902(r)(2)of the Act		effect on July  — Methods more approved AFI described in S 2.6-A.  — Not applicable	= = = = = = = = = = = = = = = = = = = =
42 CFR 435.602 and 1902(a)(17)(D) of the Act		In determining rela agency considers o the same household	ative financial responsibility, the only the resources of spouses living in d as available to spouses and the ts as available to children living with
TN No:	Appr	oval Date	Effective Date

42 CFR 435.602 and

1902(a)(17)(D) of

the Act

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

	ELIGIBILITY C	CONDITIONS AND REQUIREMENTS
 Citation(s)		Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	. 2.	Poverty level children covered under section 1902(a)(10)(A)(i)(VII)
		The agency uses the following methods for the treatment of resources:
		The methods of the State's approved AFDC plan in effect on July 16, 1996.
1902(1)(3) and 1902(r)(2) of the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .
		Not applicable. The agency does not consider resources in determining eligibility.

In determining relative financial responsibility, the agency considers only the resources of spouses living in

the same household as available to spouses and the resources of parents as available to children living with

parents until the children become 21.

TN No:	Approval Date	Effective Date
Supersedes TN No		

The methods of the SSI program only.

The methods used under the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A</u>. If more liberal methods are used, the same methods are applied as in h. for QMBs.

TN No:	Approval Date	Effective Date
Supersedes TN No		

Revision:		ATTACHMENT 2.6-A Page 20a	
	Sta	te:	_
 Citation		Conditio	on or Requirement
1902(a)(10)(E)(iv) of the Act	I.	methods for treatment of  The methods of the S  The methods used unliberal methods as de ATTACHMENT 2.6 used, the same methods and the second	Act the agency uses the following resources:  SSI program only.  Inder the SSI program and/or more escribed in Supplement 8b to 6-A. If more liberal methods are ods are applied as in h. for QMBs.
TN No:	Ap	proval Date	Effective Date

Supersedes TN No.	

Revision:		ATTACHMENT 2.6-A Page 20b
	9	State:
Citation		Condition or Requirement
	6. 1	Resource Standard - Categorically Needy
	ć	a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:
		<ul><li>Same as SSI resource standards.</li><li>More restrictive.</li></ul>
	l	o. Non-1902(f) States (except as specified under items 6.c. and d. below):
		The resource standards are the same as those in the related cash assistance program.
		Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.
1902(l)(3) of the Act	(	c. For pregnant women and infants covered as optional groups under the provisions of section 1902(a)(10)(A)(i)(IV) or 1902(a)(10(ii)(IX) of the Act, the agency applies a resource standard.
		Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard, which, for pregnant women, is no more restrictive than the standard under the SSI program and for infants, is no more restrictive than the standard applied in the State's approved AFDC plan in effect on July 16, 1996.
		No. The agency does not apply a resource standard to these individuals.
TN No: Supersedes TN No		Approval Date Effective Date

these individuals.

TN No:	Approval Date	Effective Date
Supersedes TN No		

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

ELIGIBILITY CONDITIONS AND REQUIREMENTS		
Citation(s)		Condition or Requirement
1902(l)(3) of the Act	e.	For children covered under the provisions of section of section 1902(a)(10)(A)(i)(VII) of the Act, the agency applies a resource standard.
		Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan in effect on July 16, 1996.
		No. The agency does not apply a resource standard to these individuals.
1902(m)(1)(C)and 1902(m)(2)(B) of the Act	f.	For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:
		Same as SSI resource standards.
		Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).
		<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for these individuals.
TN No: Supersedes TN No	Ap	proval Date Effective Date

Revision:		ATTACHMENT 2.6-A Page 22
	State:	
 Citation	Сс	ondition or Requirement
	7. Resource Standard	- Medically Needy
	a. Resource stand	lards are based on family size.
1902(a)(10)(C)(i) of the Act		ard is employed in determining resource ility for all groups.
		res, the resource standards are more in 7.b. above for
	Aged Blind Disabled	
	resource stand groups. If the	to ATTACHMENT 2.6-A specifies the ards for all covered medically needy agency chooses more restrictive levels oplement 2 to ATTACHMENT 2.6-A so
1902(a)(10)(E), 1905(p)(1)(D) and 1905(p)(2)(B)		- Qualified Medicare Beneficiaries, ome Medicare Beneficiaries and nals
of the Act	1902(a)(10)(E)(i) o Medicare Beneficia (E)(iii) of the Act, a	care Beneficiaries covered under section of the Act, Specified Low-Income aries covered under section 1902(a)(10) and Qualifying Individuals covered E)(iv) of the Act, the resource standard is ard.
TN No:	Approval Date	Effective Date

Supersedes TN No.	

Supersedes TN No.	

		Page 23
	Sta	te:
 Citation		Condition or Requirement
11.	Excess Reso	urces
	a.	Categorically Needy, Qualified Beneficiaries, Qualified Disabled and Working Individuals, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals
		Any excess resources make the individual ineligible.
	b.	Categorically Needy Only
		This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
	c.	Medically Needy
		Any excess resources make the individual ineligible.
TN No:	Ap	proval Date Effective Date

ATTACHMENT 2.6-A

Revision:

Supersedes TN No.	

Revision: ATTACHMENT 2.6-A Page 24 State: \_\_\_\_\_ Citation Condition or Requirement 42 CFR 435.914 12. Effective Date of Eligibility Groups Other Than Qualified Medicare Beneficiaries (1) For the prospective period. Coverage is available for the full month if the following individuals are eligible at any time during the month. Aged, Blind, Disabled. AFDC-Related Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements Aged, Blind, Disabled. \_\_ AFDC-Related (2) For the retroactive period. Coverage is available for up to three months before the date of application if the following individuals would have been eligible had they applied: Aged, Blind, Disabled. \_\_ AFDC-Related Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied. \_\_\_ Aged, Blind, Disabled. \_\_ AFDC-Related

TN No:	Approval Date	Effective Date
Supersedes TN No		

	State:	
ELIGIBILITY CONDITIONS AND REQUIREMENTS		
Citation	Condition or Requirement	
 1920(b)(1) of the Act	(3) For a presumptive eligibility for pregnant women only.	
	Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in <u>ATTACHMENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.	
1902(e)(8) and	b. For Qualified Medicare Beneficiaries defined in section	
1905(a) of the Act	1905(p)(1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905(p)(1). The eligibility determination is valid for	
	<ul> <li>12 months</li> <li>6 months</li> <li>months (no less than 6 months and no more than 12 months)</li> </ul>	

TN No:	Approval Date	Effective Date
Supersedes TN No		

Revision:		ATTACHMENT 2.6-A Page 26	
		State:	_
 Citation		Condition	or Requirement
1902(a)(18) and 1917(c) of the Act	13.	for certain services as detailed i <u>ATTACHMENT 2.6-A</u> , except	provisions of section 1917(c) of efer of assets.  Air market value affects eligibility in Supplement 9b to
1902(a)(18) and 1917(d) of the Act	14.	section 1902(f) of the Act, in dealing with trusts;  The agency meets the requirement of the Act for use of Miller  The agency does not count the formula of the Act for use of the Act for use of Miller	provisions of section 1917(d) of crictive methodologies under and applies those methodologies irements in section 1917(d)(4)(B) trusts.  funds in a trust in any instance at counting the funds would work
TN No:		Approval Date	Effective Date

Supersedes TN No.	

Revision:		ATTACHMENT 2.6-A Page 26a
	State:	
 Citation	Cor	ndition or Requirement
1924 of the Act	respect to income and resideterminations for indivisinstitutionalized for at least spouse living in the community spouses in initial eligible for community spouses is the maximum standary.	ula used to determine the amount of ility determinations, the State standard
TN No:	Approval Date	Effective Date

Supersedes TN No.	

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 1

	S	ΓATE PLAN UN	NDER TITLE XIX C	F THE SOCIAL SECUI	RITY ACT
		State: _			
			INCOME ELIGIB	LITY LEVELS	
A.	MAN	DATORY CATI	EGORICALLY NEE	EDY	
	1.	AFDC Standar	ds Under the AFDC	Plan in Effect on July 16	5, 1996:
					Maximum
	Paym		Need Standard	Payment Standard	Amounts
2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the A					
		Effective Level –	based on the fol	lowing percent of the off	icial Federal Poverty
		133 P	ercent; or		
		perce		than 133 percent and no	more than 185
			Family Size	<u>Income Level</u>	
TN N	o		Approval Date	Effectiv	ve Date

Supersedes TN No.	

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 2

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _		-
	INCOME ELIGIBILITY LEVELS (Continued)	

#### A. MANDATORY CATEGORICALLY NEEDY (Continued)

- 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal Poverty Level (as revised annually in the <u>Federal Register</u>) for the family size involved.
- 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal Poverty Level (as revised annually in the <u>Federal Register</u>) for the family size involved.

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TN No	Approval Date	Effective Date

Supersedes TN No.	

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 3

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ı.	) I /	\ I C	PL	AIN	UINIJE	K 1111,6	$\Lambda I \Lambda$	Ur Inc	SUMIAL	SECURITY	$AU_{i}I_{i}$

		ANA OF THE SOCIAL SECONTT ACT
	<u>INCOME E</u>	LIGIBILITY LEVELS (Continued)
	TONAL CATEGORICALLY E ERAL POVERTY LEVEL	NEEDY GROUPS WITH INCOMES RELATED TO
1.	Pregnant Women and Infan	t <u>s</u>
		ncome eligibility for optional groups of pregnant e provisions of sections 1902(a)(10)(A)(ii)(IX) and follows:
	Poverty Level (no less than	ed on percent of the official Federal Income 133 percent and no more than 185 percent, and ard for mandatory categorically needy pregnant
	Family size	Income Level
	1 2 3 4 5	\$ \$ \$ \$ \$
TN No	Approval Da	te Effective Date

Supersedes TN No.	

	٥					
		INCOME ELIGI	BILITY LEVELS inued)			
B.		OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL				
	2.	Children Between Ages 6 and 19				
	e eligibility for groups of children who are born nined six years of age but are under 19 years of n 1902(l)(2) of the Act are as follows:					
		Based on percent (no more poverty line.  Family size	than 100 percent) of the official Federal income  Income Level			
		1 2 3 4 5 6 7 8 9	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
TN N		Approval Date 'N No	Effective Date			

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 5

	- 0
	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State:
	INCOME ELIGIBILITY LEVELS (Continued)
3.	Aged and Disabled Individuals Eligible Under Section 1902(m)(1)
	The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(1) of the Act are as follows:
	Based on percent of the official Federal income poverty line.
	Family Size Income Level
	1 \$ 2 \$ 3 \$ 4 \$ 5 \$
4.	Special Income Level for Institutionalized Individuals

TN No	Approval Date	Effective Date
Supersedes TN No.		

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 5a

STATE	PLAN UNDER TITLE	XIX OF THE SOCIAI	L SECURITY ACT	
	State:		<u> </u>	
		LIGIBILITY LEVELS Continued)		
5. <u>Optio</u>	onal Group of Children u	nal Group of Children under Section 1902(l)(1)(D) of the Act.		
	Same as resource leve	ls in the State's approv	ved AFDC plan.	
	Less restrictive than th	ne AFDC levels and are	e as follows:	
	Family Size	Resour	<u>ce Level</u>	
	1	\$		
	2 3	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
	3 4	\$ \$		
	5	\$		
	6	\$		
	7	\$		
	8	\$		
	9	\$		
	10	\$		
TNI NI	A ======= 1.D. /		Effective Det-	
TN No Supersedes TN No.	Approval Date		Effective Date	

Revision:	SUPPLEMENT 1 TO
	ATTACHMENT 2.6-A
	Page 6

			ATTACHMENT 2.6-A Page 6			
	STATE PL	AN UNDER TITLE XIX (	OF THE SOCIAL SECURITY ACT			
	S	tate:				
		INCOME ELIGIB Contin				
C.		QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL				
			ty for groups of Qualified Medicare n 1905(p)(2)(A) and 1905(p)(4) of the Act ar			
	Levels:					
		Family Size	Income Level			

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

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

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

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 7

	INCOME LEVELS (continued)	
F. MEDICALLY N	EEDY	
Applicable	speci inco	icable to all groups except those ified below. Excepted group ne levels are also listed on an hed page
(1) Family Size	(2) Net income level protected for maintenance for months	(3) Net income level for persons living in rural areas for
Urban Onl Urban and		months
1 2 3 4 5 6 7 8 9 10 For each additional person, add:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$
TN No Supersedes TN No	Approval Date	Effective Date

### SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 1

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

			RESOURCE LEVELS			
Α.	CATE	EGORICALLY NEEDY GROUPS				
	1.	<u>Pregn</u>	ant Women			
		a.	Mandatory Groups of Pregnant Women under Section 1902(a)(10)(A)(i) (IV) of the Act			
			Same as SSI resource levels.			
			No resource test.			
			Less restrictive than SSI resource levels and is as follows:			
			<u>Family Size</u> <u>Resource Level</u>			
			1			
		b.	Optional Group of Pregnant Women under Section 1902(a)(10)(A)(ii)(IX) of the Act			
			Same as SSI resource levels.			
			No resource test.			
			Less restrictive than SSI resource levels and is as follows:			
			<u>Family Size</u> <u>Resource Level</u>			
			1			
TN N	0	_	Approval Date Effective Date			

Supersedes TN No.	

SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 2

		RESOURCE LE (Continued	EVELS
		`	,
2.	<u>Infants</u>		
	a. <u>of the</u>		fants under Section 1902(a)(10)(A)(i)(IV)
		Same as resource levels	s in the State's approved AFDC plan.
		No resource test.	
		Less restrictive than the	e AFDC levels and are as follows:
		Family Size	Resource Level
		1	
		2	
		3	
		4	
		5	
		6	
		7	
		8	
		9	
		10	
 TN No		Approval Date	Effective Date

### SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 3

	State:	
	RESOURCE (Contin	
b.		nder Section 1902(a)(10)(A)(ii)(IX) of the Act vels in the State's approved AFDC plan.
	No resource test.	
	Less restrictive than	the AFDC levels and are as follows:
	Family Size	Resource Level
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
TN No	Approval Date	Effective Date

Supersedes TN No.	

### SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 4

			RESOURCE LEY (Continued)			
3.	<u>Children</u>					
	a <b>.</b>	Mandatory Group of Children under Section 1902(a)(10)(i)(VI) of the Act. (Children who have attained age 1 but have not attained age 6.)				
		Same	Same as resource levels in the State's approved AFDC plan.			
		<ul><li>No resource test.</li><li>Less restrictive than the AFDC levels and are as follows:</li></ul>				
			Family Size	Resource Level		
			1			
			2			
			3			
			4			
			5			
			6			
			7			
			8			
			9			
			10			
TN No		Appro	oval Date	Effective Date		

Supersedes TN No.	

		URCE LEV Continued)		
b.	No resource t	have attained urce levels in est.		attained age 19.) I AFDC plan.
	<u>Famil</u>	<u>y Size</u>	Resource Level	
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	1	0		
TN No Supersedes TN No	Approval Dat	te	Effective	Date

SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 5a

01111	State:	
	RESOURCE LEVE (Continued)	<u>CLS</u>
b.	Optional Group of Children under	Section 1902(1)(1)(D) of the Act.
	Same as resource levels in	the State's approved AFDC plan.
	Less restrictive than the AI	FDC levels and are as follows:
	Family Size	Resource Level
	1 2 3 4 5 6 7 8 9	
TN No Supersedes TN No	Approval Date	Effective Date

	STATE PLAN UNDER TITLE XIX O	OF THE SOCIAL SECURITY ACT
	State:	
	RESOURCE (Continu	
4.	Aged and Disabled Individuals Elig	gible Under Section 1902(m)(1)
	Same as SSI resource levels	•
	Same as medically needy re medically needy program)	source levels (applicable only if State has a
	Family Size	Resource Level
	1	
	2	
	3	
	4	
	5	
TN No	Approval Date	Effective Date

Supersedes TN No.	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT		
	State:	
		RCE LEVELS ntinued)
B.	MEDICALLY NEEDY	
	Applicable to all groups –	
	Except those specified below up	nder the provisions of section 1902(f) of the Act.
	Family Size	Resource Level
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	8	
	9	
	10	
	Each additional person	·

TN No	Approval Date	Effective Date
Supersedes TN No		

STATE PL	AN UNDER TITLE XIX OF THI	E SOCIAL SECURITY ACT
:	State:	
REASONABLE LIN	MITS ON AMOUNTS FOR NECE CARE NOT COVERED UNDE	ESSARY MEDICAL OR REMEDIAL ER MEDICAID
TN No	Approval Date	Effective Date

Supersedes TN No	
Revision:	

SUPPLEMENT 4 TO ATTACHMENT 2.6-A Page 1

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to state supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

TN No		Approval Date	E	ffective Date
Supersedes 7	TN No			
Revision:				
				SUPPLEMENT 5 TO ATTACHMENT 2.6-A age 1
S	STATE PLAN U	NDER TITLE XIX O	F THE SOCIAL S	SECURITY ACT
	State:			_

MORE RESTRICTIVE METHODS OF TREATING RESOURCES THAN THOSE OF THE SSI PROGRAM Section 1902(f) States Only

TN No Supersedes TN No. Revision:	Approval Date	Effective Date
		SUPPLEMENT 5a TO ATTACHMENT 2.6-A Page 1
STATE	PLAN UNDER TITLE XIX OF T	THE SOCIAL SECURITY ACT
	State:	

# METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

TN No	Approval Dat	e	Effective Date
Supersedes TN No			
Revision:			
			SUPPLEMENT 6 TO
			ATTACHMENT 2.6-A
			Page 1
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STATE DI	AN LINDED TITLE	VIV OF THE SC	OCIAL SECURITY ACT
STATE PLA	AN UNDER HILE	AIA OF THE SC	CIAL SECORITI ACI
	Stato		
	State:		
	I X/ A DA AINHOMEDE		CEATE CLIPPI ENTENIE
FEDERAL	_		STATE SUPPLEMENT:
	PAYMENT GRO	OUPS/INCOME I	LEVELS
	Gross Income	SSI	State
	<u>Level</u>	<b>Standard</b>	Benefit Supplementation

TN No	Approval Date	Effective Date
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#### SUPPLEMENT 6 TO ATTACHMENT 2.6-A Page 2

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STATE PLA	N UNDER TITLE XIX O	F THE SOCIAL	SECURI'	ТҮ АСТ	
Sta	ate:		_		
STANDARDS	FOR OPTIONAL STATI	E SUPPLEMENT	'ARY PA	YMENTS	
	Disregards			Income	Income Leve
Payment Category	Administered by Employed	Gross	Net		
Reasonable		One		One	

<u>Classification</u> <u>Federal</u> <u>State</u> <u>Person</u>

TN No	Approval Date	Effective Date
Supersedes TN No	_	
Revision:		
		SUPPLEMENT 7 TO
		ATTACHMENT 2.6-A
		Page 1
	_	
STATE PLAN	I UNDER TITLE XIX OF THI	E SOCIAL SECURITY ACT
Ctat	to	
Stat	te:	

INCOME LEVELS FOR 1902(f) STATES
CATEGORICALLY NEEDY WHO ARE COVERED UNDER REQUIREMENTS
MORE RESTRICTIVE THAN SSI

TN No Supersedes TN No	Approval Date	Effective Date
Revision:		SUPPLEMENT 8 TO ATTACHMENT 2.6-A Page 1
STATE PLA	N UNDER TITLE XIX OF T	THE SOCIAL SECURITY ACT
Sta	ate:	

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

TN No Supersedes TN No Revision:	Approval Date	Effective Date
		SUPPLEMENT 8a TO ATTACHMENT 2.6-A Page 1
STATE PLAI	N UNDER TITLE XIX OF	THE SOCIAL SECURITY ACT
Sta	nte:	
	ESTRICTIVE METHODS UNDER SECTION 1902(r	OF TREATING INCOME (2) OF THE ACT*
Se	ction 1902(f) State	Non-Section 1902(f) State

*Less restrictive met 1903(f).	hods may not result in exceeding ६	gross income limitations under section
TN No Supersedes TN No Revision:	Approval Date	Effective Date
		SUPPLEMENT 8b TO ATTACHMENT 2.6-A Page 1
STATE F	PLAN UNDER TITLE XIX OF TI	HE SOCIAL SECURITY ACT
	State:	
LESS	RESTRICTIVE METHODS OF UNDER SECTION 1902(r)(2	
	Section 1902(f) State	Non-Section 1902(f) State

TN No	Approval Date	Effective Date
Supersedes TN No	_	

SUPPLEMENT 8c TO ATTACHMENT 2.6-A Page 1

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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State:			
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#### STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2) 1917(b)(1)(C) The following more liberal methodology applies to individuals who are eligible for medical assistance under one of the following eligibility groups:

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

- The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.
  - The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
  - The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.

Approval Date	Effective Date
	Approval Date

- The policy was issued no earlier than the effective date of this State plan amendment.
- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.
- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.
- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.
- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.
- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.
- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

TN No	Approval Date	Effective Date
Supersedes TN No		
Revision:		SUPPLEMENT 8c TO

State	:	
The State elects to b partnership States un	e exempt from the standards for recipnder section 6021(b) of the DRA.	procal recognition among
TN No Supersedes TN No	Approval Date	Effective Date

### SUPPLEMENT 9b TO ATTACHMENT 2.6-A Page 1

	State:
	TRANSFER OF ASSETS
1917(c)	FOR TRANSFERS OF ASSETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR AFTER FEBRUARY 8, 2006, the agency provides for the denial of certain Medicaid services.
	1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.
	The agency does not provide medical assistance coverage for institutionalized individuals for the following services:  Nursing facility services;  Nursing facility level of care provided in a medical institution;  Home and community-based services under a 1915(c) waiver.
	2. Non-Institutionalized Individuals
	<ul> <li>The agency withholds payment to non-institutionalized individuals for the following services:</li> <li>Home health services (section 1905(a)(7));</li> <li>Home and community care for functionally disabled and elderly adults (section 1905(a)(22));</li> <li>Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).</li> <li>The agency applies these provisions to the following non-</li> </ul>
	institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:
TN No Supersedes TN	Approval Date Effective Date N No

	State:
	TRANSFER OF ASSETS
2.	Non-institutionalized individuals (Continued)
	The following other long-term care services for which medical assistance is otherwise under the agency plan:
3.	<u>Penalty Date</u> The beginning date of each penalty period imposed for an uncompensated transfer of assets <u>is the later of</u> :
	• the first day of the month during or after which assets have been transferred for less than fair market value;
	The State uses the first day of the month in which the assets were transferred
	The State uses the first day of the month after the month in which the assets were transferred  OR
	• the date on which the individual is eligible for medical assistance under the State Plan and is receiving institutional level of care services as described in paragraphs 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;
	AND
	which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.
TN No	Approval Date Effective Date

Supersedes TN No.	

	State:	
	TRANSFER OF ASSETS	
4.	Penalty Period I - Institutionalized Individuals	
	In determining the penalty for an institutionalized individual, the agency uses:	
	the average monthly cost to a private patient of nursing facility services in the State at the time of application;	
	The amount the State uses is	
	the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time of application. The amounts the State uses in communities are as follows:	
5.	Penalty Period - Non-institutionalized Individuals –	
	The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;	
	imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:	
6.	Penalty period for amounts of transfer less than cost of nursing facility care –	
	Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.	
	The State adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.	
TN No	Approval Date Effective Date	

Supersedes TN No.	

		TRANSFER OF ASSETS	
7.	Transfer Periods – transfer by a spouse that results in a penalty period for the individual		
	(a)	The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.	
	(b)	If one spouse is no longer subject to a penalty, the remaining penalty	
		period must be served by the remaining spouse.	
8.	<u>Treatment of a transfer of income</u>		
		income has been transferred as a lump sum, the agency will calculate the y period on the lump sum value.	
		a stream of income or the right to a stream of income has been transferred, ency will impose a penalty period for each income payment.	
		For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.	
		For transfers of the right to an income stream, the agency will base the penalty period on the combined actuarial value of all payments transferred.	

TN No	Approval Date	Effective Date
Supersedes TN No		

	Page 5	
	State:	
	TRANSFER OF ASSETS	
9.	Imposition of a penalty would work an undue hardship	
	The agency does not impose a penalty for transferring assets for less that market value in any case in which the agency determines that such impowould work an undue hardship. The agency will use the following crite making undue hardship determinations:	osition
	Application of a transfer of assets penalty would deprive the individual	:
	(a) Of medical care such that the individual's health or life would be endangered; or	e
	(b) Of food, clothing, shelter, or other necessities of life.	
10.	Procedures for Undue Hardship Waivers	
	The agency has established a process under which hardship waivers marequested that provides for:	y be
	(a) Notice to a recipient subject to a penalty that an undue hardship exists;	exception
	(b) A timely process for determining whether an undue hardship was be granted; and	niver will
	(c) A process, which is described in the notice, under which an advedetermination can be appealed.	erse
	These procedures shall permit the facility in which the institutionalized is residing to file an undue hardship waiver application on behalf of the with the consent of the individual or the individual's personal represent	individua
TNI NIC	Approval Data Effective Dete	
TN No	Approval Date Effective Date	

Supersedes TN No.	

	State:		
	TRANSFER OF A	ASSETS	
11.	11. <u>Bed Hold Waivers for Hardship Applicants</u>		
	The agency provides that while an app pending in the case of an individual w	lication for an undue hardship waiver is ho is a resident of a nursing facility:	
		y to hold the bed for the individual will be d days (may not be greater than 30).	
TN No	Approval Date	Effective Date	

Supersedes TN No Revision:
SUPPLEMENT 10 TO ATTACHMENT 2.6-A Page 1
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State:
The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.
Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.
The maximum value of the exemption for an irrevocable burial trust is \$

The agency's criteria for establishing due hardship are described below:

TN No Supersedes TN No Revision:	11	Effective Date
		SUPPLEMENT 11 TO ATTACHMENT 2.6-A Page 1
STATE P	LAN UNDER TITLE XIX OF THE SOCIA	L SECURITY ACT
	State:	
	COST EFFECTIVENESS METHODOLO COBRA CONTINUATION BENEFICIA	
1902(u) of the Act	Premium payments are made by the agency likely to be cost-effective. The agency spe determining cost effectiveness by selecting	cifies the guidelines used in
	The methodology as described in SM	IM section 3598.
	Another cost-effective methodology	as described below:

TN No	Approval Date	Effective Date
Supersedes TN No		
Revision:		SUPPLEMENT 12 TO
		ATTACHMENT 2.6-A
		Page 1
STATE PI	LAN UNDER TITLE XIX OF T	HE SOCIAL SECURITY ACT
	State:	
VARIATIO	ONS FROM THE BASIC PERSO	ONAL NEEDS ALLOWANCE

TN No	Approval Date	Effective Date
Supersedes TN No		

		State: _					_			
		ELIGIBI	LITYUND	DER SECT	TON 1932	1 OF T	HE ACT	Γ		
Гhe St	ate covers l	ow-income	families and	d children	under sec	tion 19	31 of the	e Act.		
	The follow	ing groups	were includ	ed in the A	AFDC Sta	te Plan	effectiv	e July 1	6, 1996:	
	Pre	gnant wom	en with no c	other eligib	ole childre	en.				
		_	8 who are fu				ndary sch	ool or t	he	
			lity for Med ct as of July					andards	and	
			lity for Med ct as of July							
			oplies lower fect on May				are no lo	ower tha	an the A	FDC
	199		oplies highe d by no mor ollows:						-	•
ΓN No			Approval D	Date		I	Effective	Date _		
Supers	sedes TN N	Ο.								

	State:
	ELIGIBILITYUNDER SECTION 1931 OF THE ACT (Continued)
	The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:
	The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
	The income and/or resource methodologies that the less restrictive methodologies replace are as follows:
TN No Supersedes T	<del></del>

SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 4

	State:
	ELIGIBILITYUNDER SECTION 1931 OF THE ACT (Continued)
chi	ne agency terminates medical assistance (except for certain pregnant women and nildren described in section 1902(l) of the Act) for individuals who fail to meet emporary Assistance for Needy Families (TANF) work requirements.
Th	ne agency defines unemployment for the section 1931 population as follows:
of	ne agency continues to apply the following waivers of provisions of part A of Title IV the Act in effect as of July 16, 1996, or submitted prior to August 22, 1996 and oproved by the Secretary on or before July 1, 1997.
	Waiver under sections 402(a)(41) and 407 of the Act allows the State to provid benefits to families in which the principal earner works 100 or more hours per month.
N No	Approval Date Effective Date
	es TN No

#### SUPPLEMENT 13 TO ATTACHMENT 2.6-A Page 1

	State:	
Citation		Condition or Requirement

#### Section 1924 Provisions

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with section 1924 of the Act.
- B. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

TN No	Approval Date	Effective Date
Supersedes TN No		

SUPPLEMENT 14 TO ATTACHMENT 2.6-A Page 1

STATE PLAN	UNDER	TITLE	XIX OF	THE SOCIAL	SECURITY .	ACT

State:		

# INCOME AND RESOURCE REQUIREMENTS FOR TUBERCULOSIS (TB) INFECTED INDIVIDUALS

For TB infected individuals under section 1902(z)(1) of the act, the income and resource eligibility levels are as follows:

- 1. Income: The SSI breakeven point for <u>earned</u> income.
- 2. Resources: The SSI resource standard.

TN No	Approval Date	Effective Date

Supersedes T	N No
Revision:	

SUPPLEMENT 15 TO ATTACHMENT 2.6-A Page 1

	State:		
1917(f)	The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:		
	\$500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).		
	An amount that exceeds \$500,000 but does not exceed \$750,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest \$1,000).		
	The amount chosen by the State is		
	This higher standard applies statewide.		
	This higher standard does not apply statewide. It only applies in the following areas of the State:		
	This higher standard applies to all eligibility groups.		
	This higher standard only applies to the following eligibility groups:		
	The State has a process under which this limitation will be waived in cases of undue hardship.		

TN No	Approval Date	Effective Date
Supersedes TN No		