State/Territory:				
Citation	Grou	os Covered		
B. <u>Optional Groups Other Than the Medically Needy (</u> Continued)				
1902(a)(10)(A) (ii)(XIX) of the Act	[] 26.	Children who have not attained 19 years of age, who would be considered disabled under Section 1614(a)(3)(C) of the Act, and whose family income meets the standard described on Page 12p of Attachment 2.6-A. 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		
TN No Supersedes TN No.	Approval Date _	determining eligibility. Effective Date		

State/1	Γerritory:	
Citation		Condition or Requirement
1902(a)(10)(A)(ii)(XIX) of th	ne Act	Income Methodologies
		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.
1902(cc) and 1903(a) of the Act		Interaction with Employer Sponsored Family Coverage
		For individuals eligible under the FOA eligibility group described in No. 26 on page 23e of Attachment 2.2-A:
		The agency requires parents to enroll in available group health plans through their employers if the plan qualifies under Section 2791(a) of the Public Health Service Act and the employer contributes at least 50 percent of the total cost of annual premiums for such coverage.
TN No	Approval Dat	e Effective Date
Supersedes TN No.	- -	

ATTACHMENT 2.6-A

Revision:

Revision:	ATTACHMENT 2.6-A Page 12s
State/Territo	ory:
Citation	Condition or Requirement
1902(a)(10)(A)(ii)(XIX), 1902(cc)(2)(A)(ii)(I) and 1916(i) of the Act	Payment of Premiums (Continued) NOTE: Amounts paid for premiums for Medicaid, required family coverage, and other cost- sharing 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. 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 Appro	oval Date Effective Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 6 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.