

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid

42 CFR 435.10
and Subpart J

(a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN: _____
Supersedes TN: _____

Approval Date _____

Effective Date _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

42 CFR 435.914
1902(a)(34) of the
Act

(b) (1) Except as provided in item 2.1(b)(2) below, or otherwise specified in Attachment 2.2-A or 2.6-A, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.2-A or 2.6A.

1902(e)(8) and
1905(a) of the Act

(2) For individuals who are eligible for Medicare cost-sharing expenses as Qualified Medicare Beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a Qualified Medicare Beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.

TN: _____
Supersedes TN: _____
Revision:

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

42 CFR 438.6

(c) The Medicaid agency elects to enter into a risk contract that complies with 42 CFR 438.6 and is procured through an open, competitive procurement process that is consistent with 45 CFR Part 74. The risk contract is with (check all that apply):

An HMO qualified under title XIII of the Public Health Service Act.

A MCO that meets the definition of 1903(m) of the Act and 42 CFR 438.2.

A PIHP that meets the definition of 1903(m) of the Act and 42 CFR 438.2.

A PAHP that meets the definition of 1903(m) of the Act and 42 CFR 438.2.

Not applicable.

TN: _____

Approval Date _____

Effective Date _____

Supersedes TN: _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

1902(a)(55) of
the Act

(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those poverty-related low income pregnant women, infants, and children under age 19, described in section 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act at locations other than those used for the receipt and processing of applications for the title IV-A program including Federally-qualified health centers and disproportionate share hospitals. Such application forms do not include the application form for cash assistance under title IV-A except as permitted by CMS instructions.

TN: _____

Approval Date _____

Effective Date _____

Supersedes TN: _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.2 Coverage and Conditions of Eligibility

42 CFR 435.10

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

Mandatory categorically needy and other required special groups only.

Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.

Mandatory categorically needy, other required special groups, and specified optional groups.

Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i), 1902(a)(10)(A)(ii), 1902(a)(10)(C), 1902(a)(10)(E), 1902(a)(10)(F), 1902(e)(3), 1902(f), 1905(q), 1920, 1920A, 1920B, 1925, 1619(b), 1634(b), 1634(c) and 1634(d) of the Act are met.

TN: _____

Approval Date _____

Effective Date _____

Supersedes TN: _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.3 Residence

42 CFR 435.10,
435.403 and 1902(b)
of the Act, P.L. 99-
272 (Section 9529)
and P.L. 99-509
(Section 9405)

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

TN: _____ Approval Date _____ Effective Date _____
Supersedes TN: _____
Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.4 Blindness

42 CFR 435.121
42 CFR 435.530(b)
42 CFR 435.531

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The State uses the same definition of blindness used under the SSI program unless a more restrictive definition is specified in item A.12 of ATTACHMENT 2.2-A.

TN: _____ Approval Date _____ Effective Date _____
Supersedes TN: _____
Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.5 Disability

42 CFR 435.121,

All of the requirements of 42 CFR 435.540 and 435.541 are met.

42 CFR 435.540(b)
and 42 CFR 435.541

The
State uses the same definition of disability used under the SSI program
unless a more restrictive definition of disability is specified in item
A.12 of ATTACHMENT 2.2-A of this plan.

TN: _____

Approval Date _____

Effective Date _____

Supersedes TN: _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.6 Financial Eligibility

42 CFR 435.10 and
Subparts G and H
1902(a)(10)(A)(i)(III),
1902(a)(10)(A)(i)(IV),
1902(a)(10)(A)(i)(V),
1902(a)(10)(A)(i)(VI),
1902(a)(10)(A)(i)(VII),
1902(a)(10)(A)(ii),
1902(a)(10)(C),
1902(a)(10)(E),
1902(a)(10)(F),
1902(e)(3), 1902(f),
1902(r)(2), 1920,
1905(q), 1920A,
1920B, 1925, 1619(b),
1634(b), 1634(c) and
1634(d) of the Act

(a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

TN: _____

Approval Date _____

Effective Date _____

Supersedes TN: _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State: _____

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.7 Medicaid Furnished Out of State

42 CFR 431.52 and
1902(b) of the Act,
P.L. 99-272 (Section
9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN: _____ Approval Date _____ Effective Date _____
Supersedes TN: _____