

Revision:

ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

GROUPS COVERED AND AGENCIES RESPONSIBLE
FOR ELIGIBILITY DETERMINATION

Agency	Citation(s)	Groups Covered
A. <u>General Conditions of Eligibility</u>		
Each individual covered under the plan:		
42 CFR Part 435, Subpart G	1.	Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2.	Meets the applicable non-financial eligibility conditions.
	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 the Act	(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 the Act	(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: _____ Approval Date _____ Effective Date _____

Supersedes TN No. _____

State: _____

Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii)(VIII) of the Act	(v) For children receiving State adoption assistance who are financially eligible under section 1902(a)(10)(A)(ii)(VIII) of the Act, meets the non-financial eligibility criteria of that section.
1902(z) of the Act	(vi) For tuberculosis-infected individuals financially eligible under section 1902(a)(10)(A)(ii)(XII) of the Act, meets the non-financial eligibility criteria of section 1902(z).
1905(u)(2) of the Act	(vii) For optional targeted low-income children financially eligible under section 1902(a)(10)(A)(ii)(XIV) of the Act, meets the non-financial eligibility criteria of section 1905(u)(2)(B).
1905(w) of the Act	(viii) For independent foster care adolescents financially eligible under 1902(a)(10)(A)(ii)(XVII) of the Act, meets the non-financial eligibility criteria of section 1905(w).
1902(aa) of the Act	(ix) For women with breast or cervical cancer financially eligible under section 1902(a)(10)(A)(ii)(XVIII) of the Act, meets the non-financial criteria of section 1902(aa). b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435 listed in A.2.a(i) or (ii) above.

TN No: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

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 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 1905(p) of the Act	f. For financially eligible Qualifying Individuals covered 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	<p>3. Is residing in the United States and--</p> <p>a. Is a citizen or national of the United States;</p> <p>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;</p> <p>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;</p>

TN No: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation(s)	Condition or Requirement
-------------	--------------------------

d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition or as defined in section 401 of PRWORA; or

e. Is a qualified alien (QA) whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.

___ State covers all authorized QAs.

___ State does not cover authorized QAs.

42 CFR 431.52
and 435.403
1902(b) of the Act

4. Is a resident of the State with the intent to remain permanently or for an indefinite period, regardless of whether the individual maintains the residence permanently or at a fixed address, is absent from the State temporarily and intends to return when the purpose of the absence is accomplished, is placed by the State in an out-of-state institution, or receives a title IV-E payment from another State.

___ State has interstate residency agreement with the following States:

___ State has open agreement(s).

___ Not applicable; no residency requirement.

State: _____

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 individuals with intellectual disabilities services, 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	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.) An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in section 1902(l)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

State: _____

Citation(s)	Condition or Requirement
	<p>An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.</p> <p>____ Assignment of rights is automatic because of State law.</p>
42 CFR 435.910 1137(a)(1) and (f) of the Act	7. Is required, as a condition of eligibility, to furnish his/her Social Security account number (or numbers, if he/she has more than one number), with the exception of aliens seeking coverage for the treatment of an emergency medical condition under section 1903(v)(2) of the Act or individuals who, because of well-established religious objections as defined in 42 CFR 435.910(h), refuse to obtain a Social Security account number.
1902(c)(2) of the Act	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and 1902(e)(10)(B) of the Act	9. Is not required, as an individual child or pregnant woman; to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)
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: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation(s)	Condition or Requirement
-------------	--------------------------

B. Post Eligibility Treatment of Institutionalized Individual's Income

1924 of the Act
42 CFR 435.725
42 CFR 435.733
42 CFR 435.832

1. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:

Personal Needs Allowance (PNA) of not less than \$30 for individuals 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.

TN No: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation(s)	Condition or Requirement
-------------	--------------------------

B. Post Eligibility Treatment of Institutionalized Individual's Income (Continued)

1924 of the Act

2. In addition to the amounts under item 1, the following monthly amounts are deducted from the remaining income of an institutionalized 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: _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____

State: _____

Citation(s)	Condition or Requirement
-------------	--------------------------

B. Post Eligibility Treatment of Institutionalized Individual's Income
(Continued)

In determining any excess shelter allowance, utility expenses are calculated using:

- ___ the standard utility allowance under section 5(e) of the Food Stamp Act of 1977; or
- ___ the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

b. The monthly income allowance for other dependent family members living with the community spouse is:

- ___ one-third of the amount by which the poverty level component (calculated under section 1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in section 1924(d)(3)(B)) exceeds the dependent family member's monthly income.
- ___ a greater amount calculated as follows:

The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under section 1924(d)(1):

State: _____

Citation(s)	Condition or Requirement
-------------	--------------------------

B. Post Eligibility Treatment of Institutionalized Individual's Income (Continued)

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

3. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized 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:

- AFDC level in effect under the State's plan as of July 16, 1996; or
- Medically needy level:

(Check one)

AFDC Levels in Supplement 1 to ATTACHMENT 2.6-A

Medically needy level in Supplement 1 to ATTACHMENT 2.6-A

Other: \$ _____

TN No: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation(s)	Condition or Requirement
-------------	--------------------------

B. Post Eligibility Treatment of Institutionalized Individual's Income
(Continued)

b. 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.

(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to ATTACHMENT 2.6-A.)

42 CFR 435.725
42 CFR 435.733
42 CFR 435.832

4. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:

A monthly amount for the maintenance of the home of the individual 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: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

Revision:

State: _____

Citation(s)	Condition or Requirement
___	Amount for maintenance of home is: \$ _____.
___	Amount for maintenance of home is the actual maintenance costs not to exceed \$ _____.
___	Amount for maintenance of home is deductible when countable income is determined under section 1924(d)(1) of the Act only if the individual's home and the community spouse's home are different.
___	Amount for maintenance of home is not deductible when countable income is determined under section 1924 (d)(1) of the Act.

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
42 CFR 435.811, 42 CFR 435.831, 42 CFR 435.840, and 42 CFR 435.845	<p data-bbox="475 590 902 621">C. <u>FINANCIAL ELIGIBILITY</u></p> <p data-bbox="534 663 1398 989">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.</p> <p data-bbox="534 1024 1414 1163">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.</p> <ul data-bbox="534 1199 1422 1749" style="list-style-type: none"> <li data-bbox="534 1199 1422 1308">▪ <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. <li data-bbox="534 1339 1422 1449">▪ <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. <li data-bbox="534 1480 1422 1589">▪ <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. <li data-bbox="534 1621 1422 1749">▪ <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. _____

State: _____

Citation	Condition or Requirement
	<ul style="list-style-type: none"> ▪ <u>Supplement 5 to ATTACHMENT 2.6-A</u> 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. ▪ <u>Supplement 5a to ATTACHMENT 2.6-A</u> 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. ▪ <u>Supplement 8 to ATTACHMENT 2.6-A</u> 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. ▪ <u>Supplement 8a to ATTACHMENT 2.6-A</u> 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. ▪ <u>Supplement 8b to ATTACHMENT 2.6-A</u> 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: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation	Condition or Requirement
▪	<u>Supplement 9b to ATTACHMENT 2.6-A</u> specifies the criteria used for transfer of assets under section 1917(c) of the Act, which affects the eligibility of institutionalized individuals on or after February 8, 2006.
▪	<u>Supplement 10 to ATTACHMENT 2.6-A</u> specifies the criteria used to exclude the assets transferred into a Medicaid trust because of undue hardship for categorically needy individuals, as permitted under section 1902(d)(4) of the Act.
▪	<u>Supplement 11 to ATTACHMENT 2.6-A</u> specifies cost effectiveness methodology for COBRA continuation beneficiaries.
▪	<u>Supplement 12 to ATTACHMENT 2.6-A</u> specifies the variations from the basic personal needs allowance under section 1902(a)(50) of the Act. It also specifies the AFDC covered groups and the income and resource eligibility criteria for low-income families under section 1931 of the Act.
▪	<u>Supplement 13 to ATTACHMENT 2.6-A</u> specifies the treatment of available income and resources for certain institutionalized spouses with a community spouse under section 1924 of the Act.
▪	<u>Supplement 14 to ATTACHMENT 2.6 -A</u> specifies the income and resource requirements used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under section 1902(z)(1) of the Act.
▪	<u>Supplement 15 to ATTACHMENT 2.6-A</u> specifies disqualification for long term care assistance for individuals with substantial home equity.

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(r)(2) of the Act	<p>1. Methods of Determining Income</p> <p>a. <u>AFDC-related individuals (except for individuals eligible under section 1931 of the Act and poverty-level related pregnant women, infants, and children).</u></p> <p>(1) In determining countable income for AFDC-related individuals, the following methods are used:</p> <p>— (a) The methods under the State's approved AFDC plan in effect on July 16, 1996 only; or</p> <p>— (b) The methods under the State's approved AFDC plan in effect on July 16, 1996 and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>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.</p>
1902(a)(17)(D) of the Act 42 CFR 435.602	<p>(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.</p>

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(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 1902(m)(1)(B), 1902(m)(4), and 1902(r)(2) of the Act	<p>b. <u>Aged individuals</u>. In determining countable income for individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used.</p> <p>___ The methods of the SSI program only.</p> <p>___ The methods of the SSI program and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.</p> <p>___ 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>.</p> <p>NOTE: More restrictive methods cannot be applied to aged individuals eligible under section 1902(m)(1) of the Act.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
_____	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 optional State supplement recipients under 435.234 in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements—
_____	SSI methods only.
_____	SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u>
_____	Methods more restrictive than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A.</u>
1902(a)(17)(D) of the Act 42 CFR 435.602	In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

State: _____

Citation	Condition or Requirement
42 CFR 435.601, 42 CFR 435.831, and 1902(r)(2) of the Act	<p>c. <u>Blind individuals</u>. In determining countable income for blind individuals, the following methods are used:</p> <ul style="list-style-type: none"> ___ The methods of the SSI program only. ___ SSI methods 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 SSI, applied under the provisions of section 1902(f) of the Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</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 optional State supplement recipients under 435.234 in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements – <ul style="list-style-type: none"> ___ SSI methods only. ___ SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> ___ Methods more restrictive than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u>.

TN No: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

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, and 435.831, 1902(m)(1)(B), 1902(m)(4), and 1902(r)(2) of the Act	<p>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</p> <ul style="list-style-type: none"> ___ 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 <u>Supplement 4 to ATTACHMENT 2.6 A.</u>

TN No: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation	Condition or Requirement
	<ul style="list-style-type: none"> ___ For optional State supplement recipients under 435.234 in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements—
	<ul style="list-style-type: none"> ___ SSI methods only.
	<ul style="list-style-type: none"> ___ SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to Attachment 2.6-A</u>.
	<ul style="list-style-type: none"> ___ Methods more restrictive than SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u>.
<p>1902(l)(3)(E) and 1902(r)(2) of the Act</p>	<p>e. Poverty level pregnant women, infants, and children. For children. For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902(a)(10)(A)(ii)(IX) of the Act--</p>
	<p>(1) The following methods are used in determining countable income:</p>
	<ul style="list-style-type: none"> ___ The methods of the State's approved AFDC plan in effect on July 16, 1996.
	<ul style="list-style-type: none"> ___ The methods of the approved title IV-E plan.
	<ul style="list-style-type: none"> ___ The methods of the approved AFDC State plan in effect on July 16, 1996 and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.
	<ul style="list-style-type: none"> ___ The methods of the approved title IV-E plan and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A</u>.

TN No: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

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 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.
1902(e)(6) of the Act	(3) The agency continues to treat women eligible under the 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

ELIGIBILITY 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 level.

The revised poverty levels are effective no later than the date of publication.

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 the Act	h. For Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the agency uses: <input type="checkbox"/> The methods used under the SSI program. <input type="checkbox"/> 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: <input type="checkbox"/> The methods used under the SSI program. <input type="checkbox"/> 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: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation	Condition or Requirement
----------	--------------------------

1902(u) of the Act

j. COBRA Continuation Beneficiaries

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).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii) (XIII), 1902(f) and 1902(r)(2) of the Act	<p>k. <u>Working Individuals with Disabilities -BBA</u></p> <p>In determining countable income and resources for working individuals with disabilities under BBA, the following methodologies are applied:</p> <ul style="list-style-type: none"> ___ 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 <u>Supplement 8a to ATTACHMENT 2.6-A</u>. More liberal resource methodologies are described in <u>Supplement 8b to ATTACHMENT 2.6-A</u>. ___ The agency uses more restrictive income and/or resource methods than the SSI program. More restrictive income methods are described in <u>Supplement 4 to ATTACHMENT 2.6-A</u>. 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Citation(s)	Condition or Requirement
-------------	--------------------------

1902(a)(10)(A)(ii)
(XV) of the Act

1. Working Individuals with Disabilities – Basic Coverage
Coverage Group - TWWIIA

In determining financial eligibility for working individuals
with disabilities 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: _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Citation(s)	Condition or Requirement
-------------	--------------------------

1902(a)(10)(A)(ii)
 (XV), 1902(f) and
 1902(r)(2) of the Act

Income Methodologies

In determining whether an individual meets the income standard described above, the agency uses the following methodologies.

- ___ The methodologies of the SSI program.
- ___ The agency uses more liberal income methods than the SSI program. More liberal income methodologies are described in Supplement 8a to ATTACHMENT 2.6-A.
- ___ The agency uses more restrictive income methods than the SSI program. More restrictive income methods are described in Supplement 4 to ATTACHMENT 2.6-A.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Citation(s)	Condition or Requirement
-------------	--------------------------

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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii) (XV), 1902(f) and 1902(r)(2) of the Act	<input type="checkbox"/> The agency does not disregard funds in retirement accounts. <input type="checkbox"/> The methodologies of the SSI program. <input type="checkbox"/> 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> <input type="checkbox"/> 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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):

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Citation(s)	Condition or Requirement
-------------	--------------------------

1902(a)(10)(A)(ii)
 (XVI), 1902(f) and
 1902(r)(2) of the Act

Income Methodologies

In determining whether an individual meets the income standard described above, the agency uses the following methodologies.

- ___ The methodologies of the SSI program.
- ___ The agency uses more liberal income methods than the SSI program. More liberal income methodologies are described in Supplement 8a to ATTACHMENT 2.6-A.
- ___ The agency uses more restrictive income methods than the SSI program. More restrictive income methods are described in Supplement 4 to ATTACHMENT 2.6-A.

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Citation(s)	Condition or Requirement
-------------	--------------------------

1902(a)(10)(A)(ii)
(XVI), 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 are 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii) (XVI) of the Act	<input type="checkbox"/> The agency does not disregard funds in retirement accounts. <input type="checkbox"/> The methodologies of the SSI program. <input type="checkbox"/> 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> <input type="checkbox"/> 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii) (XVI) and 1905(v)(2) of the Act	<p>Definition of Employed – Employed Medically Improved Individuals – TWWIIA</p> <p>___ The agency uses the statutory definition of “employed”, i.e., earning at least the minimum wage, and working at least 40 hours per month.</p> <p>___ 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:</p>

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

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii)(XIII) of the Act	<p data-bbox="649 514 1339 556">Payment of Premiums or Other Cost Sharing Charges</p> <p data-bbox="649 588 1421 661">For individuals eligible under the BBA eligibility group described in No. 27 on page 23g to <u>ATTACHMENT 2.2-A</u>:</p> <p data-bbox="649 693 1404 850">___ The agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income. The premiums or other cost-sharing charges, and how they are applied are described below:</p>

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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 ATTACHMENT 2.2-A, and the Medical Improvement Group described in No. 29 on page 23g to ATTACHMENT 2.2-A:

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.

Revision:

ATTACHMENT 2.6-A

Page 120

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Citation(s)	Condition or Requirement
Sections 1902(a)(10)(A)(ii) (XV), (XVI), and 1916(g) of the Act	Premiums and Other Cost-Sharing Charges For the Basic Coverage Group and the Medical Improvement Group, the agency's premium and other cost-sharing charges, and how they are applied, are described below.

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

State: _____

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.

TN No: _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____

State: _____

Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIX), 1902(f) and 1902(r)(2) of the Act	<p data-bbox="657 451 941 483"><u>Income Methodologies</u></p> <p data-bbox="657 525 1421 630">In determining whether a family meets the income standard described above, the agency uses the following methodologies.</p> <p data-bbox="657 672 1323 703">___ The income methodologies of the SSI program.</p> <p data-bbox="657 745 1429 882">___ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in <u>Supplement 4 to ATTACHMENT 2.6-A.</u></p> <p data-bbox="657 924 1380 1060">___ The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p>

TN No: _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____

State: _____

Citation	Condition or Requirement
----------	--------------------------

1902(cc) of the Act and 1903(a)

Interaction with Employer Sponsored Family Coverage

For individuals eligible under the FOA eligibility group described in No. 30 on page 23h to 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.

If such coverage is obtained, the agency (subject to the payment of premiums described in Attachment 2.6-A, pages 12s and 12t reduces any premium imposed by the State by an amount that reasonably reflects the premium contribution made by the parent for private coverage on behalf of a child with a disability; and treats such coverage as a third party liability.

____ The agency provides for payment of all or some portion of the annual premium for the employer-provided private family coverage that the parent is required to pay. Any payments made by the State are considered, for purposes of section 1903(a), to be payments for medical assistance.

The agency pays _____ percent of the premium.

State: _____

Citation	Condition or Requirement
----------	--------------------------

1902(a)(10)(A)(ii)
 (XIX), 1916(i) and
 1902(cc)(2)(A)(ii)(I)
 of the Act

Payment of Premiums

For individuals eligible under the FOA eligibility group described in No. 30 on page 23h to ATTACHMENT 2.2-A:

___ The agency does not require the payment of premiums for Medicaid coverage.

___ The agency requires payment of premiums on a sliding scale based on income. The premiums, and how they are applied are described below:

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.

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

State: _____

Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XIX), 1916(i) and 1902(cc)(2)(A)(ii)(I) of the Act	<p data-bbox="657 451 1096 483"><u>Payment of Premiums</u> (Continued)</p> <p data-bbox="657 525 1412 735">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.</p> <p data-bbox="657 777 1396 924">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.</p>

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

State: _____

Citation	Condition or Requirement
1917(d)(5) of the Act	<p>2. Medicaid Trusts</p> <p>The agency does not count the funds in a trust described in section 1917(d) in any instance where the State determines that it would work an undue hardship. <u>Supplement 10 to ATTACHMENT 2.6-A</u> specifies what constitutes an undue hardship.</p>
1902(a)(10)	<p>3. <u>Medically Needy Income Levels</u> (MNILS)</p> <p>a. MNILS are based on family size.</p> <p>b. The MNIL does not diminish by family size.</p> <p><u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1 to ATTACHMENT 2.6-A</u> so indicates.</p>

State: _____

Citation	Condition or Requirement
----------	--------------------------

42 CFR.435.732 and
42 CFR 435.831

4. Handling of Excess Income - Spend-down for the Medically
Needy in All States and the Categorically Needy in section
1902(f) States

a. Medically Needy

(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:

___ 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.

___ 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.

Length of
Budget Period: Circumstance:

State: _____

Citation	Condition or Requirement
	a. Medically Needy (Continued)
1902(a)(17) of the Act	(2) The agency does not deduct incurred expenses Subject to payment by a third party unless the third party is a public program (other than Medicaid) of a State or Territory and the program is financed by the State or Territory.
42 CFR 435.831	(3) The agency projects or does not project institutional expenses (other than expenses in acute care facilities) to the end of the budget period at the Medicaid reimbursement rate as checked below: <input type="checkbox"/> the agency does not project institutional expenses. <input type="checkbox"/> the agency does project institutional expenses.
42 CFR 435.831 42 CFR 435.121	(4) Subject to the carryover expenses described in (5) below, the agency deducts incurred expenses, based on the age of the expenses as specified below, but only to the extent that the amount has not been deducted previously and there is a current liability for the amount. States must deduct current payments on old bills not previously deducted in any budget period. <input type="checkbox"/> The agency deducts the expenses regardless of when incurred. (This is the only option available to section 1902(f) States.) <input type="checkbox"/> The agency deducts expenses incurred prior to the third month before the month of application, but incurred no earlier than: _____

State: _____

Citation	Condition or Requirement
----------	--------------------------

a. Medically 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.

(6) The agency deducts incurred medical or remedial care expenses in the following order (check one):

___ By the type of service, in the following order:

1. Premiums, deductibles, coinsurance, and copayments.

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 Date _____

Effective Date _____

Supersedes TN No. _____

State: _____

Citation	Condition or Requirement
----------	--------------------------

a. Medically 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:

Revision:

State: _____

Citation	Condition or Requirement
----------	--------------------------

a. Medically 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:

- ___ monthly or
- ___ quarterly basis.

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

State: _____

Citation	Condition or Requirement
42 CFR 435.121 1902(f) of the Act	<p>b. Categorically Needy - Section 1902(f) States</p> <p>The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income.</p> <ol style="list-style-type: none"> (1) Any SSI payments received. (2) Any State Supplement payments received that are within the scope of an agreement described in section 1616 and section 1634 of the Act, or a State supplement payment within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act. (3) Increases in OASDI that are deducted under 435.134, 435.135, 435.137, 435.138, and section 1634(c) of the Act for individuals specified in such sections, in the manner elected by the State under such sections. (4) Other deductions from income described in this plan in <u>Supplement 4 to ATTACHMENT 2.6A</u>. (5) Incurred expenses for necessary or remedial care services as recognized under State law.
1902(a)(17) of the Act P. L. 100-203	<p>The agency does not deduct incurred expenses subject to payment by a third party, unless the third party is a publicly funded program (other than Medicaid) of a State or local government.</p>

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

State: _____

Citation	Condition or Requirement
----------	--------------------------

1903(f)(2) of the Act

- b. Categorically Needy - Section 1902(f) States
- (6) Spenddown payments made to the State by the individual.

Individuals may elect or reject the pay in option on a:

- Monthly; or
- Quarterly Basis.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

State: _____

Citation	Condition or Requirement
----------	--------------------------

5. Methods for Determining Resources

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 resources 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; or
- (b) The method under the State's approved AFDC plan in effect on July 16, 1996 and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.

Note: For individuals eligible under section 1931 of the Act, see Supplement 12 to ATTACHMENT 2.6-A. For poverty-level related pregnant women, infants, and children, see e - g of this section.

42 CFR 435.602 and 1902(a)(17)(D) of the Act

(2) 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: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(f), 1902(m)(1)(B) and 1902(r) of the Act	<p>b. <u>Aged Individuals</u>. For aged individuals, including those covered under section 1902(m)(1) of the Act, the agency uses the following methods for treatment of resources:</p> <p>___ The methods of the SSI program.</p> <p>___ SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A</u>.</p> <p>___ Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) than those of the SSI program. <u>Supplement 5 to ATTACHMENT 2.6-A</u> describes the more restrictive methods.</p>
42 CFR 435.602 and 1902(a)(17)(D) of the Act	<p>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.</p>
1902(a)(10)(A), 1902(a)(10)(C), 1902(f), and 1902(r) of the Act	<p>c. <u>Blind individuals</u>. For blind individuals the agency uses the following methods for treatment of resources:</p> <p>___ The methods of the SSI program.</p> <p>___ SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A</u>.</p> <p>___ 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.</p>
42 CFR 435.602 and 1902(a)(17)(D) of the Act	<p>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.</p>

State: _____

Citation	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), 1902(f) and 1902(r)(2) of the Act	<p>d. <u>Disabled individuals, including individuals covered under section 1902(m)(1) of the Act.</u> The agency uses the following methods for the treatment of resources:</p> <p>___ The methods of the SSI program.</p> <p>___ SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u></p> <p>___ Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) than those under the SSI program. More restrictive methods are described in <u>Supplement 5 to ATTACHMENT 2.6-A.</u></p>
42 CFR 435.602 and 1902(a)(17)(D) of the Act	<p>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.</p>
1902(1)(3) and 1902(r)(2) of the Act	<p>e. <u>Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.</u></p> <p>The agency uses the following methods in the treatment of resources.</p> <p>___ The methods of the SSI program only.</p> <p>___ The methods of the SSI program and/or any more liberal methods described in <u>Supplement 5a to ATTACHMENT 2.6-A</u> or <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p>

TN No: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation	Condition or Requirement
	<input type="checkbox"/> 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. <u>Poverty Level Infants Covered Under Section 1902(a)(10)(A)(i)(IV) of the Act.</u> The agency uses the following methods for the treatment of resources:
1902(l)(3) and 1902(r)(2) of the Act	<input type="checkbox"/> 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	<input type="checkbox"/> 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>
	<input type="checkbox"/> 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: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	<p>g. 1. <u>Poverty Level Children Covered Under Section 1902(a)(10)(A)(i)(VI) of the Act.</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p>___ The methods of the State's approved AFDC plan in effect on July 16, 1996.</p>
1902(l)(3) and 1902(r)(2) of the Act	<p>___ 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></p> <p>___ Not applicable. The agency does not consider resources in determining eligibility.</p>
42 CFR 435.602 and 1902(a)(17)(D) of the Act	<p>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.</p>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	<p>2. <u>Poverty level children covered under section 1902(a)(10)(A)(i)(VII)</u></p> <p>The agency uses the following methods for the treatment of resources:</p> <p>___ The methods of the State's approved AFDC plan in effect on July 16, 1996.</p>
1902(1)(3) and 1902(r)(2) of the Act	<p>___ 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>.</p> <p>___ Not applicable. The agency does not consider resources in determining eligibility.</p>
42 CFR 435.602 and 1902(a)(17)(D) of the Act	<p>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.</p>

State: _____

Citation	Condition or Requirement
1902(a)(10)(E)(i), 1905(p)(1)(C) and (D) and 1902(r)(2) of the Act	<p>h. <u>For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act</u> the agency uses the following methods for treatment of resources:</p> <p>___ The methods of the SSI program only.</p> <p>___ The methods of the SSI program and/or more liberal methods as described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u></p>
1902(a)(10)(E)(ii) and 1905(s) of the Act	<p>i. For Qualified Disabled and Working Individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.</p>
1902(u) of the Act	<p>j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources:</p> <p>___ The methods of the SSI program only.</p> <p>___ More restrictive methods applied under section 1902(f) of the Act as described in <u>Supplement 5 to Attachment 2.6-A.</u></p>
1902(a)(10)(E)(iii) of the Act	<p>k. <u>Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act</u></p> <p>___ The methods of the SSI program only.</p> <p>___ 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.</p>

TN No: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation	Condition or Requirement
1902(a)(10)(E)(iv) of the Act	l. <u>For Qualifying Individuals covered under section 1902(a)(10)(E)(iv) of the Act</u> the agency uses the following methods for treatment of resources: <ul style="list-style-type: none"> ___ 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.

State: _____

Citation	Condition or Requirement
----------	--------------------------

6. Resource Standard - Categorically Needy

- a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals:

- Same as SSI resource standards.
- More restrictive.

- b. 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. Supplement 2 to ATTACHMENT 2.6-A 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 _____

Revision:

State: _____

Citation	Condition or Requirement
1902(l)(3) of the Act	<p>d. For children covered as optional groups under the provisions of sections 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(ii)(IX), and 1902(l)(4) of the Act, the agency applies a resource standard:</p> <p>___ 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.</p> <p>___ No. The agency does not apply a resource standard to these individuals.</p>

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	<p>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.</p> <p>___ 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.</p> <p>___ No. The agency does not apply a resource standard to these individuals.</p>
1902(m)(1)(C) and 1902(m)(2)(B) of the Act	<p>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:</p> <p>___ Same as SSI resource standards.</p> <p>___ Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).</p> <p><u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for these individuals.</p>

State: _____

Citation	Condition or Requirement
----------	--------------------------

<p>1902(a)(10)(C)(i) of the Act</p>	<p>7. Resource Standard - Medically Needy</p> <p>a. Resource standards are based on family size.</p> <p>b. A single standard is employed in determining resource resource eligibility for all groups.</p> <p>— c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--</p> <p>— Aged</p> <p>— Blind</p> <p>— Disabled</p> <p><u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., <u>Supplement 2 to ATTACHMENT 2.6-A</u> so indicates.</p>
---	--

<p>1902(a)(10)(E), 1905(p)(1)(D) and 1905(p)(2)(B) of the Act</p>	<p>8. Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals</p> <p>For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under 1902(a)(10)(E)(iv) of the Act, the resource standard is twice the SSI standard.</p>
---	---

TN No: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

State: _____

Citation	Condition or Requirement
1902(a)(10)(E)(ii) and 1905(s) of the Act	<p>9. Resource Standard - Qualified Disabled and Working Individuals</p> <p>For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.</p>
1902(u) of the Act	<p>10. For COBRA continuation beneficiaries, the resource standard is:</p> <p>___ Twice the SSI resource standard for an individual.</p> <p>___ More restrictive standard as applied under section 1902(f) of the Act as described in <u>Supplement 8 to Attachment 2.6-A</u>.</p>

State: _____

Citation	Condition or Requirement
----------	--------------------------

11. Excess Resources

- 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.

State: _____

Citation	Condition or Requirement
----------	--------------------------

42 CFR 435.914

12. Effective Date of Eligibility

a. 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: _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation	Condition or Requirement
1920(b)(1) of the Act	<p>___ (3) For a presumptive eligibility for pregnant women only.</p> <p>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.</p>
1902(e)(8) and 1905(a) of the Act	<p>___ b. For Qualified Medicare Beneficiaries defined in section 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--</p> <p>___ 12 months</p> <p>___ 6 months</p> <p>___ ___ months (no less than 6 months and no more than 12 months)</p>

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

State: _____

Citation	Condition or Requirement
1902(a)(18) and 1917(c) of the Act	<p>13. Transfer of Assets - All Eligibility Groups</p> <p>The agency complies with the provisions of section 1917(c) of the Act, with regard to the transfer of assets.</p> <p>Disposal of assets at less than fair market value affects eligibility for certain services as detailed in <u>Supplement 9b to ATTACHMENT 2.6-A</u>, except in instances where the agency determines that the transfer rules would work an undue hardship.</p>
1902(a)(18) and 1917(d) of the Act	<p>14. Treatment of Trusts - All Eligibility Groups</p> <p>The agency complies with the provisions of section 1917(d) of the Act, with regard to trusts.</p> <p>___ The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts;</p> <p>___ The agency meets the requirements in section 1917(d)(4)(B) of the Act for use of <u>Miller</u> trusts.</p> <p>The agency does not count the funds in a trust in any instance where the agency determines that counting the funds would work an undue hardship, as described in <u>Supplement 10 to ATTACHMENT 2.6-A</u>.</p>

Revision:

State: _____

Citation	Condition or Requirement
----------	--------------------------

1924 of the Act

15. The agency complies with the provisions of section 1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.

When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:

___ the maximum standard permitted by law;

___ the minimum standard permitted by law; or

___ an amount between the minimum and the maximum –
\$_____.

TN No: _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____

Revision:

SUPPLEMENT 1
TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC Standards Under the AFDC Plan in Effect on July 16, 1996:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
--------------------	----------------------	-------------------------	------------------------------------

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective _____ based on the following percent of the official Federal Poverty Level –

_____ 133 Percent; or

_____ _____ Percent (No less than 133 percent and no more than 185 percent)

Family Size

Income Level

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

Revision:

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 Federal Register) 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 Federal Register) for the family size involved.

TN No. _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

INCOME ELIGIBILITY LEVELS

(Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(10)(A)(ii)(IX) and 1902(1)(2) of the Act are as follows:

Effective _____, based on _____ percent of the official Federal Income Poverty Level (no less than 133 percent and no more than 185 percent, and exceeding the income standard for mandatory categorically needy pregnant women and infants):

<u>Family size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

TN No. _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

INCOME ELIGIBILITY LEVELS
(Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO
FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 19

The levels for determining income eligibility for groups of children who are born after _____ and who have attained six years of age but are under 19 years of age under the provisions of section 1902(l)(2) of the Act are as follows:

Based on _____ percent (no more than 100 percent) of the official Federal income poverty line.

<u>Family size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
9	\$
10	\$

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

Revision:

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.

<u>Family Size</u>	<u>Income Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$

4. Special Income Level for Institutionalized Individuals

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

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

INCOME ELIGIBILITY LEVELS
(Continued)

5. Optional Group of Children under Section 1902(l)(1)(D) of the Act.

_____ Same as resource levels in the State's approved AFDC plan.

_____ Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
1	\$
2	\$
3	\$
4	\$
5	\$
6	\$
7	\$
8	\$
9	\$
10	\$

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

Revision:

SUPPLEMENT 1 TO
ATTACHMENT 2.6-A
Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

INCOME ELIGIBILITY LEVELS

(Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO
FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of Qualified Medicare Beneficiaries under the provision of Section 1905(p)(2)(A) and 1905(p)(4) of the Act are as follows:

Levels:

Family Size

Income Level

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

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

INCOME LEVELS
(continued)

F. MEDICALLY NEEDY

_____ Applicable to all groups.

_____ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page _____.

(1) Family Size	(2) Net income level protected for maintenance for _____ months	(3) Net income level for persons living in rural areas for _____
months _____		
_____ Urban Only		
_____ Urban and Rural		
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
6	\$	\$
7	\$	\$
8	\$	\$
9	\$	\$
10	\$	\$
For each additional person, add:	\$	\$

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

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS

1. Pregnant 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>
<u>1</u>	_____
<u>2</u>	_____

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>
<u>1</u>	_____
<u>2</u>	_____

TN No. _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

RESOURCE LEVELS
(Continued)

2. Infants

a. Mandatory Group of Infants under Section 1902(a)(10)(A)(i)(IV) of the Act

_____ Same as resource levels in the State's approved AFDC plan.

_____ No resource test.

_____ Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____

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

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

RESOURCE LEVELS
(Continued)

b. Optional Group of Infants under Section 1902(a)(10)(A)(ii)(IX) of the Act

_____ Same as resource levels in the State's approved AFDC plan.

_____ No resource test.

_____ Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____

TN No. _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

RESOURCE LEVELS
(Continued)

3. Children

- a. 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 as resource levels in the State's approved AFDC plan.

_____ No resource test.

_____ Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
1	_____
2	_____
3	_____
4	_____
5	_____
6	_____
7	_____
8	_____
9	_____
10	_____

TN No. _____ Approval Date _____ Effective Date _____

Supersedes TN No. _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

RESOURCE LEVELS
(Continued)

b. Mandatory Group of Children under Section 1902(a)(10)(i)(VII) of the Act. (Children who have attained age 6 but have not attained age 19.)

_____ Same as resource levels in the State's approved AFDC plan.

_____ No resource test.

_____ Less restrictive than the AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____

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

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

RESOURCE LEVELS
(Continued)

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 AFDC levels and are as follows:

<u>Family Size</u>	<u>Resource Level</u>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

RESOURCE LEVELS
(Continued)

4. Aged and Disabled Individuals Eligible Under Section 1902(m)(1)

_____ Same as SSI resource levels.

_____ Same as medically needy resource levels (applicable only if State has a medically needy program)

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____

TN No. _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

RESOURCE LEVELS
(Continued)

B. MEDICALLY NEEDY

Applicable to all groups –

_____ Except those specified below under the provisions of section 1902(f) of the Act.

<u>Family Size</u>	<u>Resource Level</u>
<u>1</u>	_____
<u>2</u>	_____
<u>3</u>	_____
<u>4</u>	_____
<u>5</u>	_____
<u>6</u>	_____
<u>7</u>	_____
<u>8</u>	_____
<u>9</u>	_____
<u>10</u>	_____
Each additional person	_____

Supersedes TN No. _____

Revision:

SUPPLEMENT 3 TO
ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL
CARE NOT COVERED UNDER 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

State: _____

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. _____
Supersedes TN No. _____
Revision:

Approval Date _____

Effective Date _____

SUPPLEMENT 5 TO
ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

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

TN No. _____ Approval Date _____ Effective Date _____

Supersedes TN No. _____

Revision:

SUPPLEMENT 5a
TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF 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 Date _____ Effective Date _____

Supersedes TN No. _____

Revision:

SUPPLEMENT 6 TO
ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

FEDERALLY ADMINISTERED OPTIONAL STATE SUPPLEMENT:
PAYMENT GROUPS/INCOME LEVELS

Gross Income <u>Level</u>	SSI <u>Standard</u>	State <u>Benefit Supplementation</u>
------------------------------	------------------------	---

TN No. _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

Payment Category	Disregards Administered by Employed	Income		Income Level
		Gross	Net	

Reasonable Classification	Federal	State	One Person	Couple	One Person	Couple
------------------------------	---------	-------	---------------	--------	---------------	--------

TN No. _____
Supersedes TN No. _____
Revision:

Approval Date _____

Effective Date _____

SUPPLEMENT 7 TO
ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

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

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

SUPPLEMENT 8 TO
ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

RESOURCE STANDARDS FOR 1902(f) STATES -
CATEGORICALLY NEEDY

TN No. _____ Approval Date _____ Effective Date _____

Supersedes TN No. _____

Revision:

SUPPLEMENT 8a
TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT*

_____ Section 1902(f) State

_____ Non-Section 1902(f) State

*Less restrictive methods may not result in exceeding gross income limitations under section 1903(f).

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

SUPPLEMENT 8b
TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

LESS RESTRICTIVE METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

_____ Section 1902(f) State _____ Non-Section 1902(f) State

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

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

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.
-

TN No. _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

- 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

_____ The State elects to be exempt from the standards for reciprocal recognition among partnership States under section 6021(b) of the DRA.

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

The agency withholds payment to non-institutionalized individuals for the following services:

- Home health services (section 1905(a)(7));
- Home and community care for functionally disabled and elderly adults (section 1905(a)(22));
- 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).

_____ The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:

Revision:

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. Penalty Date --The beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:

- 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.

Supersedes TN No. _____

Revision:

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. _____

Revision:

State: _____

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. Treatment of a transfer of income --

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency 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. _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

Revision:

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 than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

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
- (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 may be requested that provides for:

- (a) Notice to a recipient subject to a penalty that an undue hardship exception exists;
- (b) A timely process for determining whether an undue hardship waiver will be granted; and
- (c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

Supersedes TN No. _____

Revision:

State: _____

TRANSFER OF ASSETS

11. Bed Hold Waivers for Hardship Applicants --

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

_____ Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed ___ 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:

Approval Date _____

Effective Date _____

SUPPLEMENT 11
TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

COST EFFECTIVENESS METHODOLOGY FOR
COBRA CONTINUATION BENEFICIARIES

1902(u) of the Act Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods.

___ The methodology as described in SMM 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 PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

TN No. _____
Supersedes TN No. _____

Approval Date _____

Effective Date _____

Revision:

SUPPLEMENT 12 TO
ATTACHMENT 2.6-A
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

ELIGIBILITY--UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

_____ The following groups were included in the AFDC State Plan effective July 16, 1996:

_____ Pregnant women with no other eligible children.

_____ Children age 18 who are full-time students in a secondary school or the equivalent level of vocational or technical training.

_____ In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

_____ In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 with the following modifications.

_____ The agency applies lower income standards which are no lower than the AFDC standards in effect on May 1, 1988, as follows:

_____ The agency applies higher income 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:

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

Revision:

SUPPLEMENT 12 TO
ATTACHMENT 2.6-A
Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

ELIGIBILITY--UNDER 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. _____ Approval Date _____ Effective Date _____
Supersedes TN No. _____

Revision:

SUPPLEMENT 12 TO
ATTACHMENT 2.6-A
Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

ELIGIBILITY--UNDER SECTION 1931 OF THE ACT
(Continued)

_____ The agency terminates medical assistance (except for certain pregnant women and children described in section 1902(l) of the Act) for individuals who fail to meet Temporary Assistance for Needy Families (TANF) work requirements.

_____ The agency defines unemployment for the section 1931 population as follows:

_____ The agency continues to apply the following waivers of provisions of part A of Title IV of the Act in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

_____ Waiver under sections 402(a)(41) and 407 of the Act allows the State to provide benefits to families in which the principal earner works 100 or more hours per month.

TN No. _____ Approval Date _____ Effective Date _____

Supersedes TN No. _____

Revision:

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. _____

Revision:

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 earned income.
2. Resources: The SSI resource standard.

TN No. _____

Approval Date _____

Effective Date _____

Supersedes TN No. _____
Revision:

SUPPLEMENT 15
TO ATTACHMENT 2.6-A
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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. _____
Supersedes TN No. _____

Approval 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 number for this information collection is 0938-0193 (Expires: TBD). The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21224-1850.