

Revision:

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

Territory: \_\_\_\_\_

SECTION 2 – COVERAGE AND ELIGIBILITY

---

Citation(s)

---

2.1 Application, Determination of Eligibility and Furnishing Medicaid

42 CFR 436.10  
and Subpart J

(a) The Medicaid agency meets all requirements of 42 CFR Part 436, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

---

TN: \_\_\_\_\_  
Supersedes TN: \_\_\_\_\_  
Revision:

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

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

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

Territory: \_\_\_\_\_

SECTION 2 – COVERAGE AND ELIGIBILITY

---

Citation(s)

---

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

1902(a)(34) of  
the Act

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

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

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

---

TN: \_\_\_\_\_

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

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

Supersedes TN: \_\_\_\_\_  
Revision:

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

Territory: \_\_\_\_\_

SECTION 2 – COVERAGE AND ELIGIBILITY

---

Citation(s)

---

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

42 CFR 438.6

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

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

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

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

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

Not applicable.

---

TN: \_\_\_\_\_

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

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

Supersedes TN: \_\_\_\_\_  
Revision:

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

Territory: \_\_\_\_\_

SECTION 2 – COVERAGE AND ELIGIBILITY

---

Citation(s)

---

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

1902(a)(55) of  
the Act

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

---

TN: \_\_\_\_\_  
Supersedes TN: \_\_\_\_\_  
Revision:

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

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

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

Territory: \_\_\_\_\_

SECTION 2 – COVERAGE AND ELIGIBILITY

---

Citation(s)

---

2.2 Coverage and Conditions of Eligibility

42 CFR 436.10

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

Mandatory categorically needy and other required special groups only.

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

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

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

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

All applicable requirements of 42 CFR Part 436 and sections 1902(a)(10)(A)(i), 1902(a)(10)(A)(ii), 1902(a)(10)(C), 1902(a)(10)(E), 1902(a)(10)(F), 1920, 1920A and 1920B of the Act are met.

---

TN: \_\_\_\_\_

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

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

Supersedes TN: \_\_\_\_\_

Revision:

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

Territory: \_\_\_\_\_

SECTION 2 – COVERAGE AND ELIGIBILITY

---

Citation(s)

---

2.3 Residence

42 CFR 436.10,  
436.403 and 1902(b)  
of the Act, P.L. 99-  
272 (Section 9529)  
and P.L. 99-509  
(Section 9405)

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 436.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

---

TN: \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
Supersedes TN: \_\_\_\_\_  
Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM

Territory: \_\_\_\_\_

SECTION 2 – COVERAGE AND ELIGIBILITY

---

Citation(s)

---

2.4 Blindness

42 CFR 436.530(b)  
42 CFR 436.531

All of the requirements of 42 CFR 436.530 and 42 CFR 436.531 are met. The definition of blindness in terms of ophthalmic measurement used in this plan is specified in Supplement 2 to ATTACHMENT 2.2-A.

---

TN: \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_  
Supersedes TN: \_\_\_\_\_  
Revision:

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

Territory: \_\_\_\_\_

SECTION 2 – COVERAGE AND ELIGIBILITY

---

Citation(s)

---

2.5 Disability

42 CFR 436.540(b)  
and 42 CFR 436.541

All of the requirements of 42 CFR 436.540 and 436.541 are met. The definition of disability that is used in this plan is specified in Supplement 2 to ATTACHMENT 2.2-A.

---

TN: \_\_\_\_\_

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

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

Supersedes TN: \_\_\_\_\_

Revision:

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



Territory: \_\_\_\_\_

SECTION 2 – COVERAGE AND ELIGIBILITY

---

Citation(s)

---

2.6 Financial Eligibility

42 CFR 436.10 and  
Subparts G and H  
1902(a)(10)(A)(i)(III),  
1902(a)(10)(A)(i)(IV),  
1902(a)(10)(A)(i)(V),  
1902(a)(10)(A)(i)(VI),  
1902(a)(10)(A)(i)(VII),  
1902(a)(10)(A)(ii),  
1902(a)(10)(C),  
1902(a)(10)(E),  
1902(a)(10)(F),  
1902(r)(2), 1920,  
1920A and 1920B  
of the Act

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

---

TN: \_\_\_\_\_

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

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

Supersedes TN: \_\_\_\_\_

Revision:

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

Territory: \_\_\_\_\_

SECTION 2 – COVERAGE AND ELIGIBILITY

---

Citation(s)

---

2.7 Medicaid Furnished Out of State

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

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

---

TN: \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_

Supersedes TN: \_\_\_\_\_

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.