

Table of Contents

State/Territory Name: MI

State Plan Amendment (SPA) #: 13-0100

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

February 3, 2014

Stephen Fitton, Medicaid Director
Medical Services Administration
Federal Liaison Unit
Michigan Department of Community Health
400 South Pine
Lansing, Michigan 48933

ATTN: Loni Hackney

Dear Mr. Fitton:

Enclosed for your records is an approved copy of the following State Plan Amendment:

- Transmittal: #13-0100 MAGI Groups
- Effective: January 1, 2014

If you have any questions, please contact Leslie Campbell at (312) 353-1557 or
Leslie.Campbell@cms.hhs.gov.

Sincerely,

/s/
Verlon Johnson
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Michigan

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

13-0100 - MM I

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435; 1902(a)(10)(A)(i) and (ii); 1905(u)(2)(B); 1920; and 1931(b) and (d)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

This amendment deals with the mandatory and optional eligibility groups in the Family/Adult category. These are the various eligibility groups the state is required to or may elect to cover under its Medicaid program.

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Steven Fitton, Director
Medical Services Administration

Signature of State Agency Official

Submitted By: Loni Hackney

Last Revision Date: Jan 29, 2014

Submit Date: Oct 28, 2013

DATE RECEIVED: October 28, 2013	DATE APPROVED: February 3, 2014
PLAN APPROVED – ONE COPY ATTACHED	
EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	SIGNATURE OF REGIONAL OFFICIAL: /s/
TYPED NAME: Verlon Johnson	TITLE: Associate Regional Administrator
REMARKS:	



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

AFDC Income Standards

S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☒ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

Enter the standard by region

Remove Region

Name of region

Shelter Region 1

Description

Shelter Region 1 counties -
Alger
Baraga
Gogebic
Huron
Iron
Keweenaw
Luce
Mecosta
Menominee
Presque Isle
Schoolcraft

	Household size	Standard (\$)	
+	1	323	X
+	2	433	X
+	3	539	X
+	4	667	X



Medicaid Eligibility

+	5	786	X
+	6	943	X
+	7	1,043	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

Remove Region

Name of region

Shelter Region 2

Description

Shelter Region 2 counties -
Arenac
Chippewa
Delta
Houghton
Iosco
Lake
Manistee
Oceana
Ontonagon
Osceola
Oscoda

	Household size	Standard (\$)	
+	1	324	X
+	2	439	X
+	3	550	X
+	4	678	X
+	5	798	X
+	6	955	X
+	7	1,055	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

Remove Region



Medicaid Eligibility

Name of region

Shelter Region 3

Description

Shelter Region 3 counties -

Alcona
Benzie
Cheboygan
Crawford
Dickinson
Gladwin
Hillsdale
Jackson
Kalkaska
Mackinac
Mason
Missaukee
Montcalm
Muskegon
Newaygo
Ogemaw
Sanilac
Wexford

	Household size	Standard (\$)	
+	1	331	X
+	2	451	X
+	3	564	X
+	4	692	X
+	5	812	X
+	6	970	X
+	7	1,070	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$ 100

Remove Region



Medicaid Eligibility

Name of region

Shelter Region 4

Description

Shelter Region 4 counties -

Allegan
Alpena
Antrim
Berrien
Branch
Calhoun
Cass
Charlevoix
Clare
Emmet
Gratiot
Ionia
Isabella
Marquette
Montmorency
Roscommon
St. Joseph
Shiawassee
Tuscola
Wayne

	Household size	Standard (\$)	
+	1	352	X
+	2	473	X
+	3	587	X
+	4	718	X
+	5	840	X
+	6	999	X
+	7	1,101	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$ 102

Remove Region



Medicaid Eligibility

Name of region

Shelter Region 5

Description

Shelter Region 5 counties -

Barry
Bay
Clinton
Eaton
Grand Traverse
Kalamazoo
Kent
Lapeer
Leelanau
Lenawee
Midland
Otsego
Ottawa
Saginaw
Van Buren

	Household size	Standard (\$)	
+	1	367	X
+	2	489	X
+	3	604	X
+	4	734	X
+	5	856	X
+	6	1,016	X
+	7	1,118	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$ 103

Remove Region

Name of region

Shelter Region 6

Description

Genesee
Ingham
Livingston
Macomb
Monroe
Oakland
St. Clair
Washtenaw

	Household size	Standard (\$)	
--	----------------	---------------	--



Medicaid Eligibility

<input checked="" type="checkbox"/>	1	381	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	504	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	618	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	748	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	871	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	1,030	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	1,132	<input checked="" type="checkbox"/>

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

Add Region

The dollar amounts increase automatically each year

☐ Yes ☒ No

AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☐ Statewide standard
- ☒ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

Enter the standard by region

Remove Region



Medicaid Eligibility

Name of region

Shelter Region 1

Description

Shelter Region 1 counties -

Alger
Baraga
Gogebic
Huron
Iron
Keweenaw
Luce
Mecosta
Menominee
Presque Isle
Schoolcraft

	Household size	Standard (\$)	
+	1	255	X
+	2	341	X
+	3	424	X
+	4	528	X
+	5	624	X
+	6	757	X
+	7	833	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$ 76

Remove Region

Name of region

Shelter Region 2

Description

Shelter Region 2 counties -

Arenac
Chippewa
Delta
Houghton
Iosco
Lake
Manistee
Oceana
Ontonagon
Osceola
Oscoda

	Household size	Standard (\$)	
--	----------------	---------------	--



Medicaid Eligibility

+	1	255	X
+	2	346	X
+	3	434	X
+	4	538	X
+	5	634	X
+	6	767	X
+	7	843	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

76

Remove Region

Name of region

Shelter Region 3

Description

Shelter Region 3 counties -

Alcona
Benzie
Cheboygan
Crawford
Dickinson
Gladwin
Hillsdale
Jackson
Kalkaska
Mackinac
Mason
Missaukee
Montcalm
Muskegon
Newaygo
Ogemaw
Sanilac
Wexford

	Household size	Standard (\$)	
+	1	260	X
+	2	356	X
+	3	444	X
+	4	548	X



Medicaid Eligibility

+	5	644	X
+	6	777	X
+	7	853	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

Remove Region

Name of region

Shelter Region 4

Description

Shelter Region 4 counties -
Allegan
Alpena
Antrim
Berrien
Branch
Calhoun
Cass
Charlevoix
Clare
Emmet
Gratiot
Ionia
Isabella
Marquette
Montmorency
Roscommon
St. Joseph
Shiawassee
Tuscola
Wayne

	Household size	Standard (\$)	
+	1	276	X
+	2	371	X
+	3	459	X
+	4	563	X
+	5	659	X
+	6	792	X
+	7	868	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$



Medicaid Eligibility

Remove Region																																	
Name of region <div style="border: 1px solid black; padding: 2px; min-height: 40px;">Shelter Region 5</div>	Description <div style="border: 1px solid black; padding: 2px; min-height: 150px;">Shelter Region 5 counties - Barry Bay Clinton Eaton Grand Traverse Kalamazoo Kent Lapeer Leelanau Lenawee Midland Otsego Ottawa Saginaw Van Buren</div>																																
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 5%;"></th><th style="width: 25%;">Household size</th><th style="width: 25%;">Standard (\$)</th><th style="width: 5%;"></th></tr></thead><tbody><tr><td style="text-align: center;">+</td><td>1</td><td>290</td><td style="text-align: center;">X</td></tr><tr><td style="text-align: center;">+</td><td>2</td><td>386</td><td style="text-align: center;">X</td></tr><tr><td style="text-align: center;">+</td><td>3</td><td>474</td><td style="text-align: center;">X</td></tr><tr><td style="text-align: center;">+</td><td>4</td><td>578</td><td style="text-align: center;">X</td></tr><tr><td style="text-align: center;">+</td><td>5</td><td>674</td><td style="text-align: center;">X</td></tr><tr><td style="text-align: center;">+</td><td>6</td><td>807</td><td style="text-align: center;">X</td></tr><tr><td style="text-align: center;">+</td><td>7</td><td>883</td><td style="text-align: center;">X</td></tr></tbody></table>		Household size	Standard (\$)		+	1	290	X	+	2	386	X	+	3	474	X	+	4	578	X	+	5	674	X	+	6	807	X	+	7	883	X	Additional incremental amount <input checked="" type="radio"/> Yes <input type="radio"/> No Increment amount \$ <div style="border: 1px solid black; width: 60px; text-align: center; padding: 2px;">76</div>
	Household size	Standard (\$)																															
+	1	290	X																														
+	2	386	X																														
+	3	474	X																														
+	4	578	X																														
+	5	674	X																														
+	6	807	X																														
+	7	883	X																														
Remove Region																																	
Name of region <div style="border: 1px solid black; padding: 2px; min-height: 40px;">Shelter Region 6</div>	Description <div style="border: 1px solid black; padding: 2px; min-height: 100px;">Genesee Ingham Livingston Macomb Monroe Oakland St. Clair Washtenaw</div>																																



Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	305	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	401	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	489	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	593	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	689	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	822	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	898	<input checked="" type="checkbox"/>

Additional incremental amount
☒ Yes ☐ No
Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- ☐ Statewide standard
- ☒ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

Enter the standard by region

<input type="text"/>	<input type="button" value="Remove Region"/>
----------------------	--



Medicaid Eligibility

Name of region

Shelter Region 1

Description

Shelter Region 1 counties -

Alger
Baraga
Gogebic
Huron
Iron
Keweenaw
Luce
Mecosta
Menominee
Presque Isle
Schoolcraft

	Household size	Standard (\$)	
+	1	323	X
+	2	433	X
+	3	539	X
+	4	667	X
+	5	786	X
+	6	943	X
+	7	1,043	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

Remove Region

Name of region

Shelter Region 2

Description

Shelter Region 2 counties -

Arenac
Chippewa
Delta
Houghton
Iosco
Lake
Manistee
Oceana
Ontonagon
Osceola
Oscoda

	Household size	Standard (\$)	
--	----------------	---------------	--



Medicaid Eligibility

+	1	324	X
+	2	439	X
+	3	550	X
+	4	678	X
+	5	798	X
+	6	955	X
+	7	1,055	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

Remove Region

Name of region

Shelter Region 3

Description

Shelter Region 3 counties -
 Alcona
 Benzie
 Cheboygan
 Crawford
 Dickinson
 Gladwin
 Hillsdale
 Jackson
 Kalkaska
 Mackinac
 Mason
 Missaukee
 Montcalm
 Muskegon
 Newaygo
 Ogemaw
 Sanilac
 Wexford

	Household size	Standard (\$)	
+	1	331	X
+	2	451	X
+	3	564	X
+	4	692	X



Medicaid Eligibility

+	5	812	X
+	6	970	X
+	7	1,070	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

Remove Region

Name of region

Shelter Region 4

Description

Shelter Region 4 counties -

Allegan

Alpena

Antrim

Berrien

Branch

Calhoun

Cass

Charlevoix

Clare

Emmet

Gratiot

Ionia

Isabella

Marquette

Montmorency

Roscommon

St. Joseph

Shiawassee

Tuscola

Wayne

	Household size	Standard (\$)	
+	1	352	X
+	2	473	X
+	3	587	X
+	4	718	X
+	5	840	X
+	6	999	X
+	7	1,101	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$



Medicaid Eligibility

Remove Region

Name of region	Description
Shelter Region 5	Shelter Region 5 counties - Barry Bay Clinton Eaton Grand Traverse Kalamazoo Kent Lapeer Leelanau Lenawee Midland Otsego Ottawa Saginaw Van Buren

	Household size	Standard (\$)	
+	1	367	X
+	2	489	X
+	3	604	X
+	4	734	X
+	5	856	X
+	6	1,016	X
+	7	1,118	X

Additional incremental amount

☒ Yes ☐ No

Increment amount \$

Remove Region

Name of region	Description
Shelter Region 6	Genesee Ingham Livingston Macomb Monroe Oakland St. Clair Washtenaw



Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	381	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	504	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	618	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	748	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	871	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	1,030	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	1,132	<input checked="" type="checkbox"/>

Additional incremental amount
☒ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☒ Statewide standard
☐ Standard varies by region
☐ Standard varies by living arrangement
☐ Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1		<input checked="" type="checkbox"/>

Additional incremental amount
☐ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No



Medicaid Eligibility

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1		X

Additional incremental amount

☐ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1		X

Additional incremental amount

☐ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

TANF payment standard



Medicaid Eligibility

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1		X

Additional incremental amount

☐ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- ☒ Statewide standard
- ☐ Standard varies by region
- ☐ Standard varies by living arrangement
- ☐ Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1		X

Additional incremental amount

☐ Yes ☐ No

Increment amount \$

The dollar amounts increase automatically each year

☐ Yes ☒ No

PRA Disclosure Statement



Medicaid Eligibility

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

S25

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

- ☒ **Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

- ☒ Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

☒ This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

☒ Options relating to the definition of caretaker relative (select any that apply):

- ☐ The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.

Definition of domestic partner:

- ☒ The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.

Description of other relatives:

siblings, step-siblings, step-parents, aunts, uncles, niece, nephew, grandparent, (including great, great-great, etc.), first cousin, first cousin once removed, any aunt, uncle, niece, nephew prefixed by grand, great, or great-great, brother-in-law, sister-in-law. Any spouse of the above recognized by Michigan law.

- ☐ The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.

☒ Options relating to the definition of dependent child (select the one that applies):

- The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.



Medicaid Eligibility

- ☐ The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

- ☐ Have household income at or below the standard established by the state.
- ☐ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.
- ☐ Income standard used for this group

- ☐ Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

- ☒ The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

- ☐ Maximum income standard

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

- ☒ The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.
- ☐ The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:



Medicaid Eligibility

- ☒ A percentage of the federal poverty level: %
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- ☐ Other dollar amount

☒ Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- ☐ The minimum income standard
- ☒ The maximum income standard

- ☐ The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.
- ☐ Another income standard in-between the minimum and maximum standards allowed

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

- ☐ Yes ☒ No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Pregnant Women

S28

42 CFR 435.116
1902(a)(10)(A)(i)(III) and (IV)
1902(a)(10)(A)(ii)(I), (IV) and (IX)
1931(b) and (d)
1920

☒ **Pregnant Women** - Women who are pregnant or post-partum, with household income at or below a standard established by the state.

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.

☒ Yes ☐ No

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

☒ Income standard used for this group

☒ Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

☒ Yes ☐ No

Enter the amount of the minimum income standard (no higher than 185% FPL): % FPL

☒ Maximum income standard

☒ The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

☒ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



Medicaid Eligibility

- ☐ The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☐ The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☐ 185% FPL

The amount of the maximum income standard is: % FPL

☒ Income standard chosen

Indicate the state's income standard used for this eligibility group:

- ☐ The minimum income standard
- ☒ The maximum income standard
- ☐ Another income standard in-between the minimum and maximum standards allowed.

☒ There is no resource test for this eligibility group.

☒ Benefits for individuals in this eligibility group consist of the following:

- ☒ All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- ☐ Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

☒ Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

- ☒ Yes ☐ No

☒ The presumptive period begins on the date the determination is made.

☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

☒ There may be no more than one period of presumptive eligibility per pregnancy.

A written application must be signed by the applicant or representative.



Medicaid Eligibility

☒ Yes ☐ No

- ☐ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- ☒ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

☒ The presumptive eligibility determination is based on the following factors:

- ☒ The woman must be pregnant
- ☒ Household income must not exceed the applicable income standard at 42 CFR 435.116.
- ☒ State residency
- ☒ Citizenship, status as a national, or satisfactory immigration status

☒ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- ☒ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act



Medicaid Eligibility

- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☐ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☐ Other entity the agency determines is capable of making presumptive eligibility determinations:

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, ☒ and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Infants and Children under Age 19

S30

42 CFR 435.118

1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)

1902(a)(10)(A)(ii)(IV) and (IX)

1931(b) and (d)

- ☒ **Infants and Children under Age 19** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

- ☒ The state attests that it operates this eligibility group in accordance with the following provisions:

- ☒ Children qualifying under this eligibility group must meet the following criteria:

- ☒ Are under age 19

- ☒ Have household income at or below the standard established by the state.

- ☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

- ☒ Income standard used for infants under age one

- ☒ Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

☒ Yes ☐ No

Enter the amount of the minimum income standard (no higher than 185% FPL): % FPL

- ☒ Maximum income standard

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

An attachment is submitted.

The state's maximum income standard for this age group is:

- ☒ The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



Medicaid Eligibility

- The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 185% FPL

Enter the amount of the maximum income standard: % FPL

☒ Income standard chosen

The state's income standard used for infants under age one is:

☒ The maximum income standard

- If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☒ Income standard for children age one through age five, inclusive

☒ Minimum income standard



Medicaid Eligibility

The minimum income standard used for this age group is 133% FPL.

☒ Maximum income standard

- The state certifies that it has submitted and received approval for its converted income standard(s) for children
- ☒ age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

An attachment is submitted.

The state's maximum income standard for children age one through five is:

- ☒ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☒ The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- ☒ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ☒ The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard: % FPL

☒ Income standard chosen

The state's income standard used for children age one through five is:

☒ The maximum income standard

- If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),
- ☒ 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children),
- ☒ 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.



Medicaid Eligibility

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☒ Income standard for children age six through age eighteen, inclusive

☒ Minimum income standard

The minimum income standard used for this age group is 133% FPL.

☒ Maximum income standard

- ☒ The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

An attachment is submitted.

The state's maximum income standard for children age six through eighteen is:

- ☒ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- ☐ The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- ☐ 133% FPL

Enter the amount of the maximum income standard: % FPL

☒ Income standard chosen



Medicaid Eligibility

The state's income standard used for children age six through eighteen is:

☒ The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

☐ Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

☒ There is no resource test for this eligibility group.

☒ Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

☒ Yes ☐ No

Presumptive Eligibility for Children	S16
1902(a)(47) 1920A 42 CFR 435.1101 42 CFR 435.1102	
<input checked="" type="checkbox"/> The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity under the following provisions:	



Medicaid Eligibility

If the state has elected to cover Optional Targeted Low-Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the higher of the standard used for Optional Targeted Low-Income Children or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

If the state has not elected to cover Optional Targeted Low Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the standard used under the Infants and Children under Age 19 eligibility group (42 CFR 435.118), for that child's age.

- ☒ Children under the following age may be determined presumptively eligible:

Under age

- ☒ The presumptive period begins on the date the determination is made.

- ☒ The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- ☒ Periods of presumptive eligibility are limited as follows:

- ☐ No more than one period within a calendar year.
☐ No more than one period within two calendar years.
☒ No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
☐ Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

- ☒ Yes ☐ No

☐ The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

☒ The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

- ☒ The presumptive eligibility determination is based on the following factors:

- ☒ Household income must not exceed the applicable income standard described above, for the child's age.
☒ State residency
☒ Citizenship, status as a national, or satisfactory immigration status

- ☒ The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.



Medicaid Eligibility

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- ☒ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- ☐ Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- ☐ Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- ☐ Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- ☐ Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- ☐ Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- ☐ Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- ☐ Is a state or Tribal child support enforcement agency under title IV-D of the Act
- ☐ Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- ☐ Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- ☐ Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- ☒ Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- ☐ Other entity the agency determines is capable of making presumptive eligibility determinations:

- ☒ The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement



Medicaid Eligibility

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Adult Group	S32
1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	
The state covers the Adult Group as described at 42 CFR 435.119. <input type="radio"/> Yes <input checked="" type="radio"/> No	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Former Foster Care Children

S33

42 CFR 435.150
1902(a)(10)(A)(i)(IX)

- ☐ **Former Foster Care Children** - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.

☒ The state attests that it operates this eligibility group under the following provisions:

☐ Individuals qualifying under this eligibility group must meet the following criteria:

☐ Are under age 26.

☐ Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

☐ Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

☒ Yes ☐ No

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

☐ Yes ☒ No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage	S50
Individuals above 133% FPL	
1902(a)(10)(A)(ii)(XX) 1902(hh) 42 CFR 435.218	
Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218. <input type="radio"/> Yes <input checked="" type="radio"/> No	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage

Optional Coverage of Parents and Other Caretaker Relatives

S51

42 CFR 435.220

1902(a)(10)(A)(ii)(I)

Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.

☐ Yes ☒ No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Reasonable Classification of Individuals under Age 21	S52
42 CFR 435.222 1902(a)(10)(A)(ii)(I) 1902(a)(10)(A)(ii)(IV)	
Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222. <input type="radio"/> Yes <input checked="" type="radio"/> No	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Children with Non IV-E Adoption Assistance

S53

42 CFR 435.227
1902(a)(10)(A)(ii)(VIII)

Children with Non IV-E Adoption Assistance - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☒ Individuals qualifying under this eligibility group must meet the following criteria:

☒ The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;

☒ Are under the following age (see the Guidance for restrictions on the selection of an age):

☒ Under age 21

☐ Under age 20

☐ Under age 19

☐ Under age 18

☒ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

☒ Yes ☐ No

☒ Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.

The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

☒ Income standard used for this eligibility group

☒ Minimum income standard

The minimum income standard for this eligibility group is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

☒ Maximum income standard



Medicaid Eligibility

No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

☒ No income test was used (all income was disregarded) for this eligibility group under (check all that apply):

☒ The Medicaid state plan as of March 23, 2010.

☒ The Medicaid state plan as of December 31, 2013.

☐ A Medicaid 1115 Demonstration as of March 23, 2010.

☐ A Medicaid 1115 Demonstration as of December 31, 2013.

The state's maximum standard for this eligibility group is no income test (all income is disregarded).

☒ Income standard chosen

Individuals qualify under this eligibility group under the following income standard, which must be higher than the minimum for this child's age:

This eligibility group does not use an income test (all income is disregarded).

☒ There is no resource test for this eligibility group.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Optional Targeted Low Income Children

S54

1902(a)(10)(A)(ii)(XIV)
42 CFR 435.229 and 435.4
1905(u)(2)(B)

Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

☐ Yes ☒ No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage	S55
Individuals with Tuberculosis	
1902(a)(10)(A)(ii)(XII) 1902(z)	
Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Independent Foster Care Adolescents

S57

42 CFR 435.226
1902(a)(10)(A)(ii)(XVII)

Independent Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

☒ Yes ☐ No

☒ The state attests that it operates this eligibility group in accordance with the following provisions:

☐ Individuals qualifying under this eligibility group must meet the following criteria:

☐ Are under the following age

- ☒ Under age 21
- ☐ Under age 20
- ☐ Under age 19

☐ Were in foster care under the responsibility of a state on their 18th birthday.

☐ Are not eligible and enrolled for mandatory coverage under the Medicaid state plan.

☐ Have household income at or below a standard established by the state.

☐ MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

☒ Yes ☐ No

The state covers children under this eligibility group, as follows (selection may not be more restrictive than the coverage in the Medicaid state plan as of March 23, 2010 until October 1, 2019, nor more liberal than the most liberal coverage in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013):

- ☒ All children under the age selected
- ☐ A reasonable classification of children under the age selected:

☐ Income standard used for this eligibility group

☐ Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.



Medicaid Eligibility

☒ Maximum income standard

No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

☒ Yes ☐ No

☒ No income test was used (all income was disregarded) for this eligibility group under (check all that apply):

☒ The Medicaid state plan as of March 23, 2010.

☒ The Medicaid state plan as of December 31, 2013.

☐ A Medicaid 1115 demonstration as of March 23, 2010.

☐ A Medicaid 1115 demonstration as of December 31, 2013.

The state's maximum standard for this eligibility group is no income test (all income is disregarded).

☒ Income standard chosen

Individuals qualify under this eligibility group under the following income standard:

This eligibility group does not use an income test (all income is disregarded).

☒ There is no resource test for this eligibility group.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services	S59
1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214	
Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214. <input type="radio"/> Yes <input checked="" type="radio"/> No	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.