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State/Territory Name: **Puerto Rico**

State Plan Amendment (SPA) #: **24-0006**

This file contains the following documents in the order listed:

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

PR - Submission Package - PR2024MS0004O - (PR-24-0006) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Division Of Medicaid and Children Operation
26 Federal Plaza
Room 18-741
New York City, NY 10278



Center for Medicaid & CHIP Services

September 20, 2024

Dinorah Collazo-Ortiz
Executive Director
Puerto Rico Medicaid Program
PO Box 70184
San Juan, PR
Guaynabo, PR 00971

Re: Approval of State Plan Amendment PR-24-0006

Dear Dinorah Collazo-Ortiz,

On June 28, 2024, the Centers for Medicare and Medicaid Services (CMS) received Puerto Rico State Plan Amendment (SPA) PR-24-0006, in which Puerto Rico proposed to increase non-MAGI group resource limits, make adjustments to certain income and resource disregards, and memorialize certain MAGI-related elections.

We approve Puerto Rico State Plan Amendment (SPA) PR-24-0006 with an effective date(s) of May 29, 2024.

The pages approved for inclusion in Puerto Rico's state plan are attached. CMS appreciates the significant work that your staff dedicated to preparing this SPA.

If you have any questions regarding this amendment, please contact Ivelisse Salce at Ivelisse.Salce@cms.hhs.gov

Sincerely,
James G. Scott
Director Division of Program Operations
Center for Medicaid & CHIP Services

PR - Submission Package - PR2024MS0004O - (PR-24-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter Transaction Logs

News **Related Actions**

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID	PR2024MS0004O	SPA ID	PR-24-0006
Submission Type	Official	Initial Submission Date	6/28/2024
Approval Date	09/20/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Puerto Rico	Medicaid Agency Name:	Puerto Rico Medicaid Program
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Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS00040 | PR-24-0006

Package Header

Package ID	PR2024MS00040	SPA ID	PR-24-0006
Submission Type	Official	Initial Submission Date	6/28/2024
Approval Date	09/20/2024	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID PR-24-0006

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
MAGI-Based Methodologies - Territories	5/29/2024	PR-17-0001
Non-MAGI Methodologies	5/29/2024	TN 93-5
Medically Needy Income Level	5/29/2024	TN 92-3
Handling of Excess Income (Spenddown)	5/29/2024	TN 92-2
Medically Needy Resource Level	5/29/2024	01-1
Optional Eligibility Groups	5/29/2024	New
Medically Needy Pregnant Women	5/29/2024	New
Medically Needy Children under Age 18	5/29/2024	New
Medically Needy Reasonable Classifications of Individuals under Age 21	5/29/2024	New
Medically Needy Parents and Other Caretaker Relatives	5/29/2024	New
Medically Needy Populations Based on Age, Blindness or Disability	5/29/2024	16-0001 and 07-011

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Supplement 3 to Attachment 2.6 A page 4

The MAGI-Based Methodologies - Territories RU supersedes and removes Attachments 1, 2, and 3 in SPA PR-17-0001.

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

Package Header

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Executive Summary

Summary Description Including Goals and Objectives This SPA will transition the Medically Needy Groups and MAGI-based methodologies material to the MACPro format and elect to use the IRS tax filing threshold to determine when a child's income counts in the household (consistent with SPA PR-23-0003). It also will adjust the NO MAGI resource limit and income and resource disregards.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2024	\$0
Second	2025	\$0

Federal Statute / Regulation Citation

1902(a)(10)(ii), 1902(a)(10)(C), 1902(a)(10)(F), 1902(e)(2), 1902(e)(3)
1902(a)(10)(C), 1902(a)(17), 1903(f)
42 CFR 435 Subparts B and C and 436 Subparts B and C
42 C.F.R. §435.811 and §436.811

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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Governor's Office Review

- ☐ No comment

☐ Comments received

☐ No response within 45 days

☒ Other
- Describe

Designated to State Medicaid Director

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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News **Related Actions**

Medicaid State Plan Eligibility

MAGI-Based Methodologies - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

CMS-10434 OMB 0938-1188

Package Header

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The state will apply Modified Adjusted Gross Income (MAGI)-based methodologies as described below, and consistent with 42 CFR 435.603, except for 42 CFR 435.603 (d)(2), (d)(3), (f)(1), (f)(2), and (f)(5).

A. Household Composition

- Household composition for all individuals is defined in accordance with the non-filer rules at 42 CFR 435.603(f)(3).
- In determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.
- In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:
 - ☐ a. The pregnant woman is counted just as herself.
 - ☐ b. The pregnant woman is counted as herself, plus one.
 - ☒ c. The pregnant woman is counted as herself, plus the number of children she is expected to deliver.
- In establishing household composition, the state elects the following age for children:
 - ☒ a. Age 19
 - ☐ b. Age 19, or in the case of full-time students, age 21

Medicaid Eligibility MAGI-Based Methodologies - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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B. Household Income

Financial eligibility is determined consistent with the following provisions:

- When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.
- When determining eligibility for current beneficiaries, financial eligibility is based on:
 - ☒ a. Current monthly household income and family size
 - ☐ b. Projected annual household income and family size for the remaining months of the current calendar year.
- In determining current monthly or projected annual household income, the state considers reasonably predictable changes in income:
 - ☐ Yes ☒ No
- MAGI-based income is calculated using the financial methodologies defined in section 36B(d)(2)(B) of the Internal Revenue Code, except as described at 42 CFR 435.603(e), and without regard to whether an individual expects to file taxes.
- A child's income will not count toward the household MAGI if (i) the child is in the household with one or both parents and (ii) the child's income does not meet the tax filing thresholds (i.e., when counting earned and/or unearned income), subject to the choice below:
 - ☒ a. The territory uses the IRS tax filing thresholds without adjustment
 - ☐ b. The territory uses the IRS tax filing thresholds adjusted based on the territory's standard of living
 - ☐ c. The territory uses its own tax filing threshold
- If a child is not living with at least one parent, the child's income counts as a regular member for any household in which the child is a member, including the household in which the child is the member whose eligibility is being evaluated (i.e., a child who is living with a grandmother (caretaker relative) and siblings).
- In determining the eligibility of an individual using MAGI-based income, the territory must subtract an amount equivalent to 5 percentage points of the poverty level for the applicable family size only to determine the eligibility of an individual for medical assistance under the eligibility group with the highest income standard using MAGI-based methodologies in the applicable Title of the Act, but not to determine eligibility for a particular eligibility group.
- In determining the eligibility of an individual using MAGI-based income, the territory may elect to use the local poverty level in place of the Federal poverty level. See Income Standards - Territories screen for option selected.

Medicaid Eligibility MAGI-Based Methodologies - Territories

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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C. Resource Test

There is no resource test applied to eligibility groups that use MAGI-based methodologies.

D. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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News **Related Actions**

Medicaid State Plan Eligibility

Income/Resource Methodologies

Non-MAGI Methodologies

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The state will apply the methodologies as described below, and consistent with 42 CFR 436.601, 436.602, and 436.831.

A. Basic Financial Methodology

The state applies the income and resource methodologies of the OAA, AFDC, AB, APTD, and AABD programs (whichever is most closely related) when determining eligibility, with the exceptions described below in B. through G.

B. Use of Less Restrictive Methodologies

1.The state elects to apply income and/or resources methodologies that are less restrictive than those used under the cash assistance programs, in accordance with 42 CFR 436.601(d).

- ☒ Yes
- ☐ No

2. The less restrictive income and resource methodologies are described on the RU for each applicable eligibility group.

Non-MAGI Methodologies

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C. Financial Responsibility of Relatives

1. In determining financial eligibility for an individual, the state does not include income and resources from anyone other than the individual's spouse, and for individuals under age 21 or who have blindness or disability, the individual's parent.

- a. The state includes the income and resources of a spouse or parent only when they are living with the individual in the same household.
- b. In the case of individuals under age 21 for whom AFDC is the most closely related cash assistance program, the income and resources of parents and spouses are included only if the individual would have been considered a dependent under the state's approved AFDC state plan in effect as of July 16, 1996.

Non-MAGI Methodologies

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D. Family Size

1. The family size of an individual for whom the SSI income and resource methodologies are used (as described in section A) includes the persons identified below:
- a. The individual applying, or
 - b. If the individual lives together with his or her spouse, the individual applying and the spouse, or
 - c. If the individual lives together with his or her parent(s) and the individual is under 21 or has blindness or a disability, the individual applying and the parent(s).
2. The family size of an individual for whom the AFDC income and resource methodologies are used (as described in section A.), includes the persons who would have been included in the family under the state's July 16, 1996 AFDC state plan, except where the state has elected to use the MAGI-like methodologies (as described in section E).
3. The state defines family size for one or more of the following FPL eligibility groups to include others beyond those identified in D.1. and D.2.
- ☐ Yes
- ☒ No

Non-MAGI Methodologies

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E. Use of MAGI-like Methodologies

1. The state uses MAGI-like methodologies for one or more populations for whom the most closely related cash assistance program would be the AFDC program in effect as of July 16, 1996.

- ☐ Yes
- ☒ No

Non-MAGI Methodologies

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F. Countable Income Deductions for the Medically Needy

In determining countable income, the territory must deduct amounts that would be deducted in determining eligibility under the approved plan for OAA, AFDC, AB, APTD, or AABD.

Non-MAGI Methodologies

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G. Additional Information (optional)

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News **Related Actions**

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

- ☐ Yes
- ☒ No

3. The level used is:

Household size	Standard
1	\$400.00

The state uses an additional incremental amount for larger household sizes.

- ☒ Yes
- ☐ No

Incremental Amount:

\$95.00

The dollar amounts increase automatically each year

- ☐ Yes
- ☒ No

Medically Needy Income Level

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B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

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C. Additional Information (optional)

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Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 436.831.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:
- ☒ a. One budget period of:
 - ☐ i. 6 months
 - ☐ ii. 5 months
 - ☐ iii. 4 months
 - ☐ iv. 3 months
 - ☐ v. 2 months
 - ☒ vi. 1 month
 - ☐ b. More than one budget period, as described below:
2. The state includes part or all of the retroactive period in the budget period.
- ☐ Yes
 - ☒ No

Handling of Excess Income (Spenddown)

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B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.

b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.

c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.

d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.
2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

☐ Yes

☒ No
3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown)

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C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

a. Eligible expenses incurred during the budget period, whether paid or unpaid.

b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.

c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:

☐ i. At any time prior to the budget period.

☐ ii. Prior to the third month before the month of application, but no earlier than:

☒ iii. No earlier than the third month before the month of application.
2. For prospective budget period(s), the state deducts:

a. Eligible expenses incurred during the budget period, whether paid or unpaid.

b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.

c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spenddown)

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D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- ☐ 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- ☒ 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- ☐ 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

Package Header

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Superseded SPA ID	TN 92-2		
User-Entered			

E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- ☐ Yes
- ☒ No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

Package Header

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F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- ☐ Yes
- ☒ No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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PR - Submission Package - PR2024MS0004O - (PR-24-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter Transaction Logs

News **Related Actions**

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

CMS-10434 OMB 0938-1188

Package Header

Package ID	PR2024MS0004O	SPA ID	PR-24-0006
Submission Type	Official	Initial Submission Date	6/28/2024
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Superseded SPA ID	01-1		
User-Entered			

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

Package Header

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Superseded SPA ID	01-1		
	User-Entered		

B. Resource Level Used

The level used is:

Household size	Standard
1	\$10000.00

The state uses an additional incremental amount for larger household sizes.

- ☐ Yes
- ☒ No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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C. Additional Information (optional)

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News **Related Actions**

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

CMS-10434 OMB 0938-1188

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A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

☒ Yes ☐ No














The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

Package Header

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	User-Entered		

B. Medically Needy Options for Coverage







The state provides Medicaid to specified groups of individuals who are medically needy.

☒ Yes ☐ No

The medically needy eligibility groups covered in the state plan are:







1. Mandatory Medically Needy:

Families and Adults




Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women				<input type="radio"/>	APPROVED
Medically Needy Children under Age 18				<input type="radio"/>	APPROVED

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21				<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives				<input type="radio"/>	APPROVED

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability				<input type="radio"/>	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS00040 | PR-24-0006

Package Header

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C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

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News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

CMS-10434 OMB 0938-1188

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	User-Entered		

The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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B. Financial Methodologies

1. The financial methodology used is:
- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
 - ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
2. Less restrictive methodologies are used in calculating countable income.
- ☒ Yes
 - ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
General Income Disregard	\$85 + 1/2 of the remaining income up to \$400

☒ A specified amount of earned income is disregarded.

Amount: \$75.00

Description of disregard: Earned Income Disregard

☒ Assistance is disregarded when received by the household from state-funded programs.

Name of program:	Description:
TANF	Temporary Assistance for Needy Families
PAN	PAN= Nutrition Assistance Program (NAP, or PAN for its Spanish acronym)

☒ Income is disregarded when used for payments made by the household:

☒ Toward the cost of child support paid outside the home.

Description: Child Support Paid

☒ Toward the cost of spousal support paid outside the home.

Description: Alimony Paid

☒ Specified payments made by the household:

Name of payment:	Description:
Student Loan Interest Paid	Student Loan Interest paid is disregarded.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Alimony Received	Alimony Received is disregarded

Name of income type:	Description:
Child Support Received	Child Support Received is disregarded

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ Real property not otherwise excluded is disregarded.

Description of disregard: Disregard the full value of income-producing boats.
Disregard livestock.
Disregard machinery and property used to generate income.

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Disregard	Disregard up to \$1500 per household member for burial

☒ The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

☒ A motor vehicle is disregarded under specific conditions.

☒ Specified conditions:

Description: Disregard the first two motor vehicles per household.
Disregard income-producing vehicles.

☒ Household goods and services are disregarded as a resource.

Description of disregard: Disregard the value of household goods and services.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Second (non-homestead) Property	Disregard the value of a second (non-homestead) property up to \$10,000.

Medically Needy Pregnant Women

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS00040 | PR-24-0006

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F. Additional Information (optional)

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News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

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The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 18.
2. Would qualify as categorically needy, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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B. Financial Methodologies

1. The financial methodology used is:
- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
 - ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
2. Less restrictive methodologies are used in calculating countable income.
- ☒ Yes
 - ☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
General Income Disregard	\$85 + 1/2 of the remaining income up to \$400

☒ A specified amount of earned income is disregarded.

Amount: \$75.00

Description of disregard: Earned Income Disregard

☒ Assistance is disregarded when received by the household from state-funded programs.

Name of program:	Description:
PAN	PAN= Nutrition Assistance Program (NAP, or PAN for its Spanish acronym)
TANF	Temporary Assistance for Needy Families

☒ Income is disregarded when used for payments made by the household:

☒ Toward the cost of child support paid outside the home.

Description: Child Support Paid

☒ Toward the cost of spousal support paid outside the home.

Description: Alimony Paid

☒ Specified payments made by the household:

Name of payment:	Description:
Student Loan Interest Paid	Student Loan Interest paid is disregarded.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Alimony Received	Alimony Received is disregarded

Name of income type:	Description:
Child Support Received	Child Support Received is disregarded

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ Real property not otherwise excluded is disregarded.

Description of disregard: Disregard the full value of income-producing boats.
Disregard livestock.
Disregard machinery and property used to generate income.

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Disregard	Disregard up to \$1500 per household member for burial

☒ The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

☒ A motor vehicle is disregarded under specific conditions.

☒ Specified conditions:

Description: Disregard the first two motor vehicles per household.
Disregard income-producing vehicles.

☒ Household goods and services are disregarded as a resource.

Description of disregard: Disregard the value of household goods and services.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Second (non-homestead) Property	Disregard the value of a second (non-homestead) property up to \$10,000.

Medically Needy Children under Age 18

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Children under Age 18

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F. Additional Information (optional)

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

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Submission Type	Official	Initial Submission Date	6/28/2024
Approval Date	09/20/2024	Effective Date	5/29/2024
Superseded SPA ID	New		
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The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 436.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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B. Individuals Covered

The state covers the following populations:

- ☒ 1. All children under a specified age limit:

☒ i. Under age 21

☐ ii. Under age 20

☐ iii. Under age 19
- ☐ 2. Reasonable classifications of children

Medically Needy Reasonable Classifications of Individuals under Age 21

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- ☒ Yes
☐ No

2. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
☐ No

The less restrictive income methodologies are:

☒ General income disregard:

Name of disregard:	Description:
General Income Disregard	\$85 + 1/2 of the remaining income up to \$400

☒ A specified amount of earned income is disregarded.

Amount: \$75.00

Description of disregard: Earned Income Disregard

☒ Assistance is disregarded when received by the household from state-funded programs.

Name of program:	Description:
TANF	Temporary Assistance for Needy Families
PAN	PAN= Nutrition Assistance Program (NAP, or PAN for its Spanish acronym)

☒ Income is disregarded when used for payments made by the household:

☒ Toward the cost of child support paid outside the home.

Description: Child Support Paid

☒ Toward the cost of spousal support paid outside the home.

Description: Alimony Paid

☒ Specified payments made by the household:

Name of payment:	Description:
Student Loan Interest Paid	Student Loan Interest paid is disregarded.

☒ A specified type of income is disregarded:

Name of income type:	Description:
Alimony Received	Alimony Received is disregarded
Child Support Received	Child Support Received is disregarded

4. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

☒ Real property not otherwise excluded is disregarded.

Description of disregard: Disregard the full value of income-producing boats.
Disregard livestock.
Disregard machinery and property used to generate income.

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Disregard	Disregard up to \$1500 per household member for burial

☒ The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

☒ A motor vehicle is disregarded under specific conditions.

☒ Specified conditions:

Description: Disregard the first two motor vehicles per household.
Disregard income-producing vehicles.

☒ Household goods and services are disregarded as a resource.

Description of disregard: Disregard the value of household goods and services.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Second (non-homestead) Property	Disregard the value of a second (non-homestead) property up to \$10,000.

Medically Needy Reasonable Classifications of Individuals under Age 21

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Reasonable Classifications of Individuals under Age 21

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G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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PR - Submission Package - PR2024MS0004O - (PR-24-0006) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Review Assessment Report Approval Letter Transaction Logs

News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

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The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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B. Financial Methodologies

1. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

2. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ General income disregard:

Name of disregard:	Description:
General Income Disregard	\$85 + 1/2 of the remaining income up to \$400

- ☒ A specified amount of earned income is disregarded.

Amount: \$75.00

Description of disregard: Earned Income Disregard

- ☒ Assistance is disregarded when received by the household from state-funded programs.

Name of program:	Description:
TANF	Temporary Assistance for Needy Families
PAN	PAN= Nutrition Assistance Program (NAP, or PAN for its Spanish acronym)

- ☒ Income is disregarded when used for payments made by the household:

- ☒ Toward the cost of child support paid outside the home.

Description: Child Support Paid

- ☒ Toward the cost of spousal support paid outside the home.

Description: Alimony Paid

- ☒ Specified payments made by the household:

Name of payment:	Description:
Student Loan Interest Paid	Student Loan Interest paid is disregarded.

- ☒ A specified type of income is disregarded:

Name of income type:	Description:
Alimony Received	Alimony Received is disregarded

Name of income type:	Description:
Child Support Received	Child Support Received is disregarded

3. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
☐ No

The less restrictive resource methodologies are:

☒ Real property not otherwise excluded is disregarded.

Description of disregard: Disregard the full value of income-producing boats.
Disregard livestock.
Disregard machinery and property used to generate income.

☒ The state uses a less restrictive methodology with respect to resources set aside for burial.

☒ Specified methodology for the treatment of resources set aside for burial:

Name of methodology:	Description:
Burial Disregard	Disregard up to \$1500 per household member for burial

☒ The state uses a less restrictive methodology with respect to the treatment of motor vehicles.

☒ A motor vehicle is disregarded under specific conditions.

☒ Specified conditions:

Description: Disregard the first two motor vehicles per household.
Disregard income-producing vehicles.

☒ Household goods and services are disregarded as a resource.

Description of disregard: Disregard the value of household goods and services.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Second (non-homestead) Property	Disregard the value of a second (non-homestead) property up to \$10,000.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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F. Additional Information (optional)

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News **Related Actions**

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

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Superseded SPA ID	16-0001 and 07-011		
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The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

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

- 1.Meet at least one of the following:

a. Are age 65 or older;

b. Have blindness; or

c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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B. Individuals Covered

The state covers the following populations:

- ☒ 1. Individuals age 65 or older
- ☒ 2. Individuals with blindness
- ☒ 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | PR2024MS0004O | PR-24-0006

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C. Financial Methodologies

The methodologies of the most closely related assistance program are used to calculate income and resources.

Medically Needy Populations Based on Age, Blindness or Disability

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

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E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

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F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Populations Based on Age, Blindness or Disability

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G. Additional Information (optional)

Disregard the amount of an individual's Medicare Part B premium reduction through enrollment in a Medicare Advantage plan.

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