Revision: HCFA-PM- (MB)

State/Territory: Indiana

Citation			
42 CFR 435.914 1902(a)(34) of the Act	2.1(b)	(1)	Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.
1902(e)(8) and 1905(a) of the Act		(2)	For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after The end of the month which the individual is first Determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.
1902(a)(47) and 1920 of The Act	X	(3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for Determination of eligibility for this group.

Revision: HCFFA-PM-91-4 (BPD) OMB No.: 0938
March 2008

State/Territory: Indiana

Citation		
	3.1(a) (6)	Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (continued)
1902 (a) and 1903 (v) of the Act		(iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903 (v) (3) of the Act.
1905 (a) (9) of the Act	(a) (7)	Homeless Individuals. Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.
1902 (a) (47) and 1920 of the Act	☒ (a) (8)	Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.
42 CFR 441.55 50 FR 43654 1902 (a) (43), 1905 (a) (4) (B), and 1905 (r) of the Act	(a) (9)	EPSDT SERVICES. The Medicaid agency meets the requirements of sections 1902(a) (43), 1905 (a) (4) (B), and 1905 (r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: INDIANA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)	Groups Covered
	B. Optional Groups Other Than the Medically Needy (Continued)
1902 (a) (47) And 1920 of The Act	_X__17. Pregnant women who are determined by a "qualified provider" (as defined in §1920 (b) (2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with Section 1920 of the Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: INDIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1920 (b) (1) of the Act	_X_ (3) For a presumptive eligibility for pregnant women only. Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902 (e) (8) and 1905 (a) of the Act	_X_ b. For qualified Medicare beneficiaries defined in section 1905 (p) (1) of the Act coverage is available beginning with the first day of the month after the month in which the individual is first determined to be a qualified Medicare beneficiary under section 1905 (p) (1). The eligibility determination is valid for— _x_ 12 months ____ 6 months ____ ____months (no less than 6 months and no more than 12 months)