

Records / Submission Packages

# SD - Submission Package - SD2019MS00040 - (SD-20-0001) - Eligibility

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CMS-10434 OMB 0938-1188

## Medicaid State Plan Eligibility

### Income/Resource Methodologies

#### Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

#### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	New		
	User-Entered		

The state will apply the methodologies as described below, and consistent with 42 CFR 435.601, 435.602, and 435.831.

#### A. Basic Financial Methodology

1. The state applies the income and resource methodologies of the SSI program when determining eligibility for a population based on age (65 or older) or having blindness or a disability, with the exceptions described below in B. through G.
2. The state applies the financial methodologies of either the SSI program or the AFDC program in effect as of July 16, 1996 (whichever is most closely related) when determining eligibility for a population based on age (as a child), pregnancy, or status as a caretaker relative, 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 435.601(d).

- Yes  
 No

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

## Non-MAGI Methodologies

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

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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, except as follows:

i. In the case of spouses who are age 65 or older or who have blindness or disability and who share the same room in a Medicaid institution, the state:

(1) Considers these couples either as living together or as living separately for the purpose of counting income and resources, whichever is more advantageous to the couple.

(2) Considers these couples as living separately for the purpose of counting income and resources.

ii. Where applicable, the state determines income and resource eligibility consistent with the spousal impoverishment rules of section 1924 of the Act, as described in the Resource Assessment and Eligibility reviewable unit.

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 for individuals who are age 65 or older or who have blindness or a disability, the state deducts:

1. Amounts that would be deducted in determining eligibility under SSI.
2. The highest amounts that would be deducted in determining eligibility for optional state supplements if these supplements are paid to all individuals who are receiving SSI or would be eligible for SSI except for their income.

## Non-MAGI Methodologies

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### G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

### Package Header

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<b>Superseded SPA ID</b>	SD-20-0001		
	System-Derived		

### Mandatory Coverage

**A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:**

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" 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
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Working Individuals under 1619(b)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Medicare Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualified Disabled and Working Individuals		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Specified Low Income Medicare Beneficiaries	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Qualifying Individuals	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED



## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003




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#### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED

#### 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

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

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

### Package Header

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<b>Superseded SPA ID</b>	SD-13-0015		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

### A. Characteristics

1. Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
2. 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 C.F.R. 435.110.

- Yes  
 No

### B. Financial Methodologies

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

### C. Income Standard Used

The state uses the following income standard for this group:

**FPL** 133.00%

## Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

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### D. Benefits for Pregnant Women

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

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

## Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

### Package Header

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## E. Basis for Pregnant Women Income Standard

### 1. Minimum income standard

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

b. The minimum income standard for this eligibility group is 133% FPL.

### 2. Maximum income standard

a. 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.

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

- i. 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.
- ii. 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.
- iii. 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.
- iv. 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.
- v. 185% FPL

## G. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS0006O | SD-23-0007

Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

#### Package Header

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<b>Superseded SPA ID</b>	SD-18-0002		
	System-Derived		

The state covers the mandatory former foster care children group in accordance with the following provisions:

#### A. Characteristics

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

1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

#### B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

**1. The state covers individuals who:**

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. 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.

**2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:**

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

#### C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

**1. The state covers individuals who:**

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
  - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
  - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

**2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:**

- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

## Former Foster Care Children

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS0006O | SD-23-0007

### Package Header

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### 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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# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

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The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

### A. Characteristics

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

1. Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
2. Have income and resources at or below the standard for this group.



## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

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## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

- Census Bureau wages are disregarded.

**Description of disregard:** The State shall disregard Census Bureau wages for temporary employment related to decennial census activities.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
In-Kind Income	The State shall disregard an amount equal to the amount of otherwise countable in-kind income received by an applicant or recipient.

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

- Yes  
 No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
Medicare Savings Program	The individual is eligible for the entire month if he or she meets the resource standard at any time during the month.

## Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

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### C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

## Qualified Medicare Beneficiaries

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### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

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The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

### A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

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### B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

- Census Bureau wages are disregarded.

**Description of disregard:** The State shall disregard Census Bureau wages for temporary employment related to decennial census activities.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
In-Kind Income	The State shall disregard an amount equal to the amount of otherwise countable in-kind income received by an applicant or recipient.

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

- Yes  
 No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
Medicare Savings Program	The individual is eligible for the entire month if he or she meets the resource standard at any time during the month.

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	SD-13-0015 and SD-06-0007 User-Entered		

### C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

## Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	SD-13-0015 and SD-06-0007		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Adult Group

MEDICAID | Medicaid State Plan | Eligibility | SD2022MS00040 | SD-23-0003

Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.

Not Started

In Progress

Complete

### Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	2/24/2023
<b>Approval Date</b>	5/23/2023	<b>Effective Date</b>	7/1/2023
<b>Superseded SPA ID</b>	New User-Entered		

The state covers the Adult Group in accordance with the following provisions:

### A. Characteristics

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

1. Have attained age 19 but not age 65
2. Are not pregnant
3. Are not entitled to or enrolled for Part A or B Medicare benefits
4. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

### B. Financial Methodologies

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

### C. Income Standard Used

The amount of the income standard for this group is 133% FPL.

### D. Coverage of Dependent Children

Parents or caretaker relatives living with a child under the age specified below are not covered unless the child is receiving benefits under Medicaid, CHIP or through the Exchange or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

- 1. Under age 19, or
- 2. A higher age of children, if any covered under the Reasonable Classifications of Children eligibility group (42 CFR 435.222) on March 23, 2010:



## Package Header

<b>Package ID</b>	SD2022MS00040	<b>SPA ID</b>	SD-23-0003
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	N/A
<b>Approval Date</b>	N/A	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## E. 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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# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	SD-13-0015 and SD-06-0007		
	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

### A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b> SD2019MS00040	<b>SPA ID</b> SD-20-0001
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<b>Approval Date</b> 3/10/2020	<b>Effective Date</b> 1/1/2020
<b>Superseded SPA ID</b> SD-13-0015 and SD-06-0007	
User-Entered	

## B. Financial Methodologies

1. SSI methodologies are used in calculating household income. 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:

- Census Bureau wages are disregarded.

**Description of disregard:** The State shall disregard Census Bureau wages for temporary employment related to decennial census activities.

- The following less restrictive methodologies are used:

Name of methodology:	Description:
In-Kind Income	The State shall disregard an amount equal to the amount of otherwise countable in-kind income received by an applicant or recipient.

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

- Yes  
 No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
Medicare Savings Program	The individual is eligible for the entire month if he or she meets the resource standard at any time during the month.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	SD-13-0015 and SD-06-0007		
	User-Entered		

### C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

### D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

### E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

## Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	SD-13-0015 and SD-06-0007		
	User-Entered		

### F. Additional Information (optional)

CMS-10434 OMB 0938-1188

## Medicaid State Plan Eligibility

### Eligibility and Enrollment Processes

#### Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

MEDICAID | Medicaid State Plan | Eligibility | SD2023MS0001O | SD-23-0008

#### Package Header

<b>Package ID</b>	SD2023MS0001O	<b>SPA ID</b>	SD-23-0008
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/15/2023
<b>Approval Date</b>	6/5/2023	<b>Effective Date</b>	7/1/2023
<b>Superseded SPA ID</b>	NEW		
	User-Entered		

The state provides continuous eligibility for pregnant individuals and extended postpartum coverage in accordance with the following provisions:

#### A. Mandatory Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan, without regard to any changes in income that otherwise would result in ineligibility, through the last day of the month in which a 60-day postpartum period (beginning on the last day of the pregnancy) ends. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.

#### B. Optional 12-Month Postpartum Continuous Eligibility for Pregnant Women

The state provides continuous eligibility to pregnant individuals who were eligible and enrolled under the state plan while pregnant (including during a period of retroactive eligibility) through the last day of the month in which a 12-month postpartum period (beginning on the last day of the pregnancy) ends. The 12-month postpartum continuous eligibility option applies for the period beginning on the effective date of this reviewable unit and is available through March 31, 2027 (or other date as specified by law).

- Yes  
 No

1. This extension does not apply to pregnant individuals eligible only during a period of presumptive eligibility.
2. Full benefits are provided for a pregnant or postpartum individual under this option. This includes all items and services covered under the state plan (or waiver) that are not less in amount, duration, or scope than, or are determined by the Secretary to be substantially equivalent to, the medical assistance available for an individual described in subsection 1902 (a)(10)(A)(i) of the Act.
3. Continuous eligibility is provided to pregnant individuals eligible and enrolled under the state plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:
  - a. The individual requests voluntary termination of eligibility;
  - b. The individual ceases to be a resident of the state;
  - c. The Medicaid agency determines that eligibility was determined incorrectly at the most recent determination or redetermination of eligibility because of agency error or fraud, abuse or perjury attributed to the individual; or
  - d. The individual dies.

#### C. Additional Information (optional)

Section 5113 of the Consolidated Appropriations Act, 2023 eliminated, without replacement, the March 31, 2027, sunset date of the 12-month postpartum continuous eligibility option. Therefore, the durational limit of the option that is described in Section B. does not apply.

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.

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
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<b>Superseded SPA ID</b>	SD-13-0015		
	System-Derived		

### 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 <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Optional Coverage of Parents and Other Caretaker Relatives	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Independent Foster Care Adolescents	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Individuals above 133% FPL under Age 65	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer	<a href="#">?</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis	<a href="#">?</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage	<a href="#">?</a>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" 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
Children under Age 19 with a Disability		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<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 | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
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<b>Superseded SPA ID</b>	SD-13-0015		
	System-Derived		

### B. Medically Needy Options for Coverage

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

Yes  No

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	SD-13-0015 System-Derived		

### 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

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

#### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	SD-13-0015		
	User-Entered		

The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:
  - a. SSI
  - b. Optional State Supplement
  - c. AFDC

## Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
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<b>Superseded SPA ID</b>	SD-13-0015		
	User-Entered		

### B. Individuals Covered

**1. The state covers all individuals who meet the characteristics described in section A.**

Yes

No

**2. The state covers the following populations:**

- a. Individuals age 65 or older
- b. Individuals who have blindness
- c. Individuals who have a disability
- d. All children under a specified age limit:
- e. Reasonable classifications of children
- f. Parents and other caretaker relatives
- g. Pregnant women
- h. Other population

## Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	SD-13-0015		
	User-Entered		

### C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. 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:

- Census Bureau wages are disregarded.

**Description of disregard:** Disregard Census Bureau wages for temporary employment related to decennial census activities.

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

- Yes  
 No

## Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	SD-13-0015		
	User-Entered		

### D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

### E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

## Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
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<b>Superseded SPA ID</b>	SD-13-0015		
	User-Entered		

### F. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

Individuals who would be eligible for Medicaid if they were in an institution and who receive home and community-based services.

#### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	SD-13-0015		
	User-Entered		

The state operates the Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules eligibility group in accordance with the following provisions:

#### A. Characteristics

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

1. Would be eligible for Medicaid if in a medical institution.
2. But for the provision of home and community-based services under a waiver granted under section 1915(c), (d) or (e) of the Act:
  - a. For waivers granted under 1915(c), the individuals would otherwise require the level of care furnished in a hospital, a nursing facility or an intermediate care facility for individuals with intellectual disabilities.
  - b. For waivers granted under 1915(d) or (e), the individuals would otherwise require the level of care furnished in a hospital or nursing facility.
3. Will receive the waived services.



## Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
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<b>Superseded SPA ID</b>	SD-13-0015		
	User-Entered		

### B. Income and Resource Methodologies

1. The income and resource methodologies used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

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

- Yes  
 No

The less restrictive income methodologies are:

- Census Bureau wages are disregarded.

**Description of disregard:** Disregard Census Bureau wages for temporary employment related to decennial census activities.

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

- Yes  
 No

## Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
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<b>Superseded SPA ID</b>	SD-13-0015		
	User-Entered		

### C. Income and Resource Standards

The income and resource standards used for this group are those used to determine eligibility for a state plan group under which the individual would be eligible if in an institution.

## Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
<b>Approval Date</b>	3/10/2020	<b>Effective Date</b>	1/1/2020
<b>Superseded SPA ID</b>	SD-13-0015		
	User-Entered		

### D. Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

Children under age 19 with a disability who would be eligible if they were in a medical institution (known as Katie Beckett).

#### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	1/13/2020
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The state operates the Children under Age 19 with a Disability 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 19 and qualify as an individual with a disability under section 1614(a) of the Act.
2. For whom the state has determined the following:
  - a. The individual requires a level of care provided in a hospital, nursing facility, or intermediate care facility for individuals with intellectual disabilities;
  - b. It is appropriate to provide such care for the child outside such an institution; and
  - c. The estimated cost for the individual's care is not greater than the cost which would otherwise be expended within an appropriate institution.
3. Would be eligible for one or more of the following Medicaid eligibility groups if in a medical institution:
  - a. Individuals in Institutions Eligible under a Special Income Level
  - b. Age and Disability-related Poverty Level
  - c. Medically Needy Individuals
  - d. Individuals Eligible for but Not Receiving Cash Assistance
  - e. Other eligibility group(s):

## Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

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### B. Financial Methodologies and Standards

1. The income and resource methodologies and standards for the group used to determine institutional eligibility are used for this group.
2. Less restrictive methodologies are used in calculating countable income.

Yes

No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Disregard Census Bureau wages for temporary employment related to decennial census activities.

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

Yes

No

## Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

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### C. Cost Effectiveness Determination

1. The cost-effectiveness determination is performed:

- a. Annually
- b. Semi-annually
- c. Other frequency:

2. The calculation is made at the individual level, using the following methodology:

- a. Standard methodology is used.

i. The cost of services for the individual at home is determined using one of the following methods:

- (1) By projecting the approved plan of care.

Description:

The total cost to the Medicaid program of services required to maintain an individual in their home will be compared to the Medicaid cost for an appropriate level of institutional care. The Medicaid cost is based on the historical costs of receiving services in the applicable type of medical institution. At any time the average cost in the home is greater than the institutional cost the payment for home care will be discontinued unless there is documentation that the home care cost will decrease to a level below institutional care within 60 days. Initial comparison of costs will use an estimated cost for home care based on the plan of care.

Costs included in the home care will be limited to those services that would be included in the institutional payment. The primary services included are: nutritional therapy or supplements; physical, speech, or occupational therapy; medical equipment; home health agency services; private duty nursing services; and personal care services. Home care services paid by a third party will not be considered in the Medicaid cost to maintain an individual in their home.

- (2) By using another method

ii. The cost of providing institutional care at the appropriate level of care for this individual is determined using the following method:

Description:

See above.

iii. At the time of the cost effectiveness determination, the cost of care for the individual at home is considered to be cost effective if it does not exceed the cost of the individual's institutional care.

Additional comments (optional):

b. An alternative methodology is used.

## Children under Age 19 with a Disability

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

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### D. Additional Information (optional)



## Eligibility Groups - Options for Coverage

### Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

Individuals with a disability with income below 250% of the FPL, who would qualify for SSI except for earned income.

### Package Header

<b>Package ID</b>	SD2019MS00040	<b>SPA ID</b>	SD-20-0001
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The state covers the optional Work Incentives eligibility group in accordance with the following provisions:

### A. Characteristics

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

1. Have earned income.
2. Meet the SSI definition of disability, but for earned income.
3. Meet income and resource standards following a two-step process, which includes:
  - a. Step One - A comparison of family net income to 250% FPL; and
  - b. Step Two - A comparison of individual net income and resources to the SSI standards, excluding earned income.

## Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

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## B. Step One Financial Methodologies and Income Test

### 1. Financial methodologies

a. SSI methodologies are used in calculating family income. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

Yes

No

The less restrictive income methodologies are:

Income from household members is disregarded.

Income of the spouse is disregarded.

**Description:** Income of the individual's spouse is disregarded.

Census Bureau wages are disregarded.

**Description of disregard:** Disregard Census Bureau wages for temporary employment related to decennial census activities.

### 2. Income Test

Family net income must be less than 250% FPL. Please refer as necessary to Non-MAGI Methodologies for the definition of family size.

## Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

### Package Header

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### C. Step Two Financial Methodologies and Income/Resource Test

#### 1. Financial methodologies

a. SSI methodologies are used in calculating income and resources, except that earned income is not counted. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- Yes  
 No

The less restrictive income methodologies are:

Census Bureau wages are disregarded.

**Description of disregard:** Disregard Census Bureau wages for temporary employment related to decennial census activities.

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

- Yes  
 No

The less restrictive resource methodologies are:

The following less restrictive methodologies are used:

Name of methodology:	Description:
First \$6,000	The first \$6,000 of the individual's countable resources shall be excluded. All resources of the individual's spouse shall be excluded.

#### 2. Income Test

For individuals who pass Step One, in Step Two, the individual's unearned income (plus deemed income, if appropriate) must be less than one of the following income standards:

- a. The SSI income standard.  
 b. The income standard of the state supplement program.

#### 3. Resource Test

The individual's resources must be less than the SSI resource standard.

## Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

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### D. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

## Work Incentives

MEDICAID | Medicaid State Plan | Eligibility | SD2019MS00040 | SD-20-0001

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### E. Additional Information (optional)

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