



Centers for Medicare & Medicaid Services CMS eXpedited Life Cycle (XLC)

Medicaid & CHIP Business Information Solutions (MACBIS) Crosswalk from Paper-based State Plan to MACPro and MMDL

Version 1.0

10/09/2018

1. Medicaid Eligibility SPAs – Crosswalk from Paper-based State Plan to MACPro and MMDL

This document lists each provision in Section 2 of the base plan, Attachment 2.2-A, and Attachment 2.6-A of the traditional paper-based Medicaid state plan. For each provision, you will find a crosswalk to the Medicaid Model Data Lab (MMDL) PDF templates and MACPro reviewable units (RUs) that now contain that information. Because the paper-based state plan has changed over time, the numbering and language of each provision in this table may not match exactly with the numbering and language in a specific state's Medicaid state plan. Whenever possible, the statutory and regulatory citations are included to help you identify the provision.

Table 1: Crosswalk from Paper-based State Plan to MACPro and MMDL

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Base Plan				
Base Plan	2.1	a. The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid (435.10 and Subpart J)	S94: Eligibility Process	Eligibility Process
Base Plan	2.1	b.1. Except as provided in b.2. and b.3., individuals are entitled to Medicaid services under the plan during the 3 months preceding the month of application (435.914, 1902(a)(34))	None	<i>Future Development</i>
Base Plan	2.1	b.2. For individuals eligible as Qualified Medicare Beneficiaries, coverage is available for services furnished after the end of the month in which the individual is first determined to be a QMB (1902(e)(8) and 1905(a))	None	Qualified Medicare Beneficiaries
Base Plan	2.1	b.3. Pregnant women are entitled to ambulatory prenatal care during a presumptive eligibility period (1902(a)(47))	S28: Eligibility Groups – Mandatory Coverage: Pregnant Women	Presumptive Eligibility for Pregnant Women
Base Plan	2.1	c. REMOVED	N/A	N/A
Base Plan	2.1	d. The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from low-income pregnant women and children at outstationed locations (1902(a)(55))	S94: Eligibility Process	Eligibility Process
Base Plan	2.1	e. Express Lane Eligibility	None	<i>Future Development</i>

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Base Plan	2.2	<u>Coverage and Conditions of Eligibility</u> Medicaid is available to the groups specified in Attachment 2.2-A.	None	Mandatory Eligibility Groups Optional Eligibility Groups
Base Plan	2.2	The conditions of eligibility that must be met are specified in Attachment 2.6-A.	None	<i>See relevant eligibility group RUs</i>
Base Plan	2.2	All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.	None	<i>See relevant eligibility group RUs</i>
Base Plan	2.3	<u>Residence</u> Medicaid is furnished to eligible individuals who are residents of the state under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintains it at a fixed address.	S88: State Residency	State Residency
Base Plan	2.4	<u>Blindness</u> All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in Attachment 2.2-A.	None	<i>Future Development</i>
Base Plan	2.5	<u>Disability</u> All of the requirements of 42 CFR 435.540 and 435.541 are met. The state uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of Attachment 2.2-A of this plan.	None	<i>Future Development</i>
Base Plan	2.6	<u>Financial Eligibility</u> a. The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in Attachment 2.6-A. (435.10 and Subparts G & H)	None	<i>See relevant eligibility group RUs</i>

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Base Plan	2.7	<p><u>Medicaid Furnished Out of State</u> Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the state while the individual is in another state, to the same extent that Medicaid is furnished to residents in the state.</p>	None	<i>Future Development</i>
Attachment 2.2-A				
Attachment 2.2-A	A – Mandatory Coverage Groups	1. Recipients of AFDC (435.110)	<p>S28: Eligibility Groups – Mandatory Coverage: Pregnant Women</p> <p>S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19</p> <p>S25: Eligibility Groups – Mandatory Coverage: Parents and Other Caretaker Relatives</p>	Pregnant Women Infants and Children under Age 19 Parents and Other Caretaker Relatives
Attachment 2.2-A	A – Mandatory Coverage Groups	2. Deemed recipients of AFDC (1902(a)(10)(A)(i)(I))	None	Extended Medicaid due to Spousal Support Collections Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.2-A	A – Mandatory Coverage Groups	3. Qualified Family Members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed (407(b), 1902(a)(10)(A)(i) and 1905(m)(1))	N/A – obsolete	N/A – obsolete
Attachment 2.2-A	A – Mandatory Coverage Groups	4. TMA - Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards (1902(a)(52) and 1925)	None	Transitional Medical Assistance
Attachment 2.2-A	A – Mandatory Coverage Groups	5. Individuals who are ineligible for AFDC solely because of eligibility requirements that are specifically prohibited under Medicaid. (435.113)	N/A – obsolete	N/A – obsolete
Attachment 2.2-A	A – Mandatory Coverage Groups	6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under PL 92-336 (435.114)	N/A – obsolete	N/A – obsolete
Attachment 2.2-A	A – Mandatory Coverage Groups	7. Qualified pregnant women and children (1902(a)(10)(A)(i)(III), 1905(n))	S28: Eligibility Groups – Mandatory Coverage: Pregnant Women S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Pregnant Women Infants and Children under Age 19
Attachment 2.2-A	A – Mandatory Coverage Groups	8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the FPL (1902(a)(10)(A)(i)(iv) and 1902(l)(1)(A) and (B))	S28: Eligibility Groups – Mandatory Coverage: Pregnant Women S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Pregnant Women Infants and Children under Age 19

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.2-A	A – Mandatory Coverage Groups	9. Children (a) who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the FPL; and (b) born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the FPL (1902(a)(10)(A)(I)(iv) and (vii) and 1902(I)(1)(C) and (D))	S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Infants and Children under Age 19
Attachment 2.2-A	A – Mandatory Coverage Groups	10. Individuals other than qualified pregnant women and children under A.7. who are members of a family that would be receiving AFDC if the state had not exercised the option under 407(b)(2)(a)(i) to limit the number of months for which a family may receive AFDC (1902(a)(10)(A)(i)(V) and 1905(m))	N/A – obsolete	N/A – obsolete
Attachment 2.2-A	A – Mandatory Coverage Groups	11a. 60 days postpartum coverage for pregnant women (1902(e)(5))	S28: Eligibility Groups – Mandatory Coverage: Pregnant Women	Pregnant Women
Attachment 2.2-A	A – Mandatory Coverage Groups	11b. continuous eligibility for pregnant women (1902(e)(6))	None	<i>Future Development</i>
Attachment 2.2-A	A – Mandatory Coverage Groups	12. deemed newborns (1902(e)(4))	None	Deemed Newborns
Attachment 2.2-A	A – Mandatory Coverage Groups	13a. SSI recipients (435.120)	None	SSI Beneficiaries
Attachment 2.2-A	A – Mandatory Coverage Groups	13b. 209(b) group (435.121)	None	Individuals in 209(b) States Who Are Age 65 or Older or Who have Blindness or a Disability
Attachment 2.2-A	A – Mandatory Coverage Groups	14. Qualified severely impaired blind and disabled individuals under age 65 (1902(a)(10)(A)(i)(II) and 1905(q))	None	Working Individuals Under 1619(b)

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.2-A	A – Mandatory Coverage Groups	15. Except in states that apply more restrictive eligibility requirements for Medicaid than under SSI, blind or disabled individuals who lose SSI due to OASDI child's benefits	None	Individuals Deemed To Be Receiving SSI – Adult Children with Disabilities
Attachment 2.2-A	A – Mandatory Coverage Groups	16. Except in states that apply more restrictive requirements, individuals who are ineligible for SSI or optional state supplements due to requirements that do not apply under title XIX (435.122)	N/A – obsolete	N/A – obsolete
Attachment 2.2-A	A – Mandatory Coverage Groups	17. Individuals receiving mandatory state supplements (435.130)	None	Closed Eligibility Groups – Individuals Receiving Mandatory State Supplements
Attachment 2.2-A	A – Mandatory Coverage Groups	18. Individuals eligible as essential spouses in December 1973 (435.131)	None	Closed Eligibility Groups – Individuals Who Are Essential Spouses
Attachment 2.2-A	A – Mandatory Coverage Groups	19. Institutionalized individuals eligible in 1973 (435.132)	None	Closed Eligibility Groups - Institutionalized Individuals Continuously Eligible Since 1973
Attachment 2.2-A	A – Mandatory Coverage Groups	20. Blind and disabled individuals who were eligible in 1973 (435.133)	None	Closed Eligibility Groups – Individuals Eligible in 1973 Who Have Blindness or a Disability
Attachment 2.2-A	A – Mandatory Coverage Groups	21. Individuals who would be SSI/SSP eligible except for the increase in OASDI benefits in 1972 (435.134)	None	Closed Eligibility Groups - Individuals Who Lost Eligibility for SSI/SSP Due to an Increase in OASDI Benefits in 1972
Attachment 2.2-A	A – Mandatory Coverage Groups	22. Individuals who are receiving OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP as a result of OASDI cost-of-living increases received after April 1977 (435.135)	None	Individuals Deemed To Be Receiving SSI - Individuals Who Would be Eligible for SSI/SSP but for OASDI COLA Increases
Attachment 2.2-A	A – Mandatory Coverage Groups	23. Disabled widows and widowers who would be eligible for SSI/SSP except for the increase in their OASDI benefits as a result of the elimination of the reduction factor required by section 134 of P.L. 98-21 and who are deemed to be SSI/SSB beneficiaries under section 1634(b) of the Act	None	Closed Eligibility Groups - Disabled Widows and Widowers Ineligible for SSI due to Increase in OASDI

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.2-A	A – Mandatory Coverage Groups	24. Disabled widows, widowers, and unmarried divorced spouses ineligible for SSI due to early receipt of social security (1634(d))	None	Individuals Deemed To Be Receiving SSI – Disabled Widows and Widowers
Attachment 2.2-A	A – Mandatory Coverage Groups	25. Qualified Medicare beneficiaries	None	Qualified Medicare Beneficiaries
Attachment 2.2-A	A – Mandatory Coverage Groups	26. Qualified disabled and working individuals	None	Qualified Disabled and Working Individuals
Attachment 2.2-A	A – Mandatory Coverage Groups	27. Specified low-income Medicare beneficiaries	None	Specified Low Income Medicare Beneficiaries
Attachment 2.2-A	A – Mandatory Coverage Groups	28. Qualifying Individuals	None	Qualifying Individuals
Attachment 2.2-A	B – Optional Groups	1. Individuals who meet the income and resource requirements of AFDC/SSI/SSP but do not receive cash assistance (435.210)	S51: Eligibility Groups – Options for Coverage: Optional Coverage of Parents and Other Caretaker Relatives	Optional Coverage of Parents and Other Caretaker Relatives Individuals Eligible for but Not Receiving Cash Assistance
Attachment 2.2-A	B – Optional Groups	2. Individuals who would be eligible for AFDC/SSI/SSP if not in a medical institution (435.211)	None	Individuals Eligible for Cash Except for Institutionalization
Attachment 2.2-A	B – Optional Groups	3. Individuals who become otherwise ineligible for Medicaid while enrolled in an MCO or PCCM (435.212)	None	<i>Future Development</i>

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.2-A	B – Optional Groups	4. Individuals who would be eligible for Medicaid if they were in a nursing facility or ICF/MR, who but for the provision of home and community based services under a waiver (435.217) or PACE enrollment would require institutionalization	None	Individuals Receiving Home and Community Based Waiver Services under Institutional Rules PACE Participants
Attachment 2.2-A	B – Optional Groups	5. Individuals who would be eligible for Medicaid if they were in a medical institution, who are terminally ill, and who receive hospice care	None	Individuals Receiving Hospice
Attachment 2.2-A	B – Optional Groups	6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings (435.220)	N/A – obsolete	N/A – obsolete
Attachment 2.2-A	B – Optional Groups	7. Individuals who are not described in 1902(a)(1)(A)(i) of the Act, who meet the income and resource requirements of the AFDC state plan, and who are under 21 years of age, or reasonable classifications of such individuals (435.222)	S52: Eligibility Groups – Options for Coverage: Reasonable Classification of Individuals under Age 21	Reasonable Classifications of Individuals under Age 21
Attachment 2.2-A	B – Optional Groups	8. A child for whom there is in effect a state adoption assistance agreement (other than under title IV-E of the Act) (1902(a)(10)(A)(ii)(VIII))	S53: Eligibility Groups – Options for Coverage: Children with Non IV-E Adoption Assistance	Children with Non-IV-E Adoption Assistance
Attachment 2.2-A	B – Optional Groups	9. Individuals who would be eligible for AFDC if coverage under the state’s AFDC plan were as broad as allowed under title IV-A (435.223)	N/A – obsolete	N/A – obsolete
Attachment 2.2-A	B – Optional Groups	10. Individuals who receive only a state supplementary payment (states using SSI criteria with agreements under sections 1616 and 1634 of the Act) (435.230)	None	Optional State Supplement Beneficiaries

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.2-A	B – Optional Groups	11. Individuals who receive a state supplementary payment (section 1902(f) states and SSI criteria states without agreements under section 1616 or 1634 of the Act)	None	Optional State Supplement Beneficiaries
Attachment 2.2-A	B – Optional Groups	12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level (435.231)	None	Individuals in Institutions Eligible under a Special Income Level
Attachment 2.2-A	B – Optional Groups	13. Certain disabled children age 18 who are living at home, who would be eligible for Medicaid under the plan if they were in a medical institution (1902(e)(3))	None	Children under Age 19 with a Disability
Attachment 2.2-A	B – Optional Groups	14. Pregnant women and/or infants who are not mandatory categorically needy whose income does not exceed an income level established by the state (1902(a)(10)(A)(ii)(IX) and 1902(I))	S28: Eligibility Groups – Mandatory Coverage: Pregnant Women S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Pregnant Women Infants and Children under Age 19
Attachment 2.2-A	B – Optional Groups	15. Children who are not mandatory categorically needy whose income does not exceed an income level established by the state (1902(a)(10)(A)(ii)(IX) and 1902(I)(1)(D))	S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Infants and Children under Age 19
Attachment 2.2-A	B – Optional Groups	16. Individuals who are age 65 or older or are disabled, whose income does not exceed 100% FPL (1902(a)(10)(A)(ii)(X), 1902(m)(1) and (3))	None	Age and Disability-Related Poverty Level
Attachment 2.2-A	B – Optional Groups	17. Presumptive eligibility for pregnant women (1902(a)(47) and 1920)	S28: Eligibility Groups – Mandatory Coverage: Pregnant Women	Presumptive Eligibility for Pregnant Women
Attachment 2.2-A	B – Optional Groups	18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period (1906)	None	<i>Future Development</i>

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.2-A	B – Optional Groups	19. Individuals entitled to COBRA continuation coverage (1902(a)(10)(F) and 1902(u)(1))	None	Individuals Electing COBRA Continuation Coverage
Attachment 2.2-A	B – Optional Groups	20. Optional targeted low income children (1902(a)(10)(A)(ii)(XIV))	S54: Eligibility Groups – Options for Coverage: Optional Targeted Low Income Children	Optional Targeted Low Income Children
Attachment 2.2-A	B – Optional Groups	21. Children under a specified age who have been determined eligible and are deemed to be eligible for a total of 12 months regardless of changes in circumstances (1902(e)(12))	None	<i>Future Development</i>
Attachment 2.2-A	B – Optional Groups	22. Presumptive eligibility for children under age 19 (1920)	S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Presumptive Eligibility for Children Under Age 19
Attachment 2.2-A	B – Optional Groups	23. Women who have been screened for breast or cervical cancer under the CDC’s Breast and Cervical Cancer Early Detection Program (1902(a)(10)(A)(ii)(XVIII))	None	Individuals Needing Treatment for Breast or Cervical Cancer
Attachment 2.2-A	B – Optional Groups	24. Presumptive eligibility for the breast and cervical cancer early detection program eligibility group (1920B)	None	Individuals Needing Treatment for Breast or Cervical Cancer – Presumptive Eligibility
Attachment 2.2-A	B – Optional Groups	25. Individuals infected with tuberculosis (1902(a)(10)(A)(ii)(XII) and 1902(z))	S55: Eligibility Groups – Options for Coverage: Individuals with Tuberculosis	Individuals with Tuberculosis
Attachment 2.2-A	B – Optional Groups	26. Family Opportunity Act (1902(a)(10)(A)(ii)(XIX))	None	Family Opportunity Act Children with a Disability

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.2-A	B – Optional Groups	27. Independent foster care adolescents (1902(a)(10)(A)(ii)(XVII))	S57: Eligibility Groups – Options for Coverage: Independent Foster Care Adolescents	Independent Foster Care Adolescents
Attachment 2.2-A	B – Optional Groups	28. BBA Work Incentives Eligibility Group (1902(a)(10)(A)(ii)(XIII))	None	Work Incentives
Attachment 2.2-A	B – Optional Groups	29. TWWIIA Basic Coverage Group (1902(a)(10)(A)(ii)(XV))	None	Ticket to Work Basic
Attachment 2.2-A	B – Optional Groups	30. TWWIIA Medical Improvement Group (1902(a)(10)(A)(ii)(XVI))	None	Ticket to Work Medical Improvements
Attachment 2.2-A	B – Optional Groups	31. Individuals who are eligible for home and community- based services under the needs based criteria established under section 1915(i)(1)(A) and have income that does not exceed 150% of the FPL, or who are eligible for home and community-based services under a waiver approved for the State under section 1915(c), (d) or (e) or section 1115 and whose income does not exceed 300% of the supplemental security income benefit rate	None	Individuals Receiving State Plan Home and Community-Based Services Individuals Receiving State Plan Home and Community-Based Services who are Otherwise Eligible for HCBS Waivers
Attachment 2.2-A	B – Optional Groups	32. Family planning – individuals who are not pregnant and whose income does not exceed the state established income standard (1902(a)(10)(A)(ii)(XXI))	S59: Eligibility Groups – Options for Coverage: Individuals Eligible for Family Planning Services	Individuals Eligible for Family Planning Services
Attachment 2.2-A	B – Optional Groups	33. Presumptive eligibility for family planning	S59: Eligibility Groups – Options for Coverage: Individuals Eligible for Family Planning Services	Individuals Eligible for Family Planning Services – Presumptive Eligibility

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.2-A	C – Medically Needy	1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act	None	Medically Needy Pregnant Women
Attachment 2.2-A	C – Medically Needy	2. Women who, while pregnant, were eligible as medically needy, continue to be eligible for 60 days postpartum (1902(e))	None	Medically Needy Pregnant Women
Attachment 2.2-A	C – Medically Needy	3. Individuals under age 18 who, but for income would be eligible under section 1902(a)(10)(A)(i) (1902(a)(10)(C)(ii)(I))	None	Medically Needy Children under Age 18
Attachment 2.2-A	C – Medically Needy	4. Newborn children born on or after October 1, 1984 to a woman who is eligible as medically needy and is receiving Medicaid on the date of the birth (1902(e)(4))	None	Deemed Newborns
Attachment 2.2-A	C – Medically Needy	5. Financially eligible individuals who are not described in C.3. who are under the age of 21, or reasonable classifications of individuals under 21 (435.308)	None	Medically Needy Reasonable Classifications of Individuals under Age 21
Attachment 2.2-A	C – Medically Needy	6. Caretaker relatives (435.310)	None	Medically Needy Parents and Other Caretaker Relatives
Attachment 2.2-A	C – Medically Needy	7. Aged individuals (435.320 and 435.330)	None	Medically Needy Populations Based on Age, Blindness or Disability
Attachment 2.2-A	C – Medically Needy	8. Blind individuals (435.322 and 435.330)	None	Medically Needy Populations Based on Age, Blindness or Disability
Attachment 2.2-A	C – Medically Needy	9. Disabled individuals (435.324 and 435.330)	None	Medically Needy Populations Based on Age, Blindness or Disability
Attachment 2.2-A	C – Medically Needy	10. Individuals who would be ineligible if they were not enrolled in an HMO (435.326)	None	<i>Future Development</i>
Attachment 2.2-A	C – Medically Needy	11. Blind and disabled individuals who meet all current requirements for Medicaid eligibility except the blindness or disability criteria, were eligible as medically needy in December 1973 and have continued to meet those criteria every month since then	None	Protected Medically Needy Individuals Who Were Eligible in 1973

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.2-A	C – Medically Needy	12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum period	None	<i>Future Development</i>
Attachment 2.2-A	Content following section C	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.	None	<i>Future Development</i>
Attachment 2.2-A	Supplement 1	Reasonable Classifications of Individuals Under the Age of 21, 20, 19, or 18	S52: Eligibility Groups – Options for Coverage: Reasonable Classification of Individuals under Age 21	Reasonable Classifications of Individuals under Age 21
Attachment 2.2-A	Supplement 2	A. Definition of Blindness in Terms of Ophthalmic Measurement	None	<i>Future Development</i>
Attachment 2.2-A	Supplement 3	Method for Determining Cost Effectiveness of Caring for Certain Disabled Children at Home	None	Children under Age 19 with a Disability
Attachment 2.6-A				
Attachment 2.6-A	A – Each individual covered under the plan:	1. Is financially eligible (using the methods and standards described in Parts B and C of this attachment) to receive services. (Part 435 Subpart G)	None	<i>See relevant eligibility group RUs</i>
Attachment 2.6-A	A – Each individual covered under the plan:	2.a. Meets the applicable non-financial eligibility requirements (Part 435 Subpart F) for the categorically needy: (i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program. (ii) For SSI-related individuals, meets the non-financial requirements of the SSI program or the more restrictive SSI-related categorically needy criteria.	None	<i>See relevant eligibility group RUs</i>

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	A – Each individual covered under the plan:	2.a.(iii) For financially eligible pregnant women, infants or children, meets the non-financial criteria of section 1902(l) of the Act.	S28: Eligibility Groups – Mandatory Coverage: Pregnant Women S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Pregnant Women Infants and Children under Age 19
Attachment 2.6-A	A – Each individual covered under the plan:	2.a.(iv) For financially eligible aged and disabled individuals covered under section 1092(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria described in section 1902(m) of the Act.	None	Age and Disability-Related Poverty Level
Attachment 2.6-A	A – Each individual covered under the plan:	2.a.(v) For children receiving State adoption assistance who are financially eligible under section 1902(a)(10)(A)(ii)(VIII) of the Act, meets the non-financial eligibility criteria of that section.	S53: Eligibility Groups – Options for Coverage: Children with Non IV-E Adoption Assistance	Children with Non-IV-E Adoption Assistance
Attachment 2.6-A	A – Each individual covered under the plan:	2.a.(vi) For tuberculosis-infected individuals financially eligible under section 1902(a)(10)(A)(ii)(XII) of the Act, meets the non-financial eligibility criteria of section 1902(z).	S55: Eligibility Groups – Options for Coverage: Individuals with Tuberculosis	Individuals with Tuberculosis
Attachment 2.6-A	A – Each individual covered under the plan:	2.a.(vii) For optional targeted low-income children financially eligible under section 1902(a)(10)(A)(ii)(XIV) of the Act, meets the non-financial eligibility criteria of section 1905(u)(2)(B).	S54: Eligibility Groups – Options for Coverage: Optional Targeted Low Income Children	Optional Targeted Low Income Children
Attachment 2.6-A	A – Each individual covered under the plan:	2.a.(viii) For independent foster care adolescents financially eligible under 1902(a)(10)(A)(ii)(XVII) of the Act, meets the non-financial eligibility criteria of section 1905(w).	S57: Eligibility Groups – Options for Coverage: Independent Foster Care Adolescents	Independent Foster Care Adolescents

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	A – Each individual covered under the plan:	2.a.(ix) For women with breast or cervical cancer financially eligible under section 1902(a)(10)(A)(ii)(XVIII) of the Act, meets the non-financial criteria of section 1902(aa).	None	Individuals Needing Treatment for Breast or Cervical Cancer
Attachment 2.6-A	A – Each individual covered under the plan:	2.b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.	None	<i>See Medically Needy eligibility group RUs</i>
Attachment 2.6-A	A – Each individual covered under the plan:	2.c. For financially eligible qualified Medicare beneficiaries, meets the non-financial criteria of section 1905(p) of the Act.	None	Qualified Medicare Beneficiaries
Attachment 2.6-A	A – Each individual covered under the plan:	2.d. For financially eligible qualified disabled and working individuals, meets the non-financial criteria of section 1905(s).	None	Qualified Disabled and Working Individuals
Attachment 2.6-A	A – Each individual covered under the plan:	2.e. For financially eligible Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, meets the non-financial eligibility criteria of section 1905(p) of the Act.	None	Specified Low Income Medicare Beneficiaries
Attachment 2.6-A	A – Each individual covered under the plan:	2.f. For financially eligible Qualifying Individuals covered under section 1902(a)(10)(E)(iii) of the Act, meets the non-financial eligibility criteria of section 1905(p) of the Act.	None	Qualifying Individuals
Attachment 2.6-A	A – Each individual covered under the plan:	3. Is residing in the United States and – a. Is a citizen b. Is a lawful permanent alien c/d. Is an alien granted lawful temporary resident status e. Is an alien who is not lawfully admitted (coverage restricted to certain emergency services)	S89: Citizenship and Non-Citizen Eligibility	Citizenship and Non-Citizen Eligibility
Attachment 2.6-A	A – Each individual covered under the plan:	4. Is a resident of the state, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address. State has interagency agreements and/or open agreements.	S88: State Residency	State Residency

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	A – Each individual covered under the plan:	5.a. Is not an inmate of a public institution. Public institutions do not include... (435.1009)	None	<i>Future Development</i>
Attachment 2.6-A	A – Each individual covered under the plan:	5.b. Is not a patient under age 65 in an institution for mental diseases... (435.1009)	None	<i>Future Development</i>
Attachment 2.6-A	A – Each individual covered under the plan:	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid on whose behalf the individual has legal authority to execute an assignment to medical support (433.145 and 435.610) An applicant must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments	None	<i>Future Development</i>
Attachment 2.6-A	A – Each individual covered under the plan:	7. Is required, as a condition of eligibility, to furnish his or her SSN. (435.910)	None	<i>Future Development</i>
Attachment 2.6-A	A – Each individual covered under the plan:	8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child. (1902(c)(2))	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	A – Each individual covered under the plan:	9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a state's AFDC plan, the agency determines if they are otherwise eligible under the state's Medicaid plan.) (1902(e)(10)(A) and (B))	N/A – obsolete	N/A – obsolete

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	A – Each individual covered under the plan:	10. Is required to apply for enrollment in an employer-based group health plan, if such plan is available to the individual. (1906)	None	<i>Future Development</i>
Attachment 2.6-A	A – Each individual covered under the plan:	11. Is required to apply for coverage under Medicare Parts A, B and/or D if it is likely that the individual would meet the eligibility criteria for any or all of those programs, unless enrollment would result in loss of coverage for non-Medicare dependents in an employer-based cost-effective health plan. (U.S. Supreme Court case, NY State Dept of Social Services v. Dublino)	None	<i>Future Development</i>
Attachment 2.6-A	B - PETI	2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care (435.725, 733, 832): a. Aged, blind, disabled: b. AFDC related: c. Individual under age 21 covered in the state plan as specified in item B.7. of Attachment 2.2-A	None	<i>Future Development</i>
Attachment 2.6-A	B - PETI	3. In addition to the amounts under item 2, the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse: (1924) a. the monthly income allowance for the community spouse b. the monthly income allowance for other dependent family members living with the community spouse c. amounts for health care expenses described below that are incurred by and for the institutionalized individual	None	<i>Future Development</i>

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	B - PETI	4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple (435.725, 733, 832): a. An amount for the maintenance needs of a family living in the institutionalized individual's home with no community spouse living in the home. b. amounts for health care expenses that have not been deducted under 3.c. above	None	<i>Future Development</i>
Attachment 2.6-A	B - PETI	5. At the option of the state, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple (435.725, 733, 832) – A monthly amount for the maintenance of the home	None	<i>Future Development</i>
Attachment 2.6-A	C – Financial Eligibility	Depending on whether the individual is being considered for an AFDC-related or SSI-related Medicaid eligibility group, the income and resource levels and methods for determining countable income and resources in either the State's AFDC plan in effect on July 16, 1996 or the SSI program apply, unless this plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, more liberal methods under section 1902(r)(2) of the Act, or more restrictive or liberal methods under section 1931 of the Act, as specified below. (435.811, 831, 840, 845)	S10: MAGI-based Methodologies	MAGI-based Methodologies Non-MAGI Methodologies More Restrictive Requirements than SSI under 1902(f) – (209(b) States)
Attachment 2.6-A	C.1. Methods of Determining Income	a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children). (1) In determining countable income, the following methods are used... (2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available (435.602)	S10: MAGI-based Methodologies	MAGI-based Methodologies Non-MAGI Methodologies

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	C.1. Methods of Determining Income	a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children). (3) Agency continues to treat pregnant women as eligible, without regard to changes in income for the 60-day period after her pregnancy ends (1902(e)(6))	None	<i>Future Development</i>
Attachment 2.6-A	C.1. Methods of Determining Income	b. Aged individuals. In determining countable income, the following methods are used... (435.601, 831) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses (435.602)	None	Non-MAGI Methodologies More Restrictive Requirements than SSI under 1902(f) – (209(b) States)
Attachment 2.6-A	C.1. Methods of Determining Income	c. Blind individuals. In determining countable income for blind individuals, the following methods are used... (435.601, 831) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21. (435.602)	None	Non-MAGI Methodologies More Restrictive Requirements than SSI under 1902(f) – (209(b) States)
Attachment 2.6-A	C.1. Methods of Determining Income	d. Disabled individuals. In determining countable income of disabled individuals, the following methods are used... (435.601, 831)	None	Non-MAGI Methodologies More Restrictive Requirements than SSI under 1902(f) – (209(b) States)
Attachment 2.6-A	C.1. Methods of Determining Income	e. Poverty-level pregnant women, infants, and children covered under the provisions of section 1902(a)(1)(A)(i)(IV), (VI), and (VII) and 1902(a)(10)(A)(ii)(IX): (1) the following methods are used in determining countable income...	S10: MAGI-based Methodologies	MAGI-based Methodologies

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	C.1. Methods of Determining Income	f. Qualified Medicare beneficiaries. In determining countable income, the following methods are used... If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.	None	Qualified Medicare Beneficiaries Non-MAGI Methodologies
Attachment 2.6-A	C.1. Methods of Determining Income	g. For Qualified Disabled and Working Individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses the methods under the SSI program for treatment of income.	None	Qualified Disabled and Working Individuals Non-MAGI Methodologies
Attachment 2.6-A	C.1. Methods of Determining Income	h. For Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the agency uses...	None	Specified Low Income Medicare Beneficiaries Non-MAGI Methodologies
Attachment 2.6-A	C.1. Methods of Determining Income	i. For Qualifying Individuals covered under section 1902(a)(10)(E)(iv) of the Act, the agency uses...	None	Qualifying Individuals Non-MAGI Methodologies
Attachment 2.6-A	C.1. Methods of Determining Income	j. In determining countable income for COBRA continuation beneficiaries... (1902(u))	S10: MAGI-based Methodologies	Individuals Electing COBRA Continuation Coverage MAGI-based Methodologies
Attachment 2.6-A	C.1. Methods of Determining Income	k. In determining countable income and resources for working individuals with disabilities under BBA, the following methodologies are applied... (1902(a)(10)(A)(ii)(XIII))	None	Work Incentives Non-MAGI Methodologies More Restrictive Requirements than SSI under 1902(f) – (209(b) States)

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	C.1. Methods of Determining Income	<p>I. Working Individuals with Disabilities – Basic Coverage Group – TWWIIA. In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied... (1902(a)(10)(A)(ii)(XV))</p> <p>In determining whether an individual meets the income standard described above, the agency uses the following methodologies...</p> <p>In determining whether the individual meets the resource standard described above, the agency uses the following methodologies...</p>	None	<p>Ticket to Work Basic</p> <p>Non-MAGI Methodologies</p> <p>More Restrictive Requirements than SSI under 1902(f) – (209(b) States)</p>
Attachment 2.6-A	C.1. Methods of Determining Income	<p>Working Individuals with Disabilities – Employed Medically Improved Individuals – TWWIIA. In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied... (1902(a)(10)(A)(ii)(XVI))</p> <p>In determining whether an individual meets the income standard described above, the agency uses the following methodologies...</p> <p>In determining whether the individual meets the resource standard described above, the agency uses the following methodologies...</p>	None	<p>Ticket to Work Medical Improvements</p> <p>Non-MAGI Methodologies</p> <p>More Restrictive Requirements than SSI under 1902(f) – (209(b) States)</p>
Attachment 2.6-A	C.1. Methods of Determining Income	Definition of Employed – Employed Medically Improved Individuals – TWWIIA	None	Ticket to Work Medical Improvements
Attachment 2.6-A	C.1. Methods of Determining Income	Payment of Premiums or Other Cost Sharing Charges. For individuals eligible under the BBA eligibility group, the agency requires payment of premiums or other cost-sharing charges on a sliding scale based on income.	None	<i>Future Development</i>

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	C.1. Methods of Determining Income	For individuals eligible under the TWWIIA Basic Coverage Group, the agency requires individuals to pay premiums or other cost-sharing charges on a sliding scale based on income.	None	<i>Future Development</i>
Attachment 2.6-A	C.1. Methods of Determining Income	For the TWWIIA Basic Coverage Group and the Medical Improvement Group, the agency's premium and other cost-sharing charges, and how they are applied, are described below.	None	<i>Future Development</i>
Attachment 2.6-A	C.1. Methods of Determining Income	n. Family Opportunity Act. In determining financial eligibility for disabled children under this provision, the following standards and methodologies are applied... (1902(a)(10)(A)(ii)(XIX)) In determining whether a family meets the income standard described above, the agency uses the following methodologies...	None	Family Opportunity Act Children with a Disability Non-MAGI Methodologies More Restrictive Requirements than SSI under 1902(f) – (209(b) States)
Attachment 2.6-A	C.1. Methods of Determining Income	For individuals eligible under the FOA eligibility group, the agency requires parents to enroll in available group health plans through their employers (1902(cc))	None	Family Opportunity Act Children with a Disability
Attachment 2.6-A	C.1. Methods of Determining Income	For individuals eligible under the FOA eligibility group, the agency requires payment of premiums on a sliding scale based on income	None	<i>Future Development</i>
Attachment 2.6-A	C.2. Medicaid Trusts	In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust is the maximum amount that the trustee is permitted to distribute to the individual.	None	<i>Future Development</i>
Attachment 2.6-A	C.2. Medicaid Trusts	The agency does not count the funds in a trust described in section 1917(d) in any instance where the state determines that would work an undue hardship.	None	<i>Future Development</i>
Attachment 2.6-A	C.3. MNIL	a. MNILs are based on family size. b. The MNIL does not diminish by family size.	None	Medically Needy Income Level

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	C.4. Spend down	<p>a. Medically Needy</p> <p>(1) The Medicaid agency considers income in excess of the MNIL available for payment of medical or remedial care expenses in budget periods that do not exceed 6 months</p> <p>(2) The agency does not deduct incurred expenses subject to payment by a third party unless the third party is a public program</p> <p>(3) The agency projects or does not project institutional expenses to the end of the budget period at the Medicaid reimbursement rate</p> <p>(4) The agency deducts incurred expenses, based on the age of the expenses</p> <p>(5) The agency carries over unused deductible expenses for which liability continues</p> <p>(6) The agency deducts incurred medical or remedial care expenses in the following order...Reasonable limits are described below...</p> <p>(7) If countable income exceeds the MNIL standard the agency deducts spenddown payments made to the State by the individual.</p>	None	Handling of Excess Income (Spenddown)
Attachment 2.6-A	C.4. Spend down	<p>b. Categorically Needy - Section 1902(f) States</p> <p>The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income...</p>	None	Handling of Excess Income (Spenddown)
Attachment 2.6-A	C.5. Methods for Determining Resources	<p>a. AFDC-related individuals (except for individuals eligible under section 1931 of the Act and poverty-level related pregnant women, infants, and children).</p>	None	Non-MAGI Methodologies
Attachment 2.6-A	C.5. Methods for Determining Resources	<p>b. Aged Individuals. For aged individuals, including those covered under section 1902(m)(1) of the Act, the agency uses the following methods for treatment of resources...</p>	None	Non-MAGI Methodologies More Restrictive Requirements than SSI under 1902(f) – (209(b) States)

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	C.5. Methods for Determining Resources	c. Blind Individuals. For blind individuals, the agency uses the following methods for treatment of resources...	None	Non-MAGI Methodologies More Restrictive Requirements than SSI under 1902(f) – (209(b) States)
Attachment 2.6-A	C.5. Methods for Determining Resources	d. Disabled individuals, including individuals covered under section 1902(m)(1) of the Act. The agency uses the following methods for the treatment of resources...	None	Non-MAGI Methodologies More Restrictive Requirements than SSI under 1902(f) – (209(b) States)
Attachment 2.6-A	C.5. Methods for Determining Resources	e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act. The agency uses the following methods in the treatment of resources...	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	C.5. Methods for Determining Resources	f. Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	C.5. Methods for Determining Resources	g. Poverty level children covered under section 1902(a)(10)(A)(i)(VI) and 1902(a)(10)(A)(i)(VII) of the Act	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	C.5. Methods for Determining Resources	h. For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources...	None	Qualified Medicare Beneficiaries Non-MAGI Methodologies
Attachment 2.6-A	C.5. Methods for Determining Resources	i. For Qualified Disabled and Working Individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.	None	Qualified Disabled and Working Individuals Non-MAGI Methodologies

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	C.5. Methods for Determining Resources	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources...	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	C.5. Methods for Determining Resources	k. Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act	None	Specified Low Income Medicare Beneficiaries Non-MAGI Methodologies
Attachment 2.6-A	C.5. Methods for Determining Resources	l. For Qualifying Individuals covered under section 1902(a)(10)(E)(iv) of the Act the agency uses the following methods for treatment of resources...	None	Qualifying Individuals Non-MAGI Methodologies
Attachment 2.6-A	C.6. Resource Standard	a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals...	None	More Restrictive Requirements than SSI under 1902(f) – (209(b) States)
Attachment 2.6-A	C.6. Resource Standard	b. Non-1902(f) States (except as specified under items 6.c. and d. below): The resource standards are the same as those in the related cash assistance program.	None	<i>See related eligibility group RUs</i>
Attachment 2.6-A	C.6. Resource Standard	c. For pregnant women and infants covered as optional groups under the provisions of section 1902(a)(10)(A)(i)(IV) or 1902(a)(10)(ii)(IX) of the Act, the agency applies a resource standard.	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	C.6. Resource Standard	d. For children covered as optional groups under the provisions of sections 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(ii)(IX), and 1902(l)(4) of the Act, the agency applies a resource standard	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	C.6. Resource Standard	e. For children covered under the provisions of section 1902(a)(10)(A)(i)(VII) of the Act, the agency applies a resource standard	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	C.6. Resource Standard	f. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is...	None	Age and Disability-Related Poverty Level

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	C – Financial Eligibility	7. Resource Standard – Medically Needy a. Resource standards are based on family size. b. A single standard is employed in determining resource eligibility for all groups. c. In 1902(f) states, the resource standards are more restrictive for aged, blind, or disabled	None	Medically Needy Resource Level
Attachment 2.6-A	C – Financial Eligibility	8. Resource Standard – Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals	None	Qualified Medicare Beneficiaries Specified Low Income Medicare Beneficiaries Qualifying Individuals
Attachment 2.6-A	C – Financial Eligibility	9. Resource Standard – Qualified Disabled and Working Individuals	None	Qualified Disabled and Working Individuals
Attachment 2.6-A	C – Financial Eligibility	10. For COBRA continuation beneficiaries, the resource standard is...	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	C – Financial Eligibility	11.a./c. Excess Resources Any excess resources make the individual ineligible.	None	<i>See related eligibility group RUs</i>
Attachment 2.6-A	C – Financial Eligibility	11.b. Categorically needy only – The state has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.	None	SSI Beneficiaries
Attachment 2.6-A	C – Financial Eligibility	12.a. Effective Date of Eligibility – Groups Other Than Qualified Medicare Beneficiaries (1) For the prospective period (2) For the retroactive period	None	<i>Future Development</i>
Attachment 2.6-A	C – Financial Eligibility	12.a. Effective Date of Eligibility (3) For a presumptive eligibility period for pregnant women only	S28: Eligibility Groups – Mandatory Coverage: Pregnant Women	Presumptive Eligibility for Pregnant Women
Attachment 2.6-A	C – Financial Eligibility	12.b. Effective Date of Eligibility – Qualified Medicare Beneficiaries	None	Qualified Medicare Beneficiaries

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	C – Financial Eligibility	13. Transfer of Assets. The agency complies with the provisions of section 1917(c) with regard to transfer of assets. Disposal of assets at less than fair market value affects eligibility for certain services (1902(a)(18) and 1917(c))	None	<i>Future Development</i>
Attachment 2.6-A	C – Financial Eligibility	14. Treatment of Trusts. The agency complies with the provisions of section 1917(d) of the Act with regard to trusts	None	<i>Future Development</i>
Attachment 2.6-A	C – Financial Eligibility	15. the agency complies with the provisions of section 1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community (1924)	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 1 – Income Standards	A. Mandatory Categorically Needy 1. AFDC Standards under the AFDC Plan in Effect on July 16, 1996	S14: AFDC Income Standards	AFDC Income Standards
Attachment 2.6-A	Supplement 1 – Income Standards	A.2. Pregnant women and infants under section 1902(a)(10)(A)(i)(IV) of the Act	S28: Eligibility Groups – Mandatory Coverage: Pregnant Women S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Pregnant Women Infants and Children under Age 19
Attachment 2.6-A	Supplement 1 – Income Standards	A.3. For children under section 1902(a)(10)(A)(i)(VI) of the Act, the income eligibility level is 133 percent of the FPL	S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Infants and Children under Age 19

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	Supplement 1 – Income Standards	A.4. For children under section 1902(a)(10)(A)(i)(VII) of the Act, the income eligibility level is 100 percent of the FPL	S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Infants and Children under Age 19
Attachment 2.6-A	Supplement 1 – Income Standards	B. Optional Categorically Needy Eligibility Groups with Incomes Related to Federal Poverty Level 1. Pregnant women and infants	S28: Eligibility Groups – Mandatory Coverage: Pregnant Women S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Pregnant Women Infants and Children under Age 19
Attachment 2.6-A	Supplement 1 – Income Standards	B.2. Children under age 19	S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19	Infants and Children under Age 19
Attachment 2.6-A	Supplement 1 – Income Standards	B.3. Aged and Disabled Individuals Eligible under 1902(m)(1)	None	Age and Disability-Related Poverty Level
Attachment 2.6-A	Supplement 1 – Income Standards	B.4. Special Income Level for Institutionalized Individuals	None	Individuals in Institutions Eligible under a Special Income Level
Attachment 2.6-A	Supplement 1 – Income Standards	C. Qualified Medicare Beneficiaries with Incomes Related to the Federal Poverty Level 1. Non-Section 1902(f) States 2. Section 1902(f) states	None	Qualified Medicare Beneficiaries
Attachment 2.6-A	Supplement 1 – Income Standards	D. Medically Needy	None	Medically Needy Income Level

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	Supplement 2 – Resource Levels	A. Categorically Needy Groups 1. Pregnant women	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	Supplement 2 – Resource Levels	A.2. Infants	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	Supplement 2 – Resource Levels	A.3. Children	N/A – obsolete	N/A – obsolete
Attachment 2.6-A	Supplement 2 – Resource Levels	A.4. Aged and disabled individuals under section 1902(m)(1)	None	Age and Disability-Related Poverty Level
Attachment 2.6-A	Supplement 2 – Resource Levels	B. Medically Needy Groups	None	Medically Needy Resource Level
Attachment 2.6-A	Supplement 3	Reasonable limits on amounts for necessary medical or remedial care not covered under Medicaid	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 4	Methods for treatment of income that differ from those of the SSI program (Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to state supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)	None	More Restrictive Requirements than SSI under 1902(f) – (209(b) States)
Attachment 2.6-A	Supplement 5	More restrictive methods of treating resources than those of the SSI program (Section 1902(f) states only)	None	More Restrictive Requirements than SSI under 1902(f) – (209(b) States)

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	Supplement 5a	Methods for treatment of resources for individuals with incomes related to federal poverty levels (Do not complete if you are electing more liberal methods under the authority of section 1902(r)(2) of the Act instead of the authority specific to federal poverty levels. Use supplement 8b for section 1902(r)(2) methods.)	None	<i>See related eligibility group RUs</i>
Attachment 2.6-A	Supplement 6	Federally administered optional state supplement: payment groups/income levels	None	Optional State Supplement Beneficiaries
Attachment 2.6-A	Supplement 6	Standards for optional state supplementary payments	None	Optional State Supplement Beneficiaries
Attachment 2.6-A	Supplement 7	Income levels for 1902(f) states – categorically needy who are covered under requirements more restrictive than SSI	None	Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability
Attachment 2.6-A	Supplement 8	Resource Standards for 1902(f) states – categorically needy	None	Individuals in 209(b) States Who Are Age 65 or Older or Who Have Blindness or a Disability
Attachment 2.6-A	Supplement 8a-8c	Less restrictive methods of treating income under section 1902(r)(2) of the Act (Section 1902(f) state/Non-Section 1902(f) state	None	<i>See related eligibility group RUs</i>
Attachment 2.6-A	Supplement 8a-8c	Less restrictive methods of treating resources under section 1902(r)(2) of the Act (Section 1902(f) state/Non-Section 1902(f) state	None	<i>See related eligibility group RUs</i>
Attachment 2.6-A	Supplement 8a-8c	State long-term care insurance partnership	None	<i>See related eligibility group RUs</i>
Attachment 2.6-A	Supplement 9b – Transfer of Assets	1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 9b – Transfer of Assets	2. Non-institutionalized individuals – The agency withholds payment to non-institutionalized individuals for the following services... The agency applies these provisions to the following non-institutionalized eligibility groups...	None	<i>Future Development</i>

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	Supplement 9b – Transfer of Assets	3. Penalty Date - The beginning date of each penalty period imposed for an uncompensated transfer of assets	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 9b – Transfer of Assets	4. Penalty Period I – Institutionalized Individuals In determining the penalty for an institutionalized individual, the agency uses...	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 9b – Transfer of Assets	5. Penalty Period – Non-institutionalized Individuals The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing services	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 9b – Transfer of Assets	6. Penalty period for amounts of transfer less than cost of nursing facility care	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 9b – Transfer of Assets	7. Transfer Periods – transfer by a spouse that results in a penalty period for the individual	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 9b – Transfer of Assets	8. Treatment of transfer of income	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 9b – Transfer of Assets	9. Imposition of a penalty would work an undue hardship	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 9b – Transfer of Assets	10. Procedures for Undue Hardship Waivers	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 9b – Transfer of Assets	11. Bed Hold Waivers for Hardship Applicants	None	<i>Future Development</i>

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	Supplement 10	<p>The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.</p> <p>Under the agency’s undue hardship provisions, the agency exempts the funds in an irrevocable burial trust. Maximum value of the exemption and agency criteria for establishing undue hardship are described.</p>	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 11	<p>Cost Effectiveness Methodology for COBRA Continuation Beneficiaries</p> <p>Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods...</p>	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 12	Variations from the Basic Personal Needs Allowance	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 12	Eligibility under section 1931 of the Act	<p>S28: Eligibility Groups – Mandatory Coverage: Pregnant Women</p> <p>S30: Eligibility Groups – Mandatory Coverage: Infants and Children under Age 19</p> <p>S25: Eligibility Groups – Mandatory Coverage: Parents and Other Caretaker Relatives</p>	<p>Pregnant Women</p> <p>Infants and Children under Age 19</p> <p>Parents and Other Caretaker Relatives</p>

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
Attachment 2.6-A	Supplement 12	Transitional Medical Assistance	None	Transitional Medical Assistance
Attachment 2.6-A	Supplement 13	A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with section 1924 of the Act.	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 13	B. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below...(1924)	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 14	Income and resource requirements for TB infected individuals (1902(z)(1))	S55: Eligibility Groups – Options for Coverage: Individuals with Tuberculosis	Individuals with Tuberculosis
Attachment 2.6-A	Supplement 15/17	The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual’s home, when the individual’s equity interest in the home exceeds the following amount... (1917(f))	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 16	Asset Verification System (1940)	None	<i>Future Development</i>
Attachment 2.6-A	Supplement 18	Methodology for Identification of Applicable FMAP Rates	None	<i>Future Development</i>
New				
N/A	N/A	None	S21: Presumptive Eligibility by Hospitals	Presumptive Eligibility by Hospitals
N/A	N/A	None	S25: Eligibility Groups – Mandatory Coverage: Parents and Other Caretaker Relatives	Parents and Other Caretaker Relatives – Presumptive Eligibility

Base Plan/ Attachment	Section	Paper-based State Plan Provision	MMDL PDF Name(s)	MACPro RU Name(s)
N/A	N/A	None	S32: Eligibility Groups – Mandatory Coverage: Adult Group	Adult Group Adult Group – Presumptive Eligibility
N/A	N/A	None	S33: Eligibility Groups – Mandatory Coverage: Former Foster Care Children	Former Foster Care Children Former Foster Care Children – Presumptive Eligibility
N/A	N/A	None	S50: Eligibility Groups – Options for Coverage: Individuals above 133% FPL	Individuals with Income above 133% FPL under Age 65 Individuals above 133% FPL under Age 65 – Presumptive Eligibility
N/A	N/A	None	S94: Eligibility Process	Application
N/A	N/A	None	None	Eligibility Determinations of Individuals Age 65 Years or Older or Who Have Blindness or a Disability
N/A	N/A	None	None	Presumptive Eligibility