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State/Territory Name: Guam

State Plan Amendment (SPA) #: 15-0002

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

October 29, 2015

Janet Cruz
Division of Public Welfare
Bureau of Health Care Financing
PO Box 2816
Hagatna, GU 96932

Dear Ms. Cruz:

Enclosed is an approved copy of Guam State Plan Amendment (SPA) 15-0002, which was submitted to the Centers for Medicare and Medicaid Services (CMS) on March 30, 2015. This amendment establishes the income standards for the specific MAGI eligibility groups and the mandatory MAGI eligibility groups for Parents and Other Caretakers, Pregnant Women, Infants and Children Under Age 19, and Former Foster Care Children up to Age 26.

Enclosed is the following approved State Plan pages to be incorporated within your approved State Plan:

- Superseding Document pg. 1
- S14T – Income Standards pgs. 1-7
- S25 – Parents and Other Caretakers pgs. 1-3
- S28T – Pregnant Women pgs. 1-3
- S30T – Infants and Children Under Age 19 pgs. 1-5
- S33 – Former Foster Care Children up to Age 26 pg. 1

If you have any questions, please have your staff contact Peter Banks at (415) 744-3782 or at Peter.Banks@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Medicaid State Plan Eligibility

GU.1697.R00.00 - Jan 01, 2015

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General Information

File Management

Tribal Input

Summary (CMS179)

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Guam

Transmittal Number:

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

GU 15-0002

Proposed Effective Date

01/01/2015 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.603

Federal Budget Impact

Federal Fiscal Year		Amount
First Year	2015	\$ 0.00
Second Year	2016	\$ 0.00

Subject of Amendment

Character Count: 25 out of 2000

Medicaid MAGI Eligibility

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Signature of State Agency Official

Submitted By: Teresita Gumataotao
Last Revision Date: Oct 22, 2015
Submit Date: Mar 30, 2015

BACK

CONTINUE

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER: 15-0002-MM1		STATE: Guam
Pages or sections of pages being superseded by S14T, S25, S28T, S30T, and S33 and related pages or sections of pages being deleted as obsolete		
State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 2 Page 5 Page 6 Page 9b Page 9c Page 13 Page 14 Page 15 Page 17 Page 23b	Page 1 for AFDC-related groups Page 3, A.3 for AFDC-related groups Page 3, A.4 Page 4, A.4.c and f Page 7, B.1 and B.2 for AFDC-related groups Page 8 for AFDC-related groups Page 12, B.8 Page 16, B.12 Page 18, B.15 Page 20, C.4 Page 23c, B.19 & B.21
Attachment 2.6-A	Page 11 Page 13 Page 13a Page 13b	Page 1 for AFDC-related groups Page 8, C.1.b(i) Page 12, C.2.c(2) Page 13c, C.2.e(2) Page 18, C.6.b Page 19, C.6.c Page 23, C.11.a(iii)
Supplement 1 to Attachment 2.6-A	Page 2	Pages 1a - 1c

Supplement 2 to Attachment 2.6-A	Page 5	
Supplement 3 to Attachment 2.6-A	Page 1	Page 2, #2
Supplement 5 to Attachment 2.6-A		Page 1 regarding 42 CFR 436.222
Supplement 12 to Attachment 2.6-A	Pages 1-3	



Medicaid Eligibility

State Name:

Transmittal Number: GU - 15 - 0002

Income Standards - Territories **S14T**

Indicate which type of poverty level the territory uses:

- The Federal Poverty Level (FPL)
- The Local Poverty Level (LPL)

Enter the amount of the Local Poverty Level.

	Household Size	Amount	
<input checked="" type="checkbox"/>	1	\$775.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	\$1,049.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	\$1,323.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	\$1,596.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	\$1,870.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	\$2,144.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	\$2,418.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	\$2,692.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	9	\$2,966.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	10	\$3,240.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	11	\$3,514.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	12	\$3,788.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	13	\$4,062.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	14	\$4,336.00	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	15	\$4,610.00	<input checked="" type="checkbox"/>

Indicate whether the amounts entered above are monthly or yearly:

- Monthly
- Yearly

Wherever FPL is referenced in the other sections of the state plan, it means the Local Poverty Level.



Medicaid Eligibility

Enter the AFDC Standards below. All states must enter:

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

Entry of other standards is optional.

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

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

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

Enter the statewide standard

	Household size	Standard (\$)	
+	1	78	X
+	2	145	X
+	3	196	X
+	4	247	X
+	5	283	X
+	6	320	X
+	7	341	X
+	8	362	X
+	9	384	X
+	10	405	X
+	11	419	X
+	12	432	X

Additional incremental amount

Yes No

Increment amount \$



Medicaid Eligibility

The dollar amounts increase automatically each year

Yes No

AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

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

Enter the statewide standard

	Household size	Standard (\$)	
+	1	151	X
+	2	258	X
+	3	330	X
+	4	417	X
+	5	497	X
+	6	592	X
+	7	658	X
+	8	746	X
+	9	834	X
+	10	920	X
+	11	1,008	X
+	12	1,096	X

Additional incremental amount

Yes No

Increment amount \$

The dollar amounts increase automatically each year

Yes No



Medicaid Eligibility

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

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

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

Enter the statewide standard

	Household size	Standard (\$)	
+	1	177	X
+	2	293	X
+	3	374	X
+	4	470	X
+	5	559	X
+	6	663	X
+	7	738	X
+	8	835	X
+	9	932	X
+	10	1,028	X
+	11	1,125	X
+	12	1,222	X

Additional incremental amount

Yes No

Increment amount \$

The dollar amounts increase automatically each year

Yes No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a



Medicaid Eligibility

The standard is as follows:

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

Enter the statewide standard

	Household size	Standard (\$)	
+	1	151	X
+	2	258	X
+	3	330	X
+	4	417	X
+	5	497	X
+	6	592	X
+	7	658	X
+	8	834	X
+	9	920	X
+	10	1,008	X
+	11	1,096	X
+	12	1,184	X

Additional incremental amount

- Yes No

Increment amount \$

The dollar amounts increase automatically each year

- Yes No

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

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard



Medicaid Eligibility

- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1		X

Additional incremental amount

- Yes No

Increment amount \$

The dollar amounts increase automatically each year

- Yes No

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

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

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

Enter the statewide standard

	Household size	Standard (\$)	
+	1		X

Additional incremental amount

- Yes No

Increment amount \$

The dollar amounts increase automatically each year

- Yes No

TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:



Medicaid Eligibility

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

Enter the statewide standard

	Household size	Standard (\$)	
+	1		X

Additional incremental amount

- Yes No

Increment amount \$

The dollar amounts increase automatically each year

- Yes No

MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

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

The dollar amounts increase automatically each year

- Yes No

V.20140415



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: GU - 15 - 0002

Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

S25

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

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

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

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

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

The state elects the following options:

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

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

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

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

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

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

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

- Income standard used for this group

- Minimum income standard

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

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

An attachment is submitted.

- Maximum income standard

Transmittal Number: 15-0002
Guam

Approval Date: 10/29/2015
S25-1

Effective Date: 1/1/15



Medicaid Eligibility

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

An attachment is submitted.

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

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

Enter the amount of the maximum income standard:

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

Income standard chosen:

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

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

There is no resource test for this eligibility group.

Presumptive Eligibility



Medicaid Eligibility

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

Yes No

PRA Disclosure Statement

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

V.20140415



Medicaid Eligibility

State Name:

Transmittal Number: GU - 15 - 0002

Eligibility Groups - Mandatory Coverage - Territories

S28T

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

Pregnant Women - Territories

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

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

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

Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan S25 - Parents and Other Caretaker Relatives.

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

Income standard used for this group

Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

The state certifies that it has an approved MAGI conversion plan.

An attachment is submitted.

Income standard chosen

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

The minimum income standard

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) (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.



Medicaid Eligibility

- The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (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.
- 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.
- 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.
- Another income standard higher than the minimum standard allowed.

The amount of the income standard for this eligibility group is (if not the minimum):

- AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- TANF payment standard. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.
- Another income standard not already specified in S14T Income Standards-Territories.
 - A percentage of the poverty level: %
 - A dollar amount by family size

There is no resource test for this eligibility group.

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

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



Medicaid Eligibility

Presumptive Eligibility

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

No

V.20140415



Medicaid Eligibility

State Name:

Transmittal Number: GU - 15 - 0002

Eligibility Groups - Mandatory Coverage - Territories

S30T

42 CFR 435.118
1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)
1902(a)(10)(A)(ii)(IV) and (IX)
1931(b) and (d)
1920A

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

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

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

- Are under age 19
- Have household income at or below the standard established by the state.

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

- Income standard used for infants under age one

- Minimum income standard

The minimum income standard used for infants under age one is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

- The state certifies that it has an approved MAGI conversion plan.

An attachment is submitted.

- Income standard chosen

The state's income standard used for infants under age one (which cannot be less than the highest effective income level for coverage of infants under age one in the state plan as of March 23, 2010) is:

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.

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

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.



Medicaid Eligibility

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.

Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for infants under age one is (if not the minimum):

AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.

TANF payment standard. The standard is described in S14T Income Standards-Territories.

MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.

Another income standard not already specified in S14T Income Standards-Territories.

A percentage of the poverty level: %

A dollar amount by family size

Income standard for children age one through age five, inclusive

Minimum income standard

The minimum income standard used for children age one through five is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

Income standard chosen

The state's income standard used for children age one through five (which cannot be less than the highest effective income level for coverage of children age one through five in the state plan as of March 23, 2010) is:



Medicaid Eligibility

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.
The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent.
- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.
- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.
- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.
- Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for children age one through five is (if not the minimum):

- AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.
- AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.
- TANF payment standard. The standard is described in S14T Income Standards-Territories.
- MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.
- Another income standard not already specified in S14T Income Standards-Territories.
 - A percentage of the poverty level: %
 - A dollar amount by family size



Medicaid Eligibility

Income standard for children age six through age eighteen, inclusive

Minimum income standard

The minimum income standard used for children age six through eighteen is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14T Income Standards-Territories.

Income standard chosen

The state's income standard used for children age six through eighteen (which cannot be less than the highest effective income level for coverage of children age six through eighteen in the state plan as of March 23, 2010) is:

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the minimum income standard.

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

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent.

Another income standard higher than the minimum standard allowed, provided it is higher than the highest effective income level for this age group under the state plan as of March 23, 2010.

The amount of the income standard for children age six through eighteen is (if not the minimum):

AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

AFDC Need Standard in Effect As of July 16, 1996. The standard is described in S14T Income Standards-Territories.

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14T Income Standards-Territories.

TANF payment standard. The standard is described in S14T Income Standards-Territories.



Medicaid Eligibility

MAGI-equivalent TANF payment standard. The standard is described in S14T Income Standards-Territories.

Another income standard not already specified in S14T Income Standards-Territories.

A percentage of the poverty level: %

A dollar amount by family size

There is no resource test for this eligibility group.

Presumptive Eligibility

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

V.20140415



Medicaid Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: GU - 15 - 0002

Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage	S33
Former Foster Care Children	

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

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

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

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

Are under age 26.

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

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

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

Yes No

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

Yes No

PRA Disclosure Statement

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

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