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## **Table of Contents**

**State/Territory Name: Vermont**

**State Plan Amendment (SPA) #:13-0002-MM1**

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
- 5) Additional Attachments that are part of the state plan

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
JFK Federal Building, Government Center  
Room 2275  
Boston, Massachusetts 02203



## **Division of Medicaid and Children's Health Operations / Boston Regional Office**

March 10, 2014

Douglas A. Racine, Secretary  
Agency of Human Services  
208 Hurricane Lane, Suite 103  
Williston, VT 05495

Dear Secretary Racine:

Enclosed is an approved copy of Vermont's state plan amendment (SPA) 13-0002MM1, which was submitted to CMS on December 2, 2013, approved on December 13, 2013 and effective on January 1, 2014. SPA 13-0002MM1 implements the Modified Adjusted Gross Income (MAGI) eligibility process for both mandatory and optional populations.

Enclosed is a copy of the following state plan pages and attachments to be incorporated within a separate section at the end of Vermont's approved state plan:

- S14, Pages S14-1 through S14-7
- S25, Pages S25-1 through S25-3
- S28, Pages S28-1 through S28-2
- S30, Pages S30-1 through S30-5
- S32, Pages S32-1 through S32-2
- S33, Page S33-1
- S50, Page S50-1
- S51, Page S51-1
- S52, Page S52-1
- S53, Page S53-1
- S54, Page S54-1
- S55, Page S55-1
- S57, Page S57-1
- S59, Page S59-1

In addition, enclosed is a summary of the state plan pages which are superseded by SPA 13-0004MM6 which should also be incorporated into a separate section in the front of the state plan.

- Superseding pages of state plan material, SPA 13-0002MM1

CMS appreciates the significant amount of work your staff dedicated to preparing this state plan amendment. We apologize in the delay of getting this approval package to you due to ACA implementation. If you have any questions about this letter or need any additional information, please contact Lynn Wolfsfeld of my staff at 1-410-999-4004 or by email at [Lynn.Wolfsfeld@cms.hhs.gov](mailto:Lynn.Wolfsfeld@cms.hhs.gov).

Sincerely,

/s/

Richard R. McGreal  
Associate Regional Administrator

Enclosure

cc: Mark Larson, Commissioner  
Ashley Berliner, DVHA Health Programs Administrator

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

13-0002MM1

**STATE:**

Vermont

Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, S55, and S14 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	Page 1 Page 3 Page 3a Page 4 Page 4a Page 12 Page 13 Page 13a Page 14 Page 14a Page 21 Page 23	Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 5, A.10 Page 9c, B.1 remove "Caretaker relatives" and "Pregnant women"; Remove reference to treatment of CR & minor children at the bottom of the page. Page 20, B.14 Page 25, C.4
<b>Supplement 1 to Attachment 2.2-A</b>	Page 1	
<b>Attachment 2.6-A</b>	Page 3b Page 11a Page 19 Page 19a Page 19b Page 21	Page 1, A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a(1) and (2) Page 12, C.1.e(2) Page 18, C.5.e Page 25, 11.a(3)
<b>Supplement 1 to Attachment 2.6-A</b>	Pages 1, 2, 2a, 3, 3a and 4	
<b>Supplement 2 to Attachment 2.6-A</b>	Pages 1-5	
<b>Supplement 8a to Attachment 2.6-A</b>		Page 1 - language related to pregnant women and infants.

		Page 2 - language related to pregnant women, infants and children. Page 4 - language related to pregnant women, infants and children.
<b>Supplement 8b to Attachment 2.6-A</b>		Page 1-language related to pregnant women.
<b>Supplement 12 to Attachment 2.6-A</b>	Page 1 for 1931 eligibility (dup. page #) Page 2	
<b>Supplement 14 to Attachment 2.6-A</b>	Page 1	

# Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Vermont

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.

VT 13-002

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR §430.12(c)(ii)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

MAGI-Based Eligibility Groups

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: Ashley Berliner  
Last Revision Date: Dec 11, 2013  
Submit Date: Dec 2, 2013

Date Received: 12/02/2013

Plan Approved - One Copy Attached

Date Approved: 12/13/2013  
Signature of Regional Official

Effective Date of Approved Material: 01/01/2014

-s-

Typed Name: Richard R. McGreal

Division of Medicaid & Children's Health Operations  
Boston, MA



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## AFDC Income Standards S14

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 standard by region

Name of region Chittenden County	Description Largest population area in the state	<a href="#">Remove Region</a>																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Household size</th> <th style="width: 50%;">Standard (\$)</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">+</td> <td>1</td> <td>623</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">+</td> <td>2</td> <td>795</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">+</td> <td>3</td> <td>977</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">+</td> <td>4</td> <td>1,120</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;">+</td> <td>5</td> <td>1,282</td> <td style="text-align: center;">X</td> </tr> </tbody> </table>		Household size	Standard (\$)		+	1	623	X	+	2	795	X	+	3	977	X	+	4	1,120	X	+	5	1,282	X	Additional incremental amount <input type="radio"/> Yes <input checked="" type="radio"/> No Increment amount \$ <input style="width: 50px;" type="text"/>	<a href="#">Remove Region</a>
	Household size	Standard (\$)																								
+	1	623	X																							
+	2	795	X																							
+	3	977	X																							
+	4	1,120	X																							
+	5	1,282	X																							



# Medicaid Eligibility

Name of region		Description	
All other counties			
	Household size	Standard (\$)	
<b>+</b>	1	570	<b>X</b>
<b>+</b>	2	741	<b>X</b>
<b>+</b>	3	923	<b>X</b>
<b>+</b>	4	1,065	<b>X</b>
<b>+</b>	5	1,227	<b>X</b>

Additional incremental amount  
 Yes    No

Increment amount \$

**Add Region**

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 standard by region

<b>Remove Region</b>	
Name of region	Description
Chittenden County	Largest population area in the state





# Medicaid Eligibility

	Household size	Standard (\$)	
<b>+</b>	1	436	<b>X</b>
<b>+</b>	2	536	<b>X</b>
<b>+</b>	3	636	<b>X</b>
<b>+</b>	4	715	<b>X</b>
<b>+</b>	5	802	<b>X</b>

Additional incremental amount  
 Yes  No  
 Increment amount \$

**Remove Region**

Name of region:  Description:

	Household size	Standard (\$)	
<b>+</b>	1	396	<b>X</b>
<b>+</b>	2	496	<b>X</b>
<b>+</b>	3	597	<b>X</b>
<b>+</b>	4	676	<b>X</b>
<b>+</b>	5	762	<b>X</b>

Additional incremental amount  
 Yes  No  
 Increment amount \$

**Add Region**

The dollar amounts increase automatically each year  
 Yes  No

## 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



# Medicaid Eligibility

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

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

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

## 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

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



# Medicaid Eligibility

**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

**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

**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

Enter the standard by region

<input type="text"/>	Remove Region
----------------------	---------------



# Medicaid Eligibility

Name of region:  Description:

	Household size	Standard (\$)	
+	1	524	X
+	2	649	X
+	3	777	X
+	4	885	X
+	5	999	X
+	6	1,084	X
+	7	1,215	X
+	8	1,327	X

Additional incremental amount  
 Yes  No  
 Increment amount \$

Name of region:  Description:

	Household size	Standard (\$)	
+	1	502	X
+	2	626	X
+	3	754	X
+	4	863	X
+	5	977	X
+	6	1,062	X
+	7	1,193	X



# Medicaid Eligibility

+	8	1,306	X	Additional incremental amount <input type="radio"/> Yes <input checked="" type="radio"/> No
				Increment amount \$ <input style="width: 50px;" type="text"/>
				<input type="button" value="Add Region"/>
The dollar amounts increase automatically each year <input type="radio"/> Yes <input checked="" type="radio"/> 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB 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):

The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.

Definition of domestic partner:

The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.

Description of other relatives:

The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.

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):



# Medicaid Eligibility

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

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:



# Medicaid Eligibility

- 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

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.





# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

**Eligibility Groups - Mandatory Coverage** **S28**  
**Pregnant Women**

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 - 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 Parents and Other Caretaker Relatives at 42 CFR 435.110.

Yes  No

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 (Once entered and approved by CMS, the minimum income standard cannot be changed.)

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

Yes  No

Enter the amount of the minimum income standard (no higher than 185% FPL):  % FPL

Maximum income standard

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

**An attachment is submitted.**

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

The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.



# 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) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
  - The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
  - The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
  - 185% FPL

The amount of the maximum income standard is:  % FPL

Income standard chosen

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

- The minimum income standard
- The maximum income standard
- Another income standard in-between the minimum and maximum standards allowed.

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.

Presumptive Eligibility

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

- Yes
- No

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage Infants and Children under Age 19 S30

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)

**Infants and Children under Age 19** - 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 state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

Yes    No

Enter the amount of the minimum income standard (no higher than 185% FPL):  % FPL

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

**An attachment is submitted.**

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

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) (mandatory 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 percent of FPL.



# Medicaid Eligibility

- 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) (mandatory 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 percent of FPL.
- 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 percent of FPL.
- 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 percent of FPL.
- 185% FPL

Enter the amount of the maximum income standard:  % FPL

Income standard chosen

The state's income standard used for infants under age one is:

- The maximum income standard

If not chosen as the maximum 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) (mandatory 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 percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum 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) (mandatory 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 percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, 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 percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, 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 percent of FPL.

- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

The amount of the income standard for infants under one is:  % FPL

Income standard for children age one through age five, inclusive



# Medicaid Eligibility

Minimum income standard

The minimum income standard used for this age group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

**An attachment is submitted.**

The state's maximum income standard for children age one through five is:

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) (mandatory 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 percent of FPL.

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) (mandatory 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 percent of FPL.

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 percent of FPL.

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 percent of FPL.

Enter the amount of the maximum income standard:  % FPL

Income standard chosen

The state's income standard used for children age one through five is:

The maximum income standard

If not chosen as the maximum 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) (mandatory 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 percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum 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) (mandatory 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 percent of FPL.



# Medicaid Eligibility

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, 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 percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, 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 percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

The amount of the income standard for children age one through five is:  % FPL

Income standard for children age six through age eighteen, inclusive

Minimum income standard

The minimum income standard used for this age group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

**An attachment is submitted.**

The state's maximum income standard for children age six through eighteen is:

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) (mandatory 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 percent of FPL.

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) (mandatory 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 percent of FPL.

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 percent of FPL.

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 percent of FPL.

133% FPL

Enter the amount of the maximum income standard:  % FPL



# Medicaid Eligibility

Income standard chosen

The state's income standard used for children age six through eighteen is:

The maximum income standard

If not chosen as the maximum 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) (mandatory 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 percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum 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) (mandatory 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 percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, 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 percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, 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 percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

The amount of the income standard for children age six through eighteen is:  % FPL

There is no resource test for this eligibility group.

Presumptive Eligibility

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

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.



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

**Eligibility Groups - Mandatory Coverage** **S32**  
**Adult Group**

1902(a)(10)(A)(i)(VIII)  
42 CFR 435.119

The state covers the Adult Group as described at 42 CFR 435.119.

Yes    No

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

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:

Have attained age 19 but not age 65.

Are not pregnant.

Are not entitled to or enrolled for Part A or B Medicare benefits.

Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.

Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.

Have household income at or below 133% FPL.

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

There is no resource test for this eligibility group.

Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is

receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.

Under age 19, or

A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:

Under age 20

Under age 21

Presumptive 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





## Medicaid Eligibility

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Former Foster Care Children	S33
42 CFR 435.150 1902(a)(10)(A)(i)(IX)	
<p><input checked="" type="checkbox"/> <b>Former Foster Care Children</b> - 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.</p> <p><input checked="" type="checkbox"/> The state attests that it operates this eligibility group under the following provisions:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Individuals qualifying under this eligibility group must meet the following criteria: <ul style="list-style-type: none"> <li><input type="checkbox"/> Are under age 26.</li> <li><input type="checkbox"/> 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.</li> <li><input type="checkbox"/> 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.</li> </ul> </li> </ul> <p>The state elects to cover children who were in foster care and on Medicaid in <u>any</u> state at the time they turned 18 or aged out of the foster care system.</p> <p><input type="radio"/> Yes    <input checked="" type="radio"/> No</p> <p>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.</p> <p><input type="radio"/> Yes    <input checked="" type="radio"/> No</p>	

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage Individuals above 133% FPL</b>	<b>S50</b>
1902(a)(10)(A)(ii)(XX) 1902(hh) 42 CFR 435.218	
<p><b>Individuals above 133% FPL</b> - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.</p> <p><input type="radio"/> Yes    <input checked="" type="radio"/> No</p>	

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b> <b>Optional Coverage of Parents and Other Caretaker Relatives</b>	<b>S51</b>
42 CFR 435.220 1902(a)(10)(A)(ii)(I)	
<p><b>Optional Coverage of Parents and Other Caretaker Relatives</b> - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.</p> <p><input type="radio"/> Yes    <input checked="" type="radio"/> No</p>	

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b>	<b>S52</b>
<b>Reasonable Classification of Individuals under Age 21</b>	
42 CFR 435.222 1902(a)(10)(A)(ii)(I) 1902(a)(10)(A)(ii)(IV)	
<b>Reasonable Classification of Individuals under Age 21</b> - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222. <input type="radio"/> Yes <input checked="" type="radio"/> 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.



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

**Eligibility Groups - Options for Coverage** **S53**  
**Children with Non IV-E Adoption Assistance**

42 CFR 435.227  
1902(a)(10)(A)(ii)(VIII)

**Children with Non IV-E Adoption Assistance** - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

Yes    No

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:

The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;

Are under the following age (see the Guidance for restrictions on the selection of an age):

Under age 21

Under age 20

Under age 19

Under age 18

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

The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes    No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

Yes    No

Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.

The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes    No

There is no resource test for this eligibility group.

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Optional Targeted Low Income Children	S54
1902(a)(10)(A)(ii)(XIV) 42 CFR 435.229 and 435.4 1905(u)(2)(B)	
<p><b>Optional Targeted Low Income Children</b> - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.</p> <p><input type="radio"/> Yes    <input checked="" type="radio"/> No</p>	

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals with Tuberculosis	S55
1902(a)(10)(A)(ii)(XII) 1902(z)	
<p><b>Individuals with Tuberculosis</b> - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.</p> <p><input type="radio"/> Yes   <input checked="" type="radio"/> No</p>	

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Independent Foster Care Adolescents	S57
42 CFR 435.226 1902(a)(10)(A)(ii)(XVII)	
<p><b>Independent Foster Care Adolescents</b> - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.</p> <p><input type="radio"/> Yes    <input checked="" type="radio"/> No</p>	

### 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.



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services	S59
1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214	
<p><b>Individuals Eligible for Family Planning Services</b> - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.</p> <p><input type="radio"/> Yes    <input checked="" type="radio"/> No</p>	

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## AFDC Income Standards

S14

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 standard by region

Name of region <input style="width: 95%;" type="text" value="Chittenden County"/>	Description <input style="width: 95%;" type="text" value="Largest population area in the state"/>	<input type="button" value="Remove Region"/>																								
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 25%;">Household size</th> <th style="width: 25%;">Standard (\$)</th> <th style="width: 45%;"></th> </tr> </thead> <tbody> <tr> <td style="background-color: #cccccc;">+</td> <td>1</td> <td>623</td> <td style="background-color: #cccccc;">X</td> </tr> <tr> <td style="background-color: #cccccc;">+</td> <td>2</td> <td>795</td> <td style="background-color: #cccccc;">X</td> </tr> <tr> <td style="background-color: #cccccc;">+</td> <td>3</td> <td>977</td> <td style="background-color: #cccccc;">X</td> </tr> <tr> <td style="background-color: #cccccc;">+</td> <td>4</td> <td>1,120</td> <td style="background-color: #cccccc;">X</td> </tr> <tr> <td style="background-color: #cccccc;">+</td> <td>5</td> <td>1,282</td> <td style="background-color: #cccccc;">X</td> </tr> </tbody> </table>		Household size	Standard (\$)		+	1	623	X	+	2	795	X	+	3	977	X	+	4	1,120	X	+	5	1,282	X	Additional incremental amount <input type="radio"/> Yes <input checked="" type="radio"/> No Increment amount \$ <input style="width: 60px;" type="text"/>	<input type="button" value="Remove Region"/>
	Household size	Standard (\$)																								
+	1	623	X																							
+	2	795	X																							
+	3	977	X																							
+	4	1,120	X																							
+	5	1,282	X																							



# Medicaid Eligibility

Name of region		Description	
All other counties			
	Household size	Standard (\$)	
<b>+</b>	1	570	<b>X</b>
<b>+</b>	2	741	<b>X</b>
<b>+</b>	3	923	<b>X</b>
<b>+</b>	4	1,065	<b>X</b>
<b>+</b>	5	1,227	<b>X</b>

Additional incremental amount  
 Yes    No

Increment amount \$

**Add Region**

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 standard by region

Name of region	Description	<b>Remove Region</b>
Chittenden County	Largest population area in the state	



# Medicaid Eligibility

	Household size	Standard (\$)	
<b>+</b>	1	436	<b>X</b>
<b>+</b>	2	536	<b>X</b>
<b>+</b>	3	636	<b>X</b>
<b>+</b>	4	715	<b>X</b>
<b>+</b>	5	802	<b>X</b>

Additional incremental amount  
 Yes    No  
 Increment amount \$

**Remove Region**

Name of region

Description

	Household size	Standard (\$)	
<b>+</b>	1	396	<b>X</b>
<b>+</b>	2	496	<b>X</b>
<b>+</b>	3	597	<b>X</b>
<b>+</b>	4	676	<b>X</b>
<b>+</b>	5	762	<b>X</b>

Additional incremental amount  
 Yes    No  
 Increment amount \$

**Add Region**

The dollar amounts increase automatically each year

Yes    No

## 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



# Medicaid Eligibility

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

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

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

## 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

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



# Medicaid Eligibility

## 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

## 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

## 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

Enter the standard by region

Remove Region



# Medicaid Eligibility

<p>Name of region</p> <input style="width: 95%;" type="text" value="Chittenden County"/>	<p>Description</p> <input style="width: 95%;" type="text" value="Largest population area in state"/>																																				
<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 20%;">Household size</th> <th style="width: 20%;">Standard (\$)</th> <th style="width: 5%;"></th> </tr> </thead> <tbody> <tr><td>+</td><td>1</td><td>524</td><td>X</td></tr> <tr><td>+</td><td>2</td><td>649</td><td>X</td></tr> <tr><td>+</td><td>3</td><td>777</td><td>X</td></tr> <tr><td>+</td><td>4</td><td>885</td><td>X</td></tr> <tr><td>+</td><td>5</td><td>999</td><td>X</td></tr> <tr><td>+</td><td>6</td><td>1,084</td><td>X</td></tr> <tr><td>+</td><td>7</td><td>1,215</td><td>X</td></tr> <tr><td>+</td><td>8</td><td>1,327</td><td>X</td></tr> </tbody> </table>		Household size	Standard (\$)		+	1	524	X	+	2	649	X	+	3	777	X	+	4	885	X	+	5	999	X	+	6	1,084	X	+	7	1,215	X	+	8	1,327	X	<p>Additional incremental amount</p> <p><input type="radio"/> Yes   <input checked="" type="radio"/> No</p> <p>Increment amount \$ <input style="width: 50px;" type="text"/></p>
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# Medicaid Eligibility

<input type="button" value="+"/> 8	1,306	<input type="button" value="X"/>	Additional incremental amount <input type="radio"/> Yes <input checked="" type="radio"/> No
			Increment amount \$ <input type="text"/>
			<input type="button" value="Add Region"/>

The dollar amounts increase automatically each year

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.