STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	A. General Conditions of Eligibility
	Each individual covered under the plan:
42 CFR Part 435, Subpart G	1. Is financially eligible (using the methods and standards described in Parts B and C of this Attachment) to receive services.
42 CFR Part 435, Subpart F	2. Meets the applicable non-financial eligibility conditions.
	a. For the categorically needy:
	(i) Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
	(ii) For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(1) of the Act	(iii) For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the ACT, meets the non-financial criteria of section 1902(1) of the Act.
1902(m) of the Act	(iv) For financially eligible aged and disabled aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(x) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

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Citation(s)	Condition or Requirement
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c. For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	d. For financially eligible qualified disabled and working individuals covered under section 1902(a)(1O)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.405	3. Is residing in the United States (U.S.) and--- a. Is a citizen or national of the United States; b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended and the QA's eligibility is required by section 402(b) of PRWORA as amended and is not prohibited by section 403 of PRWORA as amended; c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA; d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA. e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended. ☒ State covers all authorized QAs ☐ State does not cover authorized QAs

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following: (1) A qualified alien as defined in section 431 of PRWORA (8 U.S.C. §1641); (2) An alien in nonimmigrant status who has not violated the terms of the status under which he or she was admitted or to which he or she has changed after admission; (3) An alien who has been paroled into the United States pursuant to section 212(d)(5) of the Immigration and Nationality Act (INA) (8 U.S.C. §1182(d)(5)) for less than 1 year, except for an alien paroled for prosecution, for deferred inspection or pending removal proceedings; (4) An alien who belongs to one of the following classes:· (i) Aliens currently in temporary resident status pursuant to section 21O or 245A of the INA (8 U.S.C. §§1160 or 1255a, respectively): (ii) Aliens currently under Temporary Protected Status (TFS) pursuant to section 244 of the INA (8 U.S.C. §1254a), and pending applicants for TPS who have been granted employment authorization; (iii) Aliens who have been granted employment authorization under 8 CFR 274a 12(c)(9),(10),(16),(18),(20),(22), or (24);

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	(iv) Family Unity beneficiaries pursuant to section 301 of Pub. L. 101-649, as amended, (v) Aliens currently under Deferred Enforced Departure (DED) pursuant to a decision made by the President: (vi) Aliens currently in deferred action status; or (vii) Aliens whose visa petition has been approved and who have a pending application for adjustment of status; (5) A pending applicant for asylum under section 208(a) of the INA (8 U.S.C. §1158) or for withholding of removal under section 241(b)(3) of the INA (8 U.S.C. §1231) or under the Convention Against Torture who has been granted employment authorization, and such an applicant under the age of 14 who has had an application pending for at least 180 days; (6) An alien who has been granted withholding of removal under the Convention Against Torture; (7) A child who has a pending application for Special Immigrant Juvenile status as described in section 101(a)(27)(J) of the INA (8 U.S.C. §1101(a)(27)(J)); (8) An alien who is lawfully present in the Commonwealth of the Northern Mariana Islands under 48 U.S.C. §1806(e); or

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	(9) An alien who is lawfully present in American Samoa under the immigration laws of American Samoa. ☒ Elected for pregnant women. ☒ Elected for children under age 21, g. ☒ The State provides assurance that for individuals whom it enrolls in CHIP under the CHIPRA section 214 option that it has verified, both at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
	g. ☒ The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

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Citation(s)		Condition or Requirement
42CFR 435.403 1902(b) of the ACT	4.	Is a resident in the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address. ☐ State has interstate residency agreement with the following States: ☐ State has open agreement(s). ☐ Not applicable; no residency requirement.

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Citation(s)	Condition or Requirement
42 CFR 435.1008	5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act	b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program. ☒ Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act	6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

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Citation(s)	Condition or Requirement
	An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902 (1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate. An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate. ☒ Assignment of rights is automatic because of State law.
42 CFR 435.910	7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/ she has more than one number).

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Citation(s)	Condition or Requirement
1902(c)(2)	8. Is not required to apply for AFDC benefits under Title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.
1902(e)(10)(A) and (B) of the Act	9. Is not required, as an individual child or pregnant woman; to meet requirement under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet certain requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

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Citation(s)	Condition or Requirement
1906 of the ACT	10. Is required to apply for enrollment in an employer- based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

42 CFR 435.725; 43 CFR 435.733; 42 CFR 435.832

B. Post-Eligibility Treatment of Institutionalized Individuals

The following amounts are deducted from the gross income when computing the application of an individual or couples income to the cost of institutionalized care:

1. Personal Needs Allowance.

   a. Aged, blind, disabled –
      Individuals $50
      Couples $100

For the following individuals with greater need –

See Page 4 Addendum

   b. AFDC related –
      Children $50
      Adults $50

   c. Individuals under age 21 covered in this plan as specified in Item B.7 of ATTACHMENT 2.2-A Page 16. $50

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

42 CFR 435.725; 43 CFR 435.733; 42 CFR 435.832

B. Post-Eligibility Treatment of Institutionalized Individuals (continued)

For the following individuals with a greater need (continued)

d. $50/month for NF and ICF/IID residents engaging in frequent and regular rehabilitation out-of-facility activities.

e. For nursing facility residents who are participating in gainful employment, the following amounts, not to exceed the adult foster care rate (SSI benefit amount + $140), will be deducted from gross earned income:

   i. Mandatory payroll deductions that are a condition of employment including, but not limited to:

      1. Federal, State, and Local taxes
      2. FICA
      3. Union Dues
      4. Insurance Premiums
      5. Pension Contributions.

   ii. Transportation costs as paid to and from employment.

   iii. Clothing and personal needs allowance of $75/month.

The maximum amount of income to be protected will not exceed the amount required to maintain an individual in adult foster/residential care. This amount is currently the SSI benefit plus $140.

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Citation(s)	Condition or Requirement
	3. ~~For children, each family member.~~ ~~AFDC $_____~~ ~~Medically needy level $_____~~ ~~Other as follows $_____~~
	4. Amounts for incurred medical expenses not subject to payment by a third party. a. Health insurance premiums, deductibles and co-insurance charges b. Necessary medical or remedial care not covered under the Medicaid plan (Reasonable limits on amounts are described in Supplement 3 to Attachment 2.6-A.)
1902(1) of the Act	5. An amount for maintenance of a single individual's home for not longer than 6 months, if a physician has certified he or she is likely to return home within that period. ☒ Yes. Amount for maintenance of home $75.00 ☐ No. No.
	6. SSI benefits paid under section 1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital or NF.

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B.3 For families and children, each family member:

1 Dependent	$201
2 Dependents	$270
3 Dependents	$338
4 Dependents	$407
5 Dependents	$475
6 Dependents	$544
7 Dependents	$612
Each Additional add	$69

N/A item B.3 has been deleted form Attachment 2.6-A Page 5 due to 6the rules of Spousal Impoverishment

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.711 435.721, 435.831	C. Financial Eligibility For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below. For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply. Supplement 1 to Attachment 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants of children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act- and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

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	Citation(s) Condition or Requirement
☒	Supplement 2 to Attachment 2.6- specifies the resources levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
☐	Supplement 7 to Attachment 2.6-A specifies the income levels for categorially needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
☐	Supplement 4 to Attachment 2.6-A specifies the method for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
☐	Supplement 5 to Attachment 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
☒	Supplement 8a to Attachment 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
☒	Supplement 8b to Attachment 2.6-A specifies the method for determining resource eligibility used by States that are more liberal than methods of the case assistance programs, permitted under section 1902(r)(2) of the Act.
☐	Supplement 14 to Attachment 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under §1902(z)(1) of the Act.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(r)(2) of the Act	1. Methods of Determining Income a. AFDC-related individuals (except for poverty level related pregnant woman, infants, and children). (1) In determining countable income for AFDC-related individuals, the following methods are used: ☐ (a) The methods under the State's approved AFDC plan only; or ☒ (b) The methods under the State's approved AFDC plan and/or any more approved AFDC any more liberal methods described in Supplement 8a to Attachment 2.6-A. (2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act	(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	b. Aged individuals. In determining countable income for aged individuals including aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used: ☒ The methods of the SSI program only. ☐ The methods of the SSI program and/or any more liberal methods described in Supplement 8a to Attachment 2.6-A.

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Citation(s)	Condition or Requirement

☐ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to Attachment 2.6-A; and any more liberal methods described in Supplement 8a to Attachment 2.6-A.

☒ For institutional couples, the methods specified under section 1611(e)(5) of the Act.

☐ For optional State supplement recipients under $435.230, income methods more liberal than SSI, as specified in Supplement 4 to Attachment 2.6-A.

☐ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements—

- ☐ SSI methods only.
- ☐ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to Attachment 2.6-A
- ☐ Methods more restrictive and/or more liberal than SSI. More restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to Attachment 2.6-A and more liberal methods are described in Supplement 8a to Attachment 2.6-A.

In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.

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Citation(s)	Condition or Requirement
42 CFR 435.721 and 435.831 1902.831(m)(1)(B), (m)(4),and 1902(r)(2) of the Act	c. Blind individuals. In determining countable income for blind individuals, the following methods are used: ☒ The methods of the SI program only. ☐ SSI methods and/or any more liberal methods described in Supplement 8a to Attachments 2.6-A. ☐ For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to Attachment 2.6-A, and any more liberal methods described in Supplement 8a to Attachment 2.6-A. ☒ For institutional couples, the methods specified under section 1611(e)(5) of the Act. ☐ For optional State supplement recipients under $435.230, income methods more liberal than SSI, as specified in Supplement 4 to Attachment 2.6-A. ☐ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements -- ☐ SSI methods only. ☐ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to Attachment 2.6-A ☐ Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to Attachment 2.6-A and more liberal methods are described in Supplement 8a to Attachment 2.6-A.

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Citation(s)	Condition or Requirement
	In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
42 CFR 435.721 and 435.831 1902 (m)(1)(B), (m)(4),and 1902(r)(2) of the Act	d. Disabled individuals. In determining countable income for disabled individuals, including individuals with incomes up to the Federal poverty level described in section 1902(m) of the Act the following methods are used: ☒ The methods of the SSI program. ☐ SSI methods and/or any more liberal methods described in Supplement 8a to Attachments 2.6-A. ☒ For institutional couples: the methods specified under section 1611(e)(5) of the Act. ☐ For optional State supplement recipients under $435.230: income methods more liberal than SSI, as specified in Supplement 4 to Attachment 2.6-A. ☐ For individuals other than optional State supplement recipients (except aged and disabled individuals described in section 1903(m)(1) of the Act): more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to Attachment 2.6-A and any more liberal methods described in Supplement 8a to Attachment 2.6-A.

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Citation(s)	Condition or Requirement
	☐ For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements—
	☐ SSI methods only.
	☐ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to Attachment 2.6-A
	☐ Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902 (m)(1) of the Act. More restrictive methods are described in Supplement 4 to Attachment 2.6-A and more liberal methods are specified in Supplement 8a to Attachment 2.6-A.
	In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902 (1)(3)(E) and 1902(r)(2) of the Act	e. Poverty level pregnant women, infants, and children. For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)(A)(i)(IV), (VI), and (VII), and 1902 (a)(10)(A)(ii)(IX) of the Act—

(1) The following methods are used in determining countable income:

☐ The methods of the State's approved AFDC plan.

☐ The methods of the approved title IV-E plan.

☒ The methods of the approved AFDC State Plan and/or any more liberal methods described in Supplement 8a to attachment 2.6-A

☐ The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to Attachment 2.6-A.

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Citation(s)	Condition or Requirement
1902(e)(6) of the Act	~~(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.~~ ~~(3) The agency continues to treat women eligible continue to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which their 60th day falls.~~
1905 (p)(1), 1902 (m)(4), and 1902 (r)(2) of the Act	f. Qualified Medicare beneficiaries. In determining countable income for qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, the following methods are used: ☒ The methods of the SSI program only. ☐ SSI methods and/or any more liberal methods than SSI described in Supplement 8a to Attachments 2.6-A. ☒ For institutional couples, the methods specified under section 1611(e)(5) of the Act.

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Citation(s)	Condition or Requirement
	If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level. For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period. For individuals not receiving title II income, the revised levels are effective no later than the date of publication.
1905 (s) of the Act	g. (1) Qualified disabled and working individuals. In determining counted income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the method of the SSI program are used.
1905 (p) of the Act	(2) Specified low-income Medicare beneficiaries. In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

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Citation(s)	Condition or Requirement
1905 (u) of the Act	h. COBRA Continuation Beneficiaries In determination countable income for COBRA continuation beneficiaries, the following disregards are applied: ☐ The disregards of the SSI program; ☐ The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A NOTE: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).

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Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii)(XIII) of the Act	(i) Working Individuals with Disabilities - BBA In determining countable income and resources for working individuals with disabilities under the BBA, the following methodologies are applied: ☐ The methodologies of the SSI program. ☐ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and/or Supplement 5 (resources) to Attachment 2.6-A ☐ The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A

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Citation(s)	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act	(ii) Working Individuals with Disabilities – Basic Coverage Group - TWWIIA In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied: ☐ The agency does not apply any income or resource standard. NOTE: if the above option is chosen, no further eligibility-related options should be elected. ☒ The agency applies the following income and/or resource standard(s): 1. **Income Standard:** 275% of the federal poverty level (FPL). 2. **Resource Standard:** No Resource or other asset eligibility criteria for Basic Coverage Group – TWWIIA.

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Citation(s)	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	Income Methodologies In determining whether an individual meets the income standards described above, the agency uses the following methodologies. ☐ The income methodologies of the SSI program. ☐ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A. ☒ The agency uses more liberal more liberal income methodologies than the SSI program, More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

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Citation(s)	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	Resource Methodologies In determining whether an individual meets the resource standard described above, the agency uses the following methodologies. Unless one of the following items is checked the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual accounts, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregard involving retirement accounts is separately described in Supplement 8d to Attachment 2.6-A. ☐ The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans. ☐ The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A. **There will be no resource or other asset eligibility criteria for the Basic Coverage Group – TWWIIA.**

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Citation(s)	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	☐ The agency does not disregard funds in retirement accounts. ☐ The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplemental 8b to Attachment 2.6-A ☐ The agency uses the resource methodologies of the SSI program. ☐ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program, These more restrictive methodologies are described in Supplemental 5 to Attachment 2.6-A. **There will be no resource or other asset eligibility criteria for the Basic Coverage Group – TWWIIA.**

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Citation(s)	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act	(iii) Working Individuals with Disabilities – Employed Medically Improved Individuals - TWWIIA In determining financial eligibility for employed medically improved individuals under this provisions, the following standards and methodologies are applied: ☐ The agency does not apply any income or resource standard. NOTE: If the above option is chosen, no further eligibility-related options should be elected. ☐ The agency applies the following income and/or resource standard(s): ☐ % FPL – Income Standard

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Citation(s)	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	Income Methodologies In determining whether an individual meets the income standards described above, the agency uses the following methodologies. ☐ The income methodologies of the SSI program. ☐ The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A. ☐ The agency uses more liberal more liberal income methodologies than the SSI program, More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.

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Citation(s)	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	Resource Methodologies In determining whether an individual meets the resource standard described above, the agency uses the following methodologies. Unless one of the following items is checked the agency, under the authority of section 1902(r)(2) of the Act, disregards all funds held in retirement funds and accounts, including private retirement accounts such as IRAs and other individual account, and employer-sponsored retirement plans such as 401(k) plans, Keogh plans, and employer pension plans. Any disregards involving retirement account is separately described in Supplement 8d to Attachment 2.6-A. ☐ The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans. ☐ The agency disregards funds in retirement accounts in a manner other than those listed above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.

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Citation(s)	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act (cont.)	☐ The agency does not disregard funds in (ii)(XVI) retirement accounts. ☐ The agency uses resources methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplemental 8b to Attachment 2.6-A ☐ The agency uses the resource methodologies of the SSI program. ☐ The agency uses methodologies for treatment of resources that are more restrictive than the SSI program, These more restrictive methodologies are described in Supplemental 5 to Attachment 2.6-A.

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Citation(s)	Condition or Requirement
1902(a)(10)(A) (ii)(XVI) and 1905(v)(2) of the Act	Definition of Employed – Employed Medically Employed Individuals - TWWIIA ☐ The agency uses the statutory definition of "employed", i.e., earning at least the minimum wage, and working at least 40 hours per hours per month. ☐ The agency uses an alternative definition of "employed" that provides for substantial and reasonable threshold criteria for hours of work, wages, or other measures. The agency's threshold criteria are described below:

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Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act	Payment of Premium or Other Cost Sharing Charges For individuals eligible under the BBA eligibility group described in No. 23 on page 23d of Attachment 2.2-A: ☐ The agency requires payment if premiums of pother cost-sharing charges on a sliding scale based ion income. The premiums or other cost-sharing charges, and how they are applied, are described below:

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Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act (cont.)	For individuals eligible under the Basic Coverage Group described in No. 24 on page 23d of the Attachment 2.2-A and the Medical Improvement Group described in No. 25 on page 23d of Attachment 2.2-A: NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gross income, as defined under IRS statute, exceeds $75,000 pay 100 percent of premiums. ☒ The agency individuals to pay premiums or other cost-sharing charges on a sliding scale based on income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premiums cannot exceed 7.5 percent of the individual's income. The premiums or other cost-sharing charges, and how they are applied, are described on page 12o.

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Citation(s)	Condition or Requirement
1902(a)(10)(A)(ii) (XV), (XVI), and 1916(g) of the Act (cont.)	Premiums and Other Cost-Sharing Charges

For the Basic Coverage Group, the agency's premium or other cost-sharing charges and how they are applied, are described below.

Individuals eligible for Medicaid under this section must pay a monthly premium subject to the following premium structure:

Cost Sharing Schedule	
Percentage of FPL	**Monthly Premium Amount**
100% - 125%	$25
125% - 150%	$35
150% - 175%	$45
175% - 200%	$60
200% - 225%	$75
225% - 250%	$90
250% - 275%	$105

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Citation(s)	Condition or Requirement
1902(k) of the Act	2. Medicaid Quality Trusts In the case of a Medicaid qualifying trust described in section 1902(k)(2) of the Act, the amount from the trust that is deemed available to the individual who established the trust (or whose spouse established the trust) is the maximum amount that the trustee(s) is permitted under the trust to distribute to the individual. This amount is deemed available to the individual, whether or not the distribution is actually made. This provision does not apply to any trust or initial trust decree established before April 7, 1986, solely for the benefit of a mentally retarded individual who resides in an intermediate care facility for the mentally retarded. ☐ The agency does not count the funds in a trust as described above in any instance where the State determines that it would work an undue hardship. Supplement 10 of Attachment 2.6-A specifies that constitutes an undue hardship.
1902(a)(10) of the Act	3. Medically needy income levels (MNILs) are based on family size. Supplement 1 to Attachment 2.6-A specified the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, Supplement 1 so indicates.

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Citation(s)	Condition or Requirement
42 CFR 435.732, 435.831	4. Handling of Excess Income – Spend-down for the Medically Needy in all States and the Categorically Needy in 1902(f) States Only a. Medically Needy (1) Income in excess if the MNIL is considered as available for payment of medical agency care and services. The Medicaid agency measures available income for periods of either ____ or _____ month(s) (not to exceed 6 months) to determine the amount of excess countable income applicable to the cost of medical care and services. (2) If countable income exceeds the MNIL standard, the agency deducts the following order: (a) Health insurance premiums, deductibles and coinsurance charges. (b) Expenses for necessary medical and remedial care not include in the plan. (c) Expenses for necessary medical and remedial care included in the plan. ☐ Reasonable limits on amounts of expenses deducted from income under a. (2)(a) and (b) above are listed below.
1902(a)(17) of the Act	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicity funded program (other than Medicaid) of a State or local government.

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Citation(s)	Condition or Requirement
1903(f)(2) of the Act	(a) Medically Needy (continued) ☐ (3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.

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Citation(s)	Condition or Requirement
42 CFR 435.732	(b) Categorically Needy – Section 1902 (f) States The agency applies the following policy under the provision of section 1902(f) of the Act. The following amounts are deducted from income to determine the individual's countable income: (1) Any SSI benefit received. (2) Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act. (3) Increases in OASDI that are deducted under §435.134 and §435.135 for individuals specified in that section, in the manner elected by the State under that section. (4) Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4. (5) Incurred expenses for necessary medical and remedial services recognized under State Law.
1902(a)(17) of the Act, P.L. 100-203	Incurred expenses that are subject to payment by a third party are not deducted unless the expenses are subject to payment by a third party that is a publicly funded program (other than Medicaid) of a State or local government.

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Citation(s)	Condition or Requirement
1903(f)(2) of the Act	4.b. Categorically Needy – Section 1902(f) States Continued ☐ (6) Spenddown payments made to the State by the individual. Note: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

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Citation(s)	Condition or Requirement

5. Methods for Determining Resources

a. AFDC-related individuals (except for poverty level related pregnant woman, infants, and children).

(1) In determining countable resources for AFDC-related individuals, the following methods are used:

(a) The methods under the State's approved AFDC plan; and

☒ (b) The methods under the State's approved AFDC plan and/or more liberal methods described in Supplement 8b to Attachment 2.6-A.

(2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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Citation(s)	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r) of the Act	5. Methods for Determining Resources b. Aged individuals. For aged individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, the agency used the following methods for treatment of resources: ☒ The methods of the SSI program. ☐ SSI methods and/or any more liberal methods described in Supplement 8b to Attachment 2.6-A. ☐ Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those of the SSI program. Supplement 5 to Attachment 2.6-A describes the more restrictive methods and Supplement 8b to Attachment 2.6-A specifies the more liberal methods.

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Citation(s)	Condition or Requirement
	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and 1902(r) of the Act	c. Blind individuals. For blind individuals the agency used the following methods for treatment of resources: ☒ The methods of the SSI program. ☐ SSI methods and/or any more liberal methods described in Supplement 8b to Attachment 2.6-A. ☐ Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to Attachment 2.6-A describe the more restrictive methods and Supplement 8b to Attachment 2.6-A specify the more liberal methods. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until children become 21.

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Citation(s)	Condition or Requirement
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), 1902(r)(2) of the Act	d. Disabled individuals, including individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources: ☒ The methods of the SSI program. ☐ SSI methods and/or any more liberal methods described in Supplement 8a to Attachment 2.6-A. ☐ Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to Attachment 2.6-A and more liberal methods are specified in Supplement 8b to Attachment 2.6-A. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until children become 21.
1902 (1)(3) and 1902(r)(2) of the Act	~~e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.~~ ~~The agency uses the following methods in the treatment of resources.~~ ~~☐ The methods of the SSI program only.~~ ~~☐ The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to Attachment 2.6-A.~~

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Citation(s)	Condition or Requirement
	☐ Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 8b to Attachment 2.6-A. ☒ Not Applicable. The agency does not consider resources in determining eligibility. In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
1902(1)(3) and 1902(r)(2) of the Act	f. Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act. The agency uses the following methods for the treatment of resources: ☐ The methods of the State's approved AFDC plan. ☐ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a of Attachment 2.6-A.
1902(1)(3)(C) of the Act 1902(r)(2) of the Act	☒ Methods more liberal than those in the State's approved AFDC plan(but not more restrictive), as described in Supplement 5a or Supplement 8b Attachment 2.6-A. ☐ Not applicable. The agency does not consider resources in determining eligibility.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 1. Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.
	The agency uses the following methods for the treatment of resources:
	☐ The methods of the State's approved AFDC plan.
1902(1)(3)(C) of the Act	☐ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a of Attachment 2.6-A.
1902(r)(2) of the Act	☐ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b Attachment 2.6-A.
	☒ Not applicable. The agency does not consider resources in determining eligibility.
	In determine relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3) and 1902(r)(2) of the Act	g. 2. Poverty level children covered under section 1902(a)(10)(A)(i)(VII) of the Act.
	The agency uses the following methods for the treatment of resources:
	☐ The methods of the State's approved AFDC plan.
1902(1)(3)(C) of the Act	☐ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in Supplement 5a of Attachment 2.6-A.
1902(r)(2) of the Act	☐ Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8a Attachment 2.6-A.
	☒ Not applicable. The agency does not consider resources in determining eligibility.
	In determine relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

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Citation(s)	Condition or Requirement
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5. h. For Qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act the agency uses the following methods for treatment of resources: ☒ The methods of the SSI program only. ☐ The methods of the SSI program and/or more liberal methods as described in Supplement 8b to Attachment 2.6-A.
1905(s) of the Act	i. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the agency uses SSI program methods for the treatment of resources.
1902(u) of the Act	j. For COBRA continuation beneficiaries, the agency uses the following methods for treatment of resources: ☐ The methods of the SSI program only. ☐ More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to Attachment 2.6-A.

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Citation(s)	Condition or Requirement
1902 (a)(10)(E)(iii) of the Act	k. Specified low-income Medicare beneficiaries Covered under section 1902(a)(10)(E)(iii) of the Act-- The agency uses the same method as in 5.h. of Attachment 2.6-A. 6. Resource Standard - Categorically Needy a. 1902 (f) states (except ae specified under items 6.c. and d. below) for aged, blind and disabled individuals: ☐ Same as SSI resource standards. ☐ More restrictive. The resource standards for other individuals are the same as those in the related cash assistance program. b. Non-1902 (f) States (except as specified under items 6.c. and d. below) The resource standards are the same as those in the related cash assistance program. Supplement 8 to Attachment 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement
1902(1)(3)(A), (B) and (C) of the Act	c. For pregnant woman and infants covered under the provisions of section 1902(a)(10)(A)(i)(IV) and 1902(a)(10(A)(ii)(IX) of the Act, the agency applies a resource standard. ☐ Yes. Supplement 2 to Attachment 2.6-A specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the State's approved AFDC plan. ☒ No. The agency does not apply a resource standard to these individuals.
1902(1)(3)(A) and (C) of the Act	d. For children covered under the provision of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard. ☐ Yes. Supplement 2 to Attachment 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan. ☒ No. The agency does not apply a resource standard to these individuals.

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Citation(s)	Condition or Requirement
1902(m)(1)(C) and (m)(2)(B) of the Act	e. For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is: ☐ Same as SSI resource standards. ☐ Same as the medically needy resource standards, which are higher than SSI resource standards (if the State covers the medically needy). Supplement 2 Attachment 2.6-A specifies the resource levels for these individuals.

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Citation(s)	Condition or Requirement
1902(a)(10)(C)(i) of the Act	7. Resource Standard – Medically Needy a. Resource standards are based on family size. b. A single standard is employed in determining resource eligibility for all groups. c. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for-- ☐ Aged ☐ Blind ☐ Disabled Supplement 2 to Attachment 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 so indicates.
1905(p)(1)(D) and(p)(2)(B) of the Act	8. Resource Standard – Qualified Medicare Beneficiaries and Specified Low-Income Medicare Beneficiaries For qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act and specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, the resource standard is twice the SSI standard.
1905(s) of the Act	9. Resource Standard – Qualified Disabled and Working Individuals For qualifies disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is twice the SSI resource standard.

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Citation(s)	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is: ☐ Twice the SSI resource stand for an individual. ☐ More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

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Citation(s)	Condition or Requirement
1902(u) of the Act	10. Excess Resources a. Categorically Needy, Qualified Medicare Beneficiaries, Qualified Disabled and Working Individuals, and Specified Low Income Medicare Beneficiaries Any excess resources make the individual ineligible. b. Categorically Needy Only ☒ This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources. c. Medically Needy Any excess resources make the individual ineligible.

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Citation(s)	Condition or Requirement
42 CFR 435.914	11. Effective Date of Eligibility a. Groups Other Than Qualified Medicare Beneficiaries (1) For the prospective period. Coverage is available for the full month if the following individuals are eligible at any time during the month. ☒ Aged, blind, disabled. ☒ AFDC-related. Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements. ☐ Aged, blind, disabled. ☐ AFDC-related. (2) For the retroactive period. Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied: ☐ Aged, blind, disabled. ☐ AFDC-related. Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied. ☒ Aged, blind, disabled. ☒ AFDC-related.

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

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Citation(s)	Condition or Requirement
1902(a)(18) and 1902(f) of the Act	12. Pre-OBRA 93 Transfer of Resources – Categorically and Medically Needy, Qualified Medicare Beneficiaries, and Qualified Disabled and Working Individuals The agency complies with the provision of section 1917 of the Act with respect to the transfer or resources. Disposal if resources at less the fair market value affect eligibility for certain services as detailed in Supplement 9 to Attachment 2.6-A.
1917(c)	13. Transfer of Assets – All eligibility groups The agency complies with the provision of section 1917(c) of the Act, as enacted by OBRA 93, with regard to the transfer of assets. Disposal of assets at less than fair market value affects eligibility for certain services as detailed in Supplement 9(a) to Attachment 2.6-A. except in instances where the agency determines that the transfer rules would work an undue hardship.
1917(d)	14. Treatment of Trust – all eligibility groups The agency complies with the provisions of section 1917(d) of the Act, as amended by OBRA 93, with regard to trusts. ☐ The agency uses more restrictive methodologies under section 1902(f) of the Act, and applies those methodologies in dealing with trusts; ☒ The agency meets the requirements in section 1917(d)(f)(B) of the Act for use of Miller trusts. The agency does not count the funds in a trust in any instance where the agency determines that the transfer would work an undue hardship, as described in Supplement 10 to Attachment 2.6-A.

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A. INCOME ELIGIBILITY LEVELS – CATEGORICALLY NEEDY

# IN UNIT	AFDC RELATED	PREGNANT WOMEN AND INFANTS UNDER AGE 1	CHILDREN UNDER AGE 6	CHILDREN BORN AFTER 9/30/83	SSI RELATED	Special Income Standard Under 42 CFR §434.231 NFs, ICF/MRs, ICF/IMDs & HCBS Waivers	Special Income Standard Under 42CFR §435.231 Hospitals	Optional State Supplement
1	$537	185% FPL*	133% FPL	100% FPL	100% SSI	250% SSI	100% SSI	SSI + $140
2	$726	185% FPL*	133% FPL	100% FPL	100% SSI	250% SSI	100% SSI	
3	$915	185% FPL*		100% FPL				
4	$1,103	185% FPL*		100% FPL				
5	$1,292	185% FPL*		100% FPL				
6	$1,481	185% FPL*		100% FPL				
7	$1,669	185% FPL*		100% FPL				
Each Add'l	$189	185% FPL*		100% FPL				

*SEE SUPPLEMENT 8C TO ATTACHMENT 2.6-A FOR MORE LIBERAL METHOD.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

Income Eligibility Levels

A. Mandatory Categorically Needy (Continued)

3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for size family involved.

4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

2. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on _____ percent of the official Federal nonfarm income poverty line:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 & 8

The levels for determining income eligibility for groups for children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on _____ percent (no more than 100 percent) of the official Federal income poverty line.

Family Size	Income Level
1	$ ***
2	$_____
3	$_____
4	$_____
5	$_____
6	$_____
7	$_____
8	$_____
9	$_____
10	$_____

***Income levels not specified, under agreement with HCFA to reduce unnecessary paperwork of annual revisions, when percentage stated automatically defines the income level.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

The levels for determining income eligibility for groups of aged and disabled individuals under the provision of section 1902(m)(4) of the Act are as follows:

Based on _____ percent of the official Federal income poverty line.

Family Size	Income Level
1	$_____
2	$_____
3	$_____
4	$_____
5	$_____

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

1. NON-SECTION 1902(f) STATES

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan 1, 1989: ☐ 85 percent _____ percent (no more than 100)

Eff. Jan 1, 1990: ☐ 90 percent _____ percent (no more than 100)

Eff. Jan 1, 1991: 100 percent

Eff. Jan 1, 1992: 100 percent

b. Levels:

Family Size	Income Level
1	$_____
2	$_____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. SECTION 1902(f) STATES WHICH AS OF JANUARY 1, 1989 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

a. Based on the following percent of the official Federal income poverty level:

Eff. Jan 1, 1989: ☐ 80 percent ☐ _____ percent (no more than 100)

Eff. Jan 1, 1990: ☐ 85 percent ☐ _____ percent (no more than 100)

Eff. Jan 1, 1991: ☐ 95 percent ☐ _____ percent (no more than 100)

Eff. Jan 1, 1992: 100 percent

b. Levels:

Family Size	Income Level
1	$_____
2	$_____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

☐ Applicable to all groups. ☐ Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007[1/]	Net income level for persons living in rural areas for _____ months	Amounts by which Column (4) exceeds limits specified in 42 CFR 435.1007[1/]
☐ urban only				
☐ urban & rural				
1	$ _____	$ _____	$ _____	$ _____
2	$ _____	$ _____	$ _____	$ _____
3	$ _____	$ _____	$ _____	$ _____
4	$ _____	$ _____	$ _____	$ _____
For each additional person add:	$ _____	$ _____	$ _____	$ _____

[1/]The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007[1/]	Net income level for persons living in rural areas for _____ months	Amounts by which Column (4) exceeds limits specified in 42 CFR 435.1007[1/]
☐ urban only				
☐ urban & rural				
5	$ _____	$ _____	$ _____	$ _____
6	$ _____	$ _____	$ _____	$ _____
7	$ _____	$ _____	$ _____	$ _____
8	$ _____	$ _____	$ _____	$ _____
9	$ _____	$ _____	$ _____	$ _____
10	$ _____	$ _____	$ _____	$ _____
For each additional person add:	$ _____	$ _____	$ _____	$ _____

[1/]The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

A. CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

☐ Same as SSI resources levels.

☒ Less restrictive than SSI resource levels and is as follows:

Family Size	Resource Level
1	0
2	0

b. Optional Groups

☐ Same as SSI resources levels.

☒ Less restrictive than SSI resource levels and is as follows:

Family Size	Income Level
1	0
2	0

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

2. Infants

a. Mandatory Group of Infants

☐ Same as resource levels in the State's approved AFDC plan.

☒ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

b. Optional Group of Infants

☐ Same as resource levels in the State's approved AFDC plan.

☒ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

3. Children

a. Mandatory Group of Children under Section 1902(a)(10)(i)(VI) of the Act. (Children who have attained age 1 but have not attained age 6.)

☐ Same as resource levels in the State's approved AFDC plan.

☒ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

b. Optional Group of Children

☐ Same as resource levels in the State's approved AFDC plan.

☒ Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

4. Aged and Disabled Individuals

☐ Same as SSI resource levels.

☐ More restrictive than SSI levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	

☐ Same as medically needy resource levels (applicable only if State has medically needy program)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

RESOURCE LEVELS (continued)

B. MEDICALLY NEEDY

Applicable to all groups –

☐ Except those specified below under the provisions of section 1902(f) of the Act.

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

For each additional person _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

REASONABLE LIMITS IN AMOUNTS FOR NECESSARY MEDICAL OR
REMEDIAL CARE NOT COVERED UNDER MEDICAID

Reasonable and necessary medical expense not covered by Medicaid, incurred in the 3 month period prior to the month of application are allowable deductions. Expenses incurred prior to this three month period are not allowable deductions.

The deduction for medical and remedial care expenses that were incurred as the result of imposition of a transfer of asset penalty period is limited to zero.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

METHODS FOR TREATMENT IF INCOME THAT DIFFER FROM
THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section for 1902(r)(2) methods.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

MORE RESTRICTIVE METHODS OF TREATMENT RESOURCES
THAN THOSE OF THE SSI PROGRAM – Section 1902(f) States Only

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS
WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

(Do not complete if you are electing more liberal methods under authority of section 1902(r)(2) of the Act instead of the authority specific to Federal poverty levels. Use Supplement 8b for section 1902(r)(2) methods.)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

Standards for Optional State Supplementary Payments

PAYMENT CATEGORY (REASONABLE CLASSIFICATION)	FEDERAL	STATE	INCOME LEVELS GROSS 1 Person	Couple	NET 1 Person	Couple	INCOME DISREGARDS EMPLOYED
(1)	(2)		(3)		(4)		(5)
Individuals Residing in Adult Foster Care Homes	X		SSI + $140 + $20		SSI + $140		Disregards According to the SSI Program
Individuals Who Lose Eligibility for Medicaid Due to Recipient for Social Security Disability Insurance and Are Not Yet Eligible for Medicare		X	$5.00		$5.00		All Income is Excluded

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

INCOME LEVELS FOR 1902(f) STATES – CATEGORICALLY NEEDY
WHO ARE COVERED UNDER REQUIREMENTS MORE RESTRICTIVE THAN SSI

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

RESOURCES FOR 1902(f) STATES – CATEGORICALLY NEEDY

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

MORE LIBERAL METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State ☒ Non-Section 1902(f) State

~~For children covered~~ Section 1902(a)(10)(A)(I)(III) and 1905 and 1905 (n) of the Social Security Act, ~~the State of~~ Delaware will disregard an equal amount ~~to the difference between 100% of the~~ AFDC payment standard for the same family size and 100% of the ~~Federal~~ Poverty Level for the same family size as ~~updated annually in the Federal Register~~.

Interest as divided income are excluded for QMB, SLMB, QDWI and QI-1 cases.

A standard deduction will be applied to the gross income from self-employment for ~~poverty level pregnant women, infants and children;~~ QMB, SLBM, and QI-1 cases. The standard deduction for self-employment considered the cost to produce income. The standard deduction for self-employment is a percentage determined annually and announced each October.

When the application of the standard deduction results in a finding of ineligibility, the applicant will be given an opportunity to show that actual self-employment expenses exceed the standard deduction. If the actual expenses exceed the standard deduction, they will be used to determine net income from self-employment.

For the TWWIIA Basic Coverage Group, unearned income is excluded up to $956.00 per month for the individual. There is no $956.00 per month unearned income exclusion for·a spouse who is not applying for the TWWIIA Basic Coverage Group Medicaid. This unearned income exclusion will be increased annually by the Cost of Living Adjustment (COLA) announced by the Social Security Administration (SSA) In the Federal Register.

For individuals whose eligibility is determined under 42 CFR 435.222, income is disregarded in an amount equal to the difference between the State's AFDC payment standard (see Supplement 1 to Attachment 2.6-A Page 1) and 75% of the Federal Poverty Level updated annually in the Federal Register for the same family size.

*More liberal methods may not result in exceeding gross limitations under Section 1903(f)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

☒ All wages paid by the U.S. Census Bureau for temporary employment related to Decimal Census activities are excluded for the eligibility groups listed below:

For 1902 mandatory eligibility groups:

Poverty level pregnant women and infants (133% - 200% FPL) under 1902(a)(10)(A)(i)(VI);

Poverty level children under age 6 (133% FPL) under 1902(a)(10)(A)(i)(VI);

Poverty level children under age 19 (100% FPL) under 1902(a)(10)(A)(i)(VII), and;

Qualified Pregnant Women and Children under 1902(a)(10)(A)(i)(III).

For optional categorically needy groups under 1902 as listed below:

NOTE: The Special Income Level Group under 1902(a)(10)(A)(ii)(V), the Individuals Who Would be Eligible if In an Institution Group under 1902(a)(10)(A)(ii)(VI) and the Hospice Group under 1902(a)(10)(A)(ii)(Vii) cannot be included in this disregard.

Individuals who would be eligible for case assistance (AFDC of SSI) if they were not in a medical institution under 1902(a)(10)(A)(ii)(IV).

For 1905(p) eligibility groups:

Qualified Medicare Beneficiaries (QMBs) under 1902(a)(10)(E)(i);

Specified-Low Income Medicare Beneficiaries (SLMBs) under 1902(a)(10)(E)(iii); and,

Qualifying Individuals (QIs) under 1902(a)(10)(E)(iv)(I).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

LESS RESTRICTIVE METHODS OF TREATING INCOME
UNDER SECTION 1902(r)(2) OF THE ACT

☒ For all eligibility groups not subject to the limitations on payment explained in section 1903(f) of the Act*: All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded for the period April 1, 2000 through December 31, 2000.

*Less restrictive methods may not result in exceeding gross income limitations under section 1903(f).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State ☒ Non-Section 1902 (f) State

~~Delaware will disregard all resources for pregnant woman and qualified children covered under Section 1902(a)(10)(A)((III) and 1905(r) of the Social Security Act.~~

The following are more liberal resource requirements than SSI for determining eligibility of individuals as Qualified Medicare beneficiaries. Specified Low Income Medicare Beneficiaries, Qualifying Disabled and Working Individuals, Qualifying lndividuals-1 and as Individuals under the provisions of 42 CFR 435.211 and 435.231:

All resources of the applicant and spouse of the applicant are excluded for QMB, SLMB, QDWI and QI-1 cases.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

MORE LIBERAL METHODS OF TREATING RESOURCES
UNDER SECTION 1902 (r) (2) OF THE ACT

☐ Section 1902(f) State ☒ Non-Section 1902 (f) State

Qualified State Long-Term Care Insurance Partnership

1. A resource disregard is given to an individual who has purchased a qualified long-term care insurance policy and has used such policy to pay for certain medical costs as approved or covered under Delaware Medicaid as follows:

   a. Long-term nursing care in nursing facilities. 42 CFR 440.40
   b. Home and community-based services (HCBS) as defined in the Delaware HCBS Waiver for the elderly and disabled (Elderly & Disabled Waiver).

2. The amount of the disregard is equal to the dollar amount of insurance benefits that have been paid by the long-term care insurance company in accordance with the provisions of Section 6021 of the Deficit Reduction Act of 2005.

3. Such disregard is in effect for the lifetime of the individual who has purchased the long-term care insurance policy and used the policy to pay for long-term care services.

4. Persons eligible for a resource disregard are categorically needy individuals in nursing facilities and home and community-based waiver programs under the special income level (250%) defined at 1902(a)(10)(A)(ii)(V).

5. Effective November 1, 2011, Delaware shall accept all of the reciprocity standards as promulgated pursuant to Section 6201(b) of Public Law 109-171 with respect to all other states agreeing to participate under such reciprocity standards.

6. Resources disregarded under this provision are not subject to recovery of medical payments made on behalf of the individual.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

STATE LONG-TERM CARE INSURANCE PARTNERSHIP

1902(r)(2)
1917(b)(1)(C)

The following more liberal methodology applies to individuals who are eligible for medical assistance under one of the following eligibility groups:

Individuals who meet the requirements under the following sections of the Social Security Act:

Categorically needy individuals in nursing facilities and home and community-based waiver programs under the special income level (250%) defined at 1902 (a)(1O)(A)(ii)(V).

An individual who is a beneficiary under a long-term care insurance policy that meets the requirements of a "qualified State long-term care insurance partnership" policy (partnership policy) as set forth below, is given a resource disregard as described in this amendment. The amount of the disregard is equal to the amount of the insurance benefit payments made to or on behalf of the individual. The term "long-term care insurance policy" includes a certificate issued under a group insurance contract.

☒ The State Medicaid Agency (Agency) stipulates that the following requirements will be satisfied in order for a long-term care policy to qualify for a disregard. Where appropriate, the Agency relies on attestations by the State Insurance Commissioner (Commissioner) or other State official charged with regulation and oversight of insurance policies sold in the state, regarding information within the expertise of the State's Insurance Department.

- The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.
- The policy meets the requirements of the long-term care insurance model regulation and long-term care insurance model Act promulgated by the National Association of Insurance Commissioners (as adopted as of October 2000) as those requirements are set forth in section 1917(b)(5)(A) of the Social Security Act.
- The policy was issued no earlier than the effective date of this State plan amendment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

STATE LONG-TERM CARE INSURANCE PARTNERSHIP CONTINUED

- The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.

- The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act.

- The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.

- The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.

- The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.

- The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

MORE LIBERAL METHODS OF TREATING INCOME FOR PREGNANT
WOMEN AND INFANTS UNDER AGE 1
UNDER SECTION 1902 (r)(2) OF THE ACT

For pregnant women and infants under age one (1) in the optional poverty-level related eligibility group under section 1902(a)(1O)(A)(ii)(IX) of the Act, the State of Delaware will disregard an equal amount to the difference between a net income standard of 200% and a gross income standard of 212% of the Federal Poverty Level for the same family size as updated annually in the Federal Register.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

TRANSFER OF RESOURCES

1902 (f) and 1917 of the Act

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in section 1613 (c) of the social security Act (Act).

1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.

☒ a. The agency uses a procedure which provides for a total period of ineligibility greater than 30 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceeds $12,000.This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

The uncompensated value of the transferred asset, divided by type average Medicaid skilled nursing facility per diem rate, equals the number of days of ineligibility counted from the date the assets were transferred.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

☒ b. The period of ineligibility is less than 30 months, as specified below:

The number that results from dividing the uncompensated value of the transferred asset by the average Medicaid skilled nursing facility per diem is the number of days inability since the date of actual transfer,. If this number is less than 863, then the period of ineligibility is less than 30 months.

☒ c. The agency has provisions for waiver of denial of eligibility in an instance were the State determines that a denial would work an undue hardship.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

2. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.

☒ A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(i).

a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 30 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 30 months of care in an SNF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

The number that results from dividing the uncompensated value of the transferred home by the average Medicaid skilled nursing facility per diem is the number of days of ineligibility since the date of actual transfer of the home. If this number is less than 863, the period of ineligibility is less than 30 months.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

☒ b. Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average payable under this plan as medical assistance for 30 months of care in an SNF, the period of ineligibility is more than 30 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

Same methodology as A.2.a.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

No individual is ineligible by reason of item A.2 if --

(i) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Service) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;

(ii) Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;

(iii) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value for other valuable consideration; or

(iv) The agency determines that denial of eligibility would work an undue hardship.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

3. 1902(f) States

☐ Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resources criteria more restrictive than those established under section 1917(c) of the Act, apply:

B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:

1. If the uncompensated value of the transfer is 12,000 or less:

Not applicable.

2. If the uncompensated value of the transfer is more than 12,000:

Not applicable.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

3. If the agency sets a period of ineligibility of less than 30 months and applies to all transfers of resources (regardless of uncompensated value):

   Not applicable.

4. Other procedures:

   Not applicable.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE/TERRITORY: **DELAWARE**

TRANSFER OF ASSETS

1917(c) The agency provides for the denial of certain Medicaid services by reason of denial of assets for less than fair market value.

1. Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

   The agency withholds payment to institutionalized individuals for the following services:

   Payments based on a level of care in a nursing facility;

   Payments based on nursing facility level of care in a medical institution;

   Home and community-based services under 1915 waiver.

2. Non- institutionalized individuals:

   ☐ The agency applies these provisions to the following non- institutionalized eligibility groups. These groups can no more restrictive than those set forth in section 1905(a) of the Social Security Act:

   The agency withholding payment to non-institutionalized for the services:

   Home health service (section 1905(a)(7);

   Home and community care for functionally disabled and elderly adults (section 1905(a)(22)):

   Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law specified in section 1905(a)(24).

   ☐ The following other long-term care services for which medical assistance is otherwise under the agency plan:

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TRANSFER OF ASSETS

3. Penalty Date – The beginning date of each penalty period imposed for an uncompensated transfer of assets is:

   ☒ The first day of the month in which the asset was transferred:

   ☐ The first day of the month following the month of transfer.

4. Penalty Period – Institutionalized Individuals –
   In demining the penalty for an institutionalized individual, the agency uses;

   ☒ The average monthly cost to a private patient of nursing facility services in the agency;

   ☐ The average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.

5. Penalty Period – Non-institutionalized Individuals –
   The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

   ☐ imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

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TRANSFER OF ASSETS

6. Penalty period of amounts of transfer less than cost of nursing facility care –

   a. Where the amount if the transfer is less than the monthly cost of nursing facility care, the agency:

      ☒ doses not impose a penalty;

      ☐ imposes a penalty for less than a full month, bases on the proportion of the agency's private facility rate that was transferred.

   b. Where an individual makes a series of transfers, each less than the private nursing facility rate for a month the agency:

      ☒ doses not impose a penalty;

      ☐ imposes a series of penalties, each for less than a full month.

7. Transfers made so that penalty periods would overlap –
   The agency:

   ☒ totals the value of all assets transferred to produce a single penalty period;

   ☐ calculates the individual penalty periods and imposes them sequentially.

8. Transfers made so that penalty periods would not overlap –
   The agency:

   ☒ assigns each transfer its own penalty period;

   ☐ uses the method outlined below.

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TRANSFER OF ASSETS

9. Penalty periods – transfer by a spouse that results in a penalty period for the individual –

   (a) The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the individual remains.

   In accordance with State Medicaid Manual section 3258.5J the agency will apply 100% of the penalty against the institutionalized individual. If the spouse becomes institutionalized and eligible for Medicaid, the penalized (or remaining penalty) will be apportioned equally (50-50) against each spouse with the total penalty imposed on both spouses not to exceed the length of the penalty originally imposed on the individual.

   (b) If one spouse is no longer subject to a penalty, the remaining penalty period must be served by remaining spouse.

10. Treatment of income as an asset–
When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

☐ The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

☐ For transfers of individual income payments, the agency will impose partial month penalty periods.

☒ For transfers of the right to income stream, the agency will use the actuarial value of all payments transferred.

☐ The agency uses an alternate method to calculate penalty periods, as described below:

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TRANSFER OF ASSETS

11. Imposition of a penalty would work an undue hardship –

The agency does not apply the transfer of assets provision in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making the undue determination:

The State Medicaid agency does a medical assessment of all individuals applying for or receiving long-term care services. It assumes that the absence of these services would cause an undue hardship if there were no State funded facility bed available.

All applicants/recipients are notified when an undue hardship exception exist.

Existence of an undue hardship waiver will be determined within ten (10) working days of the applicant's/recipient's claim of undue hardship.

All adverse actions can be appealed through the State's fair hearing officer.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

Undue hardship exist when application of the transfer of assets provision would deprive the individual of medical care that his/her health of his/her life would be endangered. Undue hardship also exist while application of the transfer of assets provision would deprive the individual of food, clothing, shelter or other necessities of life and there is no State facility availability to take care of this individual in the absence of Medicaid eligibility.

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TRANSFER OF ASSETS

1917(c) **FOR TRANSFER OF ASSETS FOR LESS THAN FAIR MARKEY VALUE MADE ON OR AFTER FEBRUARY 8, 2006,** the agency provides for the denial of certain Medicaid services.

1. Institutionalized individuals are denied coverage of certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.

   The agency does not provide medical assistance coverage for institutionalized individuals for the following services;

   Nursing facility services;

   Nursing facility level of care provided in a medial institution;

   Home and community-based services under 1915(c) or (d) waiver.

2. Non- institutionalized individuals:

   ☐ The agency applies these provisions to the following non-institutionalized eligibility groups. These groups can no more restrictive than those set forth in section 1905(a) of the Social Security Act:

   The agency withholding payment to non-institutionalized individuals for the following services:

   Home health service (section 1905(a)(7));

   Home and community care for functionally disabled and elderly adults (section 1905(a)(22)):

   Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law specified in section 1905(a)(24).

   ☐ The following other long-term care services for which payment for medical assistance is otherwise under the agency plan:

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TRANSFER OF ASSETS

3. Penalty Date – The beginning date of each penalty period imposed for an uncompensated transfer of assets is the later of:

   - The first day of a month during or after which assets have been transferred for less than fair market value;

   ☒ The State uses the first of the month in which the assets were transferred

   ☐ The State uses the first day of the month after the month in which the assets were transferred

   or

   - the date on which the individual is eligible for medical assistance under the State plan and is receiving institutional level care services described in paragraph 1 and 2 that, were it not for the imposition of the penalty period, would be covered by Medicaid;

   AND

   which does not occur during any other period of ineligibility for services by reason of a transfer of assets penalty.

4. Penalty Period – Institutionalized Individuals –
   In determining the penalty for an institutionalized individual, the agency uses:

   ☒ the average monthly cost to a private patient of nursing facility services in the State at the time of application;

   ☐ the average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized at the time application.

5. Penalty Period – Non- Institutionalized Individuals--
   The agency imposes a penalty period determined by using the same methods as is used for an institutionalized individual; including the use of the average monthly cost of nursing facility services;

   ☐ imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:

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TRANSFER OF ASSETS

6. Penalty period for amount of transfer less than cost of nursing facility care --

Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in item 4.

☒ The State adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single, period of ineligibility that begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.

7. Penalty Period – transfer by spouse that results in a penalty period for the individual --

(a) The agency apportions any existing penalty between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

(b) If one spouse is no longer subject to a penalty, the remaining penalty, the remaining penalty period must be served by the remaining spouse.

8. Treatment of a transfer of income--

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

For transfers of individual income payments, the agency will impose partial month penalty periods using the methodology selected in 6. above.

☒ For transfers of the right to an income stream, the agency will base the penalty period on the combined on the combined actuarial value of all payments transferred.

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TRANSFER OF ASSETS

9. Imposition of a penalty would work an undue hardship --

The agency does not impose a penalty for transferring assets for less than fair market value in any case in which the agency determines that such imposition would work an undue hardship. The agency will use the following criteria in making undue hardship determinations:

Application of a transfer of assets penalty would deprive the individual:

(a) Of medical care such that the individual's health or life would be endangered; or

(b) Of food, clothing, shelter, or other necessities of life.

10. Procedures for Undue Hardship Waivers

The agency has established a process under which hardship waivers may be requested that provides for:

(a) Notice to a recipient subject to a penalty that an undue hardship exception exist;

(b) A timely process for determining whether an undue hardship waiver will be granted; and

(c) A process, which is described in the notice, under which an adverse determination can be appealed.

These procedures shall permit the facility in which the institutionalized individual is residing to file an undue hardship waiver application on behalf of the individual with the consent of the individual or the individual's personal representative.

11. Bed Hold Waiver For Hardship Applicants

The agency provides that while an application for an undue hardship waiver is pending in the case of an individual who is a resident of a nursing facility:

☐ Payments to the nursing facility to hold the bed for the individual will be made for a period not to exceed _____ days (may not be greater than 30).

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The agency does not apply the trust provision in any case in which the agency determines that such application would work an undue hardship:

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

Undue hardship exist when application of the transfer of assets provision would deprive the individual of medical care such that his/her life would be endangered. Undue hardship also exist when application of the transfer of assets provision would deprive the individual of foods, clothing, shelter or other necessities of life and there is no State facility available to take care of this individual in the absence of Medicaid eligibility.

The State Medicaid agency does a medical assessment of all individuals applying for or receiving long-term care services. It assumes that the absence of these services would cause an undue hardship if there were no State funded facility bed available.

All applicants/recipients are notified when an undue hardship exception exist.

Existence of tan undue hardship waiver will be determined within (10) working days of the applicant/recipient's claim of undue hardship.

All adverse actions can be appealed through the State's fair hearing officer.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an individual burial trust is $10,000.00.

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MORE LIBERAL 1902 (r) OF THE SOCIAL SECURITY ACT

The following group receives additional income disregards in accordance with Section 1902(r)(2) of the Social Security Act:

Pregnant Minors (Under age 18)

Delaware allows a disregard of one-half (1/2) of the gross income deemed from parents to a pregnant minor who is living with her parents in determining the eligibility for Medicaid of the pregnant minor.

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Citation(s)	Condition or Requirement
	COST EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES
1902(u) of the Act	Premium payment are made by the Agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods: ☐ The methodology as described in SMM section 3598. ☐ Another cost-effective methodology as described below.

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ELIGIBILITY UNDER SECTION 1931 OF THE ACT

The State covers low-income families and children under section 1931 of the Act.

The following groups were in the AFDC State plan effective July 16, 1996:

☒ Pregnant Women with no other eligible children,
[For Delaware, this included women in their 9th month of pregnancy only.]

☒ AFDC children age 18 who are full-time students in a secondary school or in the equivalent level of vocational or technical training.
[For Delaware, this included individuals expected to graduate prior to age 19 only]

☐ In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 without modification.

☒ In determining eligibility for Medicaid, the agency uses the AFDC standards and methodologies in effect as of July 16, 1996 with the following modification.

☐ The agency applies lower income standards which are no longer than the AFDC standards in effect on May 1, 1988, as follows:

☐ The agency applies higher standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

1. Increases by the annual percentage change in the CPI-U.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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ELIGIBILITY CONDITIONS AND REQUIREMENT

ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Cont.)

☐ The agency applies higher resource standards than those in effect as of July 16, 1996, increased by no more than the percentage increases in the CPI-U since July 16, 1996, as follows:

☒ The agency uses less restrictive income and/or resource methodologies than those in effective as of July 16, 1996, as follows:

1. The $30 and 1/3 disregard will be applied without regard to period receipt of Medicaid, if otherwise applicable.

   The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

2. For both applicant and recipient families, income is disregarded in an amount equal to the difference between the State's AFDC payment standard (see Supplement 1 to Attachment 2.6-A Page 1) and 75% of the Federal Poverty Level updated annually in the Federal Register for the same family size.

   All earned income will be disregarded for the second and third months of eligibility.

   The income and/or resources methodologies that the less restrictive methodologies replace are as follows:

   Prior to 10/1/99, the net income test for applicant and recipient families includes all countable earned and unearned income.

3. For both applicant and recipient families, all resources are excluded.

The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

Prior to 10/1/99, available resources cannot exceed $1,000 for both applicant and recipient families.

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Less Restrictive income and/or resource methodologies than those in effect as of July 16, 1996 – continued

4. *For both applicant and recipient families, all interest and dividend income is excluded.*

   The income and/or resource methodologies that the less restrictive methodologies replace are as follows:

   Prior to 10/1/99, interest and dividend income is counted for both applicant and recipient families.

5. Disregard all earned income for recipients for 12 months after employment causes ineligibility.

6. The standard deduction for self-employment income is considered the cost to produce income, The standard deduction for self-employment is a percentage determined annually and announced each October. When the application of the standard deduction results in a finding of ineligibility, the applicant will be given an opportunity to show that actual self-employment expenses exceed the standard deduction. If the actual expenses exceed the standard deduction, they will be used to determine net income from self-employment.

7. Exclude all wages paid by the U.S. Census Bureau for temporary employment related to decimal Census activities.

☐ The agency terminates medical assistance (except for certain pregnant woman and children) for individuals who fail to meet TANF work requirements.

☒ The agency continues to apply the following waivers for provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1996 and approved by the Secretary on or before July 1, 1997.

Delaware's 1115 Demonstration Waiver for Welfare for Welfare Reform. Delaware's Temporary Assistance for Needy Families (TANF) Program, was approved on May 8, 1995 and as the State's TANF effective 3/10/97.

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ABC Waiver Income and Resource Rules – More Liberal than AFDC
Waiver Authority

- Section 402(a)(39) and various provisions of the regulation at 45 CFR §233.20(a)(3)(xviii): Deeming of Parental Income up to 200% of the FPL – to allow the State to have more liberal ways of counting the income of the parents with whom a minor parent lives. Applicants' net income must be at or below 100% of the FPL.
- Section 402(a)(a)(38) and 402(a)(41) and various provision of 45CFR §206.10(a)(1), §233.100(a)(1), (2), &(3), and (c)(1)(iii) & (iv), and (c)(1)9iii) and (iv), and (c)(2)(i): AFDC – UP Requirements – to allow the State to eliminate AFDC requirements in determining continuing eligibility.
- Section 402(a): Fill-the-Gap Budgeting – to allow State to use fill-the-gab budgeting for all income for recipient families (i.e., not applicants) to determine continuing eligibility and the amount of cash benefits. *[See explanation on next page.]*
- Section 402(a)(7)(B)(i) and various provisions of the regulations at 45 CFR§233.20(a)(3)(i)(B)(2): Vehicle Exclusion Limit - to allow the State to establish that the equity value, up *to* the annually indexed Food Stamp Program's fair market value of the primary vehicle *or up to $1500 for secondary vehicles,* will be excluded as a resource.
- Section 402(a)(7)(A) and various provisions of the regulations at 45 CFR §233.20(a)(3)(ii)(B): Unemployment Compensation to allow the State to treat unemployment compensation received by an unemployment individual in a two parent family like other income and subtract it from the need standard, there than the payment standard, in determining eligibility.
- Section 402(a)(7)(and various provisions of the regulation 45 CFR §233.20(a)(3)(i)(Resources - to allow the State to exclude the cash value of life insurance policies.

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- Section 4(a)(7)(A) & (B) and various provisions of the regulations at 45 CFR(§233.20(a)(3)(i)(B) & (ii)(A): Income/Resources - to disregard from resources up to $5,000 of funds in a Special Educational or Business Investment account. interest earned on these accounts will be excluded from income as long as the interest remains in the account and the total does not exceed $5,000. Funds withdrawn from the account for non-approved purposes will be considered income in the month withdrawn. Financial assistance received from school grants, scholarships, vocational rehabilitation payments, JTPA payments, and other educational-related loans or other loans that are expected to be repaid and other financial assistance that are intended for books, tuition, or other self-sufficiency-related expenses as defined by the State will not be counted as income.
- Section 402(a)(8)(A)(i) & (vii) and various provisions of the regulations at 45 CFR§233.20(a)(11)(i)(A) and (ii)(A): Student Earnings·- to allow the state to disregard the earnings of dependent children. regardless of student status and without time limits, in determining the eligibility.

Fill the Gap budgeting revises the "A Better Chance" program eligibility and benefit calculation process so that families can retain more of their income. By having a standard of need which is greater than the payment standard, a *"gap" is created. The difference between the family's income and the need standard is called the deficit. The State pays a percentage of the deficit up to* a *maximum benefit level or payment standard. This budgeting method is used when the family has income. The income source could be earned, unearned, or combined.*

Three standards are used in financial eligibility calculations:

- *185% of the standard of need is used in the gross income test;*
- *the payment standard is used in the applicant net income test;*
- *the standard of need is used in the recipient net income test.*

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Section 1924 provisions.

a. Income and resource eligibility policies used to determine eligibility for institutional spouses who have a spouse living in the community are consistent with Section 1924 of the Act.

b. In determination of resource eligibility the state minimum resource standard is $25,000 in accordance with State Senate Bill 99, effective 10/1/93.

c. The acknowledgement of undue hardship follows:

An institutionalized spouse who (or whose Spouse) has excess resources shall not be found ineligible under Title XIX of the Social Security Act, per Section 1924(c)(3)(C), where the State determines that denial of eligibility on the basis of having excess resources would work an undue hardship.

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

INCOME AND RESOURCE REQUIREMENTS FOR Tuberculosis (TB)
INFECTED INDIVIDUALS

For TB infected individuals under §1902(z)(1) of The Act , the income and resource eligibility levels are as follows:

N/A

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ASSET VERIFICATION SYSTEM

1940(a)	1. The Agency will provide for the verification of assets for purposes of determining or redetermining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements. A. The request and response system must be electronic: (1) Verification inquiries must be sent electronically via the internet or similar means from the Agency to the financial institution (FI). (2) The system cannot be based on mailing paper-based requests. (3) The system must have the capability to accept responses electronically. B. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST). C. The system must establish and maintain a database of FIs that participate in the Agency's AVS. D. Verification requests also must be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the Agency determines that such requests are needed to determine or redetermine the individual's eligibility. E. The verification requests must include a request for information on both open and closed accounts, going back up to 5 years.

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ASSET VERIFICATION SYSTEM

2. System Development

A. ☐ The Agency itself will build and maintain an AVS.

In 3 below, describe how the system will meet the requirements in Section 1.

B. ☒ The Agency will hire the following contractor to build and maintain an AVS.

In 3 below, identify the contractor, if known, and describe how the system will meet the requirements in Section 1.

C. ☐ The Agency will be joining a consortium to develop an AVS.

In 3 below, identify the States participating in the consortium. Also identify the contractor, if known, who will build and maintain the consortium's AVS, and how the system will meet the requirements in Section 1.

D. ☐ The Agency already has a system in place that meets the requirements for an acceptable AVS:

In 3 below, describe how the system meets the requirements in Section 1.

E. ☐ Other alternative not included in A. - D. above.

In 3 below, describe this alternative approach how it will meet the requirements in Section 1.

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ASSET VERIFICATION SYSTEM

2. Provide the AVS implementation description and other information requested for the implementation approach checked in Section 2.

Delaware has contracted with Public Consulting Group Incorporated to provide an Asset Verification System (AVS), to identify assets of Medicaid applicants and recipients held at various Financial Institutions (FI's). This system complies with the following requirements of Supplement 16 to Attachment 2.6-A, Page 1:

A. An electronic request and response process for asset verification;

B. A database of financial institutions (FIs) that provide data to the entity meeting the geographic requirements of the entity;

C. A 5-year look-back of the assets *on individual applicants, recipients, spouses and partners;*

D. A secure system based on a recognized industry standard as defined by the United States Commerce Department's National Institute of Standards and Technology, or NIST;

E. Verification request will include both open and closed asset account information as determined by the State;

F. The acceptable asset verification entity will provide adequate data for the generation of all required reports expected to meet federal reporting requirements such as the number of requests, number of responses and amounts of undisclosed assets found.

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DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH SUBSTANTIAL HOME EQUITY

1917(f) The State agency denies reimbursement for nursing facility services and other long-term care services covered under the State plan for an individual who does not have a spouse, child under 21 or adult disabled child residing in the individual's home, when the individual's equity interest in the home exceeds the following amount:

☒ $500,000 (increased by the annual percentage increase in the urban component of the consumer price index beginning with 2011, rounded to the nearest $1,000).

☐ An amount that exceeds $500,000 but does not exceed $750,000 (increased by the annual percentage increase in t11e urban component of the consumer price index beginning with 2011, rounded to the nearest $1,000).

The amount chosen by the State is_____.

☐ This higher standard applies statewide.

☐ This higher standard does not apply statewide. It only applies in the following areas of the State:

☐ This higher standard applies to all eligibility groups.

☐ This higher standard only applies to the following eligibility groups:

The State has a process under which this limitation will be waived in cases of undue hardship.

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METHODOLOGY FOR IDENTIFICATION OF APPLICABLE FMAP RATES

The State will determine the appropriate FMAP rate for expenditures for individuals enrolled in the adult group described in 42 CFR 435. 119 and receiving benefits in accordance with 42 CFR Part 440 Subpart C. The adult group FMAP methodology consists of two parts: an individual-based determination related to enrolled individuals, and as applicable, appropriate population-based adjustments.

Part 1-Adult Group Individual Income-Based Determinations

For individuals eligible in the adult group, the state will make an individual income based determination for purposes of the adult group FMAP methodology by comparing individual income to the relevant converted income eligibility standards in effect on December 1,2009, and included in the MAGI Conversion Plan (Part 2) approved by CMS on 01/28/2014, In general, and subject to any adjustments described in this SPA, under the adult group FMAP methodology, the expenditures of individuals with incomes below the relevant converted income standards for the applicable subgroup are considered as those for which the newly eligible FMAP is not available. The relevant MAGI-converted standards for each population group in the new adult group are described in Table 1.

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Table 1:Adult Group Eligibility Standards and FMAP Methodology Features

Covered Populations Within New Adult Group		**Applicable Populations Adjustment**			
Population Group	**Relevant Population Group Income Standard** For each population group, indicate the lower of: • The reference in the MAGI Conversion Plan (Part 2) to the relevant income standard and the appropriate cross-reference, or • 133% FPL. If a population group was not covered as of 12/1/09, enter "Not covered".	**Resource Proxy**	**Enrollment Cap**	**Special Circumstances**	**Other Adjustments**
		Enter "Y" (Yes), "N" (No), or "NA" in the appropriate column to indicate if the population adjustment will apply to each population group. Provide additional information in corresponding attachments.			
A	**B**	**C**	**D**	**E**	**F**
Parents/Caretaker Relatives	Attachment A, Colum C, Line 1 of Part 2 of the CMS approved Conversion Plan, including subsequent CMS approved modifications to the MAGI Conversion Plan.	N/A	N/A	N/A	N/A
Disabled Persons, non-institutionalized	N/A	N/A	N/A	N/A	N/A
Disabled Persons, institutionalized	Attachment A, Colum C, Line 3 of Part 2 of the CMS approved Conversion Plan, including subsequent CMS approved modifications to the Conversion Plan.	N/A	N/A	N/A	N/A
Children Age 19-20	N/A	N/A	N/A	N/A	N/A
Childless Adults	Attachment A, Colum C, Line 5 of Part 2 of the CMS approved Conversion Plan, including subsequent CMS approved modifications to the MAGI Conversion Plan.	N/A	N/A	N/A	N/A

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Part 2 - Population-based Adjustments to the Newly Eligible Population Based on Resource Test, Enrollment Cap or Special Circumstances

A. **Optional Resource Criteria Proxy Adjustment (42 CFR 433.206(d))**

1. The state:

☐ Applies a resource proxy adjustment to a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

☒ Does NOT apply a resource proxy adjustment (Skip items 2 through 3 and go to Section B).

Table 1 indicates the group or groups for which the state applies a resource proxy adjustment to the expenditures applicable for individuals eligible and enrolled under 42 CFR 435.119. A resource proxy adjustment is only permitted for a population group(s) that was subject to a resource test that was applicable on December 1, 2009.

The effective date(s) for application of the resource proxy adjustment is specified and described in Attachment B.

2. Data source used for resource proxy adjustments:

The state:

☐ Applies existing state data from periods before January 1, 2014.

☐ Applies data obtained through a post-eligibility statistically valid sample of individuals.

Data used in resource proxy adjustments is described in Attachment B.

3. Resource *Proxy Methodology*: Attachment B describes the sampling approach or other methodology used for calculating the adjustment.

B. **Enrollment Cap Adjustment (42 CFR 433.206(e))**

1. ☐ An enrollment cap adjustment is applied by the state (complete items 2 through 4).

☒ An enrollment cap adjustment is not applied by the state (skip items 2 through 4 and go to Section C).

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2. Attachment C describes any enrolment caps authorized in section 1115 demonstrations as of December 1, 2009 that are applicable to populations that the state covers in the eligibility group described at 42 CFR 435.119 and received full benefits, benchmark benefits, or benchmark equivalent benefits as determined by CMS. The enrollment cap or caps are specified in the applicable section 115 demonstration special terms and conditions as confirmed by CMS, or in alternative authorize cap or caps as confirmed by CMS. Attach correspondence confirming the applicable enrollment cap(s).

3. The state applies a combined enrollment cap adjustment for purposes for claiming FMAP in the adult group:

   ☐ Yes. The combined enrollment cap adjustment is described in Attachment C

   ☐ No.

4. Enrollment Cap Methodology: Attachment C described the methodology for calculating the enrollment cap adjustment, including the use of combined enrollment caps, if applicable.

C. **Special Circumstances (42 CFR 433.206(g)) and Other Adjustments to the Adult Group FMAP Methodology**

1. The state:

   ☐ Applies a special circumstances adjustment(s).

   ☒ Does ***not*** apply a special circumstances adjustment.

2. The state:

   ☐ Applies additional adjustment(s) to the adult group FMAP methodology (complete item 3).

   ☒ Does ***not*** apply any additional adjustment(s) to the adult group FMAP methodology (skip item 3 and go to Part 3).

3. Attachment D describes the special circumstances and other proxy adjustment(s) that are applied, including the population groups to which the adjustments apply and the methodology for calculation the adjustments.

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Part 3- One-Time Transitions of Previously Covered Populations into the New Adult Group

A. Transitioning Previous Section 1115 and State Plan Populations to the New Adult Group

☒ Individuals previously eligible for Medicaid coverage through a section 1115 demonstration program or a mandatory or optional state plan eligibility category will be transitioned to the new adult group described in 42 CFR 435.119 in accordance with a CMS-approved transition plan and/or a section 1902(e)(14)(A) waiver. For purposes of claiming federal funding at the appropriate FMAP for the populations transitioned to new adult group, the adult group FMAP methodology is applied pursuant to and as described in Attachment E, and where applicable, is subject to any special circumstances or other adjustments described in Attachment D.

☐ The state does not have any relevant populations requiring such transitions.

Part 4 - Applicability of Special FMAP Rates

A. Expansion State Designation

The state:

☐ Does NOT meet the definition of expansion state in 42 CFR 433.Z04(b). (Skip section B and go to Part 5)

☒ Meets the definition of expansion state as defined in 42 CFR 433.204(b), determined in accordance with the CMS letter confirming expansion state status, dated 10/23/2013.

B. Qualification for Temporary 2.2 Percentage Point Increase in FMAP.

The state:

☒ Does NOT qualify for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7).

☐ Qualifies for temporary 2.2 percentage point increase in FMAP under 42 CFR 433.10(c)(7), determined in accordance with the CMS letter confirming eligibility for the temporary FMAP increase, dated_____. The state will not claim any federal funding for individuals determined eligible under 42 CFR 435.119 at the FMAP rate described in 42 CFR 433.10(c)(G).

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Part 5 - State Attestations

The State attests to the following:

A. The application of the adult group FMAP methodology will not affect the timing or approval of any individual's eligibility for Medicaid.

B. The application of the adult group FMAP Methodology will not be biased in such a manner as to inappropriately establish the numbers of, or medical assistance expenditures for, individuals determined to be newly or not newly eligible.

ATTACHMENTS

Not all of the attachments indicated below will apply to all states; some attachments may describe methodologies for multiple population groups within the new adult group. Indicate those *of* the following attachments which are included with this SPA:

- ☒ Attachment A - Conversion Plan Standards Referenced in Table 1
- ☐ Attachment B - Resource Criteria Proxy Methodology
- ☐ Attachment C - Enrollment Cap Methodology
- ☐ Attachment D -Special Circumstances Adjustment and Other Adjustments to the Adult Group FM/IP Methodology
- ☒ Attachment E - Transition Methodologies

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 4 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, Mall Stop C4-26-05, Baltimore, Maryland 21244-1850.

Attachment A

Most Recent Updated Summary Information for
Part 2 of Modified Adjusted Gross Income (MAGI) Conversion Plan*
Delaware

12/9/2013

	Population Group	Net standard as of 12/1/09	Converted standard for FMAP claiming	Same as converted eligibility standard? (yes, no, or n/a)	Source of information in Colum C (New SIPP conversion or Part 1 of approved state MAGI conversion plan)	Data source for Conversion (SIPP or state data)
	A	B	C	D	E	F
Conversions for FMAP Claiming Purposes						
1	Parents/Caretaker Relatives FPL %	100%	107%	yes	Part 1 of approved state MAGI conversion plan	SIPP
2	Noninstitutionalized Disabled Persons	n/a	n/a	n/a	n/a	n/a
3	Institutionalized Disabled Persons SSI FBR%	250%	250%	n/a	ABD conversion template	n/a
4	Children Age 19-20	n/a	n/a	n/a	n/a	n/a
5	Children Adults FPL%	100%	108%	yes	Part 1 of approved state MAGI conversion plan	n/a

n/a: Not applicable

°The contents of this table will be updated automatically in case of modifications to the CMS approved MAGI Conversion Plan