Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.2-A AUGUST 1991 Page 24 OMB NO.: 0938-State: \_ INDIANA Agency\* Groups Covered Citation(s) C. Optional Coverage of the Medically Needy 42 CFR 35.301 This plan includes the medically needy. /XX No. 17 Yes. This plan covers: 1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act. Women who, while pregnant, were eligible for and have applied for Medicaid and 1902(e) of the Act receive Medicald as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls. 3. Individuals under age 18 who, but for 1902(a)(10) (C)(ii)(I)income and/or resources, would be eligible of the Act under section 1902(a)(10)(A)(i) of the Act.

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TN No. 91-22 Supersedes	Approval Date	1-16-92	Effective Date 1-1-	92
TN No. 89-2			HCFA ID: 7983E	

AUGUST 1991 State: _	INDIANA	Page 25 OMB NO.: 0938-
Agency* Citation(s)	Groups	Covered
C.	Optional Coverage of Medic	ally Needy (Continued)
1902(e)(4) of the Act	Medicaid on the date of for one year so long as	man who is eligible is receiving
42 CFR 435.308	described in sect under the age of 21 20 19 18 or under students in	age 19 who are full-time a secondary school or in the level of vocational or
	b. Reasonable classi eligible individu 19, or 18 as spec	fications of financially als under the ages of 21, 20, ified below:
	assuming fu	for whom public agencies are ll or partial financial ity and who are:
	(a) In foste of	r homes (and are under the age
		te institutions (and are under of).
IN No. 91-22 Supersedes Appi IN No. 86-8	coval Date	Effective Date 1-1-92
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ATTACHMENT 2.2-A

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Revision:	HCFA-PM-91- AUGUST 1991	-4 (BP	(םי		ATTACHMEN Page 25a OMB NO.:	
	State:		·	INDIANA		
Agency*	Citation(s)			Groups (	Covered	
	с.	Optional	Coverac	re of Medical	lly Needy (Cont	inued)
			. (c)	<pre>b.(1)(a) a in foster institution</pre>	on to the group and (b), indivi homes or priva ons by private, (and are under	duals placed te nonprofit
			f	ull or part	in adoptions suby a public age of).	bsidized in ency (who are
					in NFs (who are NF services ar lan.	
			i	n addition t ndividuals inge of	to the group uning the control of th	der (b)(3), are under the
			i g f	npatients in rograms (who ). Inpat	receiving active psychiatric for are under the cient psychiatrials under age 2 lan.	acilities or age of ic services
		-		other defined specified in ATTACHMENT 2.	i groups (and a Supplement 1 o .2-A.	ges), as f
TN No.	91-22 B Appr	oval Date	1-16	,-92	Effective D	ate 1-1-92

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Revision:	HCFA-PM AUGUST 1			(BPD)	ATTACHMENT 2.2-A Page 26 OMB NO.: 0938-
Stat		.e:		INDIANA	
Agency*	Citation	(s)		Groups C	Covered
		C. 9	Opti	onal Coverage of Medica	ally Needy (Continued)
42 CFF	3 435.310	4_/	6.	Caretaker relatives.	
42 CFF and 43		_7	7.	Aged individuals.	
42 CFF and 43			8.	Blind individuals.	
42 CFR and 43			9.	Disabled individuals.	
42 CFF	435.326		10.	not enrolled in an HMC	be ineligible if they were concerning the control of the control o
435.34	0		11.	Blind and disabled ind	iividuals who:
					equirements for Medicaid the blindness or disability
				b. Were eligible as me 1973 as blind or di	edically needy in December sabled; and
				c. For each consecutive continue to meet the criteria.	ve month after December 1973 ne December 1973 eligibility
·					
TN No.	91-22	·		11 02	1.1.00
Supersedes TN No.	36-8	Approv	val 1	Date	Effective Date 1-1-92

HCFA ID: 7983E

Revision: HCFA-PM-91-8 (BPD)

October 1991

State: Indiana

Citation(s)

Coptional Coverage of Medically Needy (Continued)

1906 of the Act

12. Individuals required to enroll in cost effective employer-based group health plans remain eligible for a minimum enrollment period of \_\_\_\_\_ months.

TN No. 92-18
Supersedes
TN No. -

Approve 9123, 03

Effective to 11/12

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Indiana		
-	LATING TO DETERMINING ELIGIBILITY FOR MEDICARE CRIPTION DRUG LOW-INCOME SUBSIDIES		
Citation (s) Provisions			
1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	<ol> <li>The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act.</li> <li>The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;</li> <li>The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;</li> <li>The agency provides for screening of individuals for Medicar cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.</li> </ol>	d	

TN No. <u>05-008</u> Supersedes TN No. <u>none</u> Approval Date 11/2/05

Effective Date July 1, 2005