Attachment 2.2 – A State of Indiana Page 6 COVERAGE AND CONDITIONS OF ELIGIBILITY Groups Covered Citation (s) Mandatory Coverage - Categorically Needy and Other Required Special Groups A. (Continued) 12. A child born to a woman who is eligible for and receiving Medicaid as 1902 (e) (4) categorically needy on the date of the child's birth. The child is deemed eligible of the Act for one year from the birth as long as the mother remains eligible or would remain eligible if still pregnant and the child remains in the same household as the mother. 13. Aged, Blind, and Disabled Individuals Receiving Cash Assistance 45 CFR 435.120 a. Individuals receiving SSI. <u>x</u>_ This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981, persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619 (b) of the Act. Aged <u>x</u> Blind <u>X</u>____ Disabled <u>x</u>____

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TN No. <u>13-012</u> Supersedes TN No. <u>92-03</u>

Approval Date 5/30/14

Effective Date June 1, 2014

State of Indiana				Attachment 2.2-A Page 6a
Citation (s)		Gr	oups Covered	and the second
	A.	<u>Mandato</u> (Continue	ry Coverage – Categorically Needy and Other Req d)	uired Special Groups
435.121 1619(b)(l) of the Act	13.	[]	 b. Individuals who meet more restrictive requirements than the SSI requirements. (This includes performed benefits under section 1619(a) of the Act or vertice requirements for SSI status under section 1616. Act and who met the State's more restrictive. Medicaid in the month before the month the under section 1619(a) or met the requirement 1619(b)(l) of the Act. Medicaid eligibility for continues as long as they continue to meet the standard or the requirements of section 1619(b) 	rsons who qualify for who meet the (9(b)(I) of the requirements for y qualified for SSI ts under section r these individuals e 1619(a) eligibility
			Aged Blind Disabled Blind and disabled individuals recei receipt of SSI would be eligible for	
			The more restrictive categorical eligibility criter	

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(Financial criteria are described in ATTACHMENT 2.6A)

TN No. <u>13-012</u> Supersedes TN No. <u>12-008</u>

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Approval Date 5/30/14

Effective Date June 1, 2014

	n(s) Groups Covered
	A. <u>Mandatory Coverage - Categorically Needy and Other</u> <u>Required Special Groups</u> (Continued)
(10)(A)	14. Qualified severely impaired blind and disabled individuals under age 65, who
(i)(II) and 1905 (g) of the Act	a. For the month preceding the first month of eligibility under the requirements of section 1905(q)(2) of the Act, received \$51, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and
na separativa Selector de la constante Selector de la constante Selector de la constante de la	Act and were eligible for Medicaid. These
	(2) Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;
	(3) Have uncarned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

Supersedes TN No. 91-022 HCFA ID: 7983E

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Revision: HCFA-PM-91- 4 (BPD) AUGUST 1991 State:__

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ATTACHMENT 2.2-A Page 6c OMB NO.: 0938-

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Groups Covered

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A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and

Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicald, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.

Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

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*Agency that determines eligibility for coverage. 4000

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State of Indiana

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Attachment 2.2

Page 6d

Agency*	Citation(s)	Groups Covered
		A. <u>Mandatory Coverage – Categorically Needy and Other Required</u> Special Groups (Continued)
	1619 (b) (3) of the Act	The State applies more restrictive eligibility for Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under section 1619 (a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under section 1619 (b) (1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under section 1619 (a) or met the requirements of section 1619 (b) (1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under section 1619(a) of the Act or meet the SSI requirements under section 1619 (b)(1) of the Act.

*Agency that determines eligibility for coverage

TN No. <u>13-012</u> Supersedes TN. No: <u>06-006</u> Approval Date 5/30/14 Effective Date June 1, 2014

State of Indiana	ι <u>.</u>	Attachment 2.2 A Page 6e
Agency*	Citation(s)	Groups Covered
	A. <u>Mandatory</u> (Continued	Coverage Categorically Needy and Other Required Special Groups
1634 (c) of the Act	than ur	in States that apply more restrictive eligibility requirements for Medicaid der SSI, blind or disabled individuals who— Are at least 18 years of age;
	۲ ۱	Lose SSI eligibility because they become entitled to OASDI child's benefits inder Section 202 (d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as hey would be eligible for SSI, absent their OASDI eligibility.
	i	The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.
	1	The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.
42 CFR 435.122	under S agency	in States that apply more restrictive eligibility requirements for Medicaid than SI, individuals who are ineligible for SSI or optional State supplements (If the provides Medicaid under §435.230), because of requirements that do not apply tle XIX of the act.
42 CFR 435.130	17. Individu	als receiving mandatory state supplements.

*Agency that determines eligibility for coverage

TN No.<u>13-012</u> Supersedes TN. NO <u>06-006</u>

Approval Date 5/30/14

Effective Date June 1, 2014

Revision:	HCFA-PM-91- August 1991	-4 (BPD)			Page 6f	NT 2.2-A	
	State:	India	ma			omb No.:	0938-	
Agency*	Citation(s)			Group:	s Covere	d		
	A-	<u>Mandato</u> <u>Reguire</u>	<u>iry Cover</u> <u>d Special</u>	<u>ige - Catec</u> Groups ((<u>ioricall</u> Continue	<u>y Neédy:</u> id)	and Other	
	R 435.131	N Ce a s l a s s l a s s s s s s s s s s s s s s s s s s s	tedicaid i continued, ssential ssistance pouse is 973 eligi pproved p pouse con requirement	as an essen as spouse to the wel . The red living con bility red blan for O/ ntinues to	ntial sp 2, to ll 11-being 21plent ntinues Juiremen NA, AB, meet th ving his	ouse and ve with of a re with who to meet ts of th APTD, or te Decemb or her	and be cipient of the essen the Decembu e State's AABD and	cash ntial er the
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			éssent	lal spouse	was not	. eligibl	e for Médi	caid.
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TN No. <u>06-006</u> Supersedes TN No. <u>91-022</u> LIN 97 LUD Effective Date 1-06 Approval Date 79836 HCFA ID: 53

Revision:	HCFA-PM-91 AUGUST 1991 State:	- 4	(BPD) Indiana		ATTACHMENT 2.2-A Page 5g OMB NO.: 0938-
Agency*	Citation(s)			Groups Cove	۲۴d
				aqe - Categorica L Groups (Contin	<u>illy Needy and Other</u> <u>med</u>)
arta Tarradare Tar Tarradare			for Medic title XIX title XIX	ald in December Cmedical institu Cintermediate ca	iuals who were eligible 1973 as inpatients of itions or residents of ire facilities, if, for fter December 1973, they
					December 1973 Medicald v requirements; and
			b. Remair	i institutionali:	zed) and
			c: Contir	me to need inst.	tutional care.
42 CF	R 435.133	20.	Blind and	l disabled indiv	Iduals who
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				ligible for Med or disabled; an	icaid in December 1973 as d
	t Designation Reserved			iue to meet Dece	nonth after December 1973 mber 1973 eligibility

*Agency that determines eligibility for coverage.

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Agency*	Citation(s)	Groups Cove	ed .	
		<u> Coverage - Categorica</u> <u>peclal Groups</u> (Contin		
	tor 92-3 in 8	viduals who would be the increase in OASDI 36 (July 1, 1972), wh ugust 1972, and who w stance in August 1972	benefits under Pub. 5 were entitled to C ere receiving cash	· 1.
	line and the second s	ncludes persons who w or cash assistance bu ugust 1972 (this grou tate's August 1972 pl	t had not applied in p was included in th	1.
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State of Indiz	ina	Attachment 2.2 A Page 8
Agency*	Citation(s)	Groups Covered
	A. <u>Mandator</u> (Continue	Coverage – Categorically Needy and Other Required Special Groups d)
42 CFR 435.135	22. Ir	dividuals who
·		 a. Are becoming OASDI and were receiving SSI/SSP but became ineligible for SSI/SSP after April 1977; and b. Would still be eligible for SSI or SSP if cost-of-living increases in OASDI paid under section 215(i) of the Act received after the last month for which the individual was eligible for and received SSI/SSP and OASDI, concurrently, were deducted from income. — Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only recipients. — Not applicable because the State applies more restrictive eligibility requirements than those under SSI. — The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility.

*Agency that determines eligibility for coverage.

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TN No. <u>13-012</u> Supersedes TN. No. <u>06-006</u> Approval Date 5/30/14

Effective Date June 1, 2014

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