ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:

INDIANA

ELIGIBILITY CONDITIONS AND REQUIREMENTS Citation(s) Condition or Requirement A. General Conditions of Eligibility Each individual covered under the plan: 42 CFR Part 435, 1. Is financially eligible (using the methods and Subpart G standards described in Parts B and C of this Attachment) to receive services. 42 CFR Part 435, 2. Meets the applicable non-financial eligibility Subpart F 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 (iii) For financially eligible pregnant Act 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 (iv) For financially eligible aged and disabled individuals covered under section Act 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.

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

ATTACHMENT 2.6-A Page 2 OMB No.: 0938-

State	:		INDIANA
Citation			Condition or Requirement
		ь.	For the medically needy, meets the non-financial eligibili ; 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)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 435.402	3.	Is	residing in the United States and
		a.	Is a citizen;
Sec. 245A of the Immigration and		b.	Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the Nationality Act United States under color of law, as defined in 42 CFR 435.408;
1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration & Nationality Act		c.	Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section l614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;

TN No. <u>91-22</u> Supersedes TN No. <u>8</u> 9-4	Approval Date 1-16-92	Effective Date1-1-92
		HCFA ID: 7985E

Revision:	HCFA-PM- AUGUST ¹⁹		(BPD)		ATTACHMENT 2.6-A Page 3 OMB No.: 0938-
	State:	-		INDIANA	
Citati	on			Condition o	r Requirement
		d.	under sec Act not w be restri the five-	tion 210 of th within the score cted to certai	ful temporary resident status e Immigration and Nationality e of c. above (coverage must n emergency services during ginning on the date the alien); or
		е,	permanent in the Un	: residence or hited States ur	lawfully admitted for otherwise permanently residing der color of law (coverage ertain emergency services).
42 CFR 435 1902(b) of Act		or	not the i	ndividual mair	, regardless of whether tains the residence t at a fixed address.
			State has the follo	interstate re wing States:	sidency agreement with

- /// State has open agreement(s).
- $\overline{//}$ Not applicable; no residency requirement.

TN No. 91-22 Supersedes TN No. 87-4	Approval Date	1-16-92	Effective D	Date <u>1-1-92</u>
IN NO. <u>. 07 4</u>			HCFA ID:	79 85 E

Revision: HCFA-PM-91-8 (MB) October 1991

ATTACHMENT 2.6-A Page 3a OMB No.: 0938-

State	YYI /Territory:	INDIANA	Page Ja OMB No.: 0938-
Citation		Condition or Req	uirement
42 CFR 435.1008	institutions intermediate community re	do not include me care facilities, sidences that me	institution. Public medical institutions, , or publicly operated rve no more than 16 Thre institutions.
42 CFR 435.1008 1905(a) of the Act	for mental d age 22 recei	liseases except as	5 in an institution 5 an inpatient under 5 ment in an accredited 5 am.
	under	age 22 in psychia mas. Such service	spect to individuals atric facilities or are not provided under
42 CFR 433.145 1912 of the Act 7-1-8	his or her own who is eligible individual has to medical supp any third party	rights, or the ri e for Medicaid and legal authority to port and payments r. (Medical support ting for medical of	eligibility, to assign lghts of any other person i on whose behalf the to execute an assignment, for medical care from ort is defined as support care by a court or

TN No. 91-22 Supersedes	Approval Date 1-16-9	2 Effective Date	<u>1-1-92</u>
TN No. 87-4		H CFA ID: 7985E	

Revision: HCFA-pN October		ATTACHMENT 2.6-A Page 3a.1 OMB No.: 0938-
Sta	te/Territory: IN	DIANA
Citation	Condition or	Requirement
	any eligible child and in obtain herself and any other person the individual can make an as §1902 (I) (1) (A) of the Social S partum period) are exempt fro obtaining support. Any individ	t also cooperate in establishing the paternity of ning medical support and payments for himself or who is eligible for Medicaid and on whose behalf signment; except that individuals described in Security Act (pregnant women and women in post- om these requirements involving paternity and dual may be exempt from the cooperation ng good cause for refusing to cooperate.
	may be liable to pay for care t information to assist in pursu	t also cooperate in identifying any third party who that is covered under the State plan and providing ing these third parties. Any individual may be requirements by demonstrating good cause for
	<u>X</u> Assignment of rights is a	utomatic because of State law.
42 CFR 435.910	· · · · · · · · · · · · · · · · · · ·	eligibility, to furnish his/her social security account e has more than one number).
		·

TN No. 11-012 Supersedes TN No. <u>91-22</u>

Approval Date JUL 07 2011

Effective Date _____07/01/2011

Revision:	HCFA-PM-91 AUGUST 1991	v v	ATTACHMENT 2.6-A Page 3b OMB No.: 0938-
- <u></u>	State: _	INDIANA	- <u> </u>
Citati	on	Condition or	Requirement
1902(c)(2)	8.	Is not required to apply for title IV-A as a condition of receiving, Medicaid if the woman, infant, or child tha cover under sections 1902(a 1902(a)(10)(A)(ii)(IX) of t	of applying for, or individual is a pregnant at the State elects to a)(10)(A)(i)(IV) and
1902(e)(10 and (B) of Act			under section 402(a)(43) a living arrangements. individuals who do not meet State's AFDC plan, the agency

TN No. <u>91-22</u> Supersedes	Approval Date	1-16-92	Effective Date
TN NO			HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB) October 1991

ATTACHMENT 2.6-A Page 3c OMB No.: 0938-

State/Territory: __Indiana

Citation

Condition or Requirement

1906 of the Act 10. Is required to apply for enrollment in an employerbased 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).

TN No. 92-18 Supersedes	Approval Date	1/23/93	Effective	Date _	10/162
TN NO			HCFA ID:	79 85E	

Revision: CMS-PM-02-1

τ.

.

u

.

OMB No.:0938-0673

ATTACHMENT 2.6-A Page 4

State: INDIANA

			e.
Citation		Condition or Requirement	
В.	Posteligibility Trea	atment of Institutionalized Individuals' Incomes	
		ollowing items are not considered in the ligibility process:	
1902(o) of the Act		SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF.	
Bondi v. Sullivan (SSI)	b.	Austrian Reparation Payments (pension (reparation) payments made under §500 - 506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.	
1902(r)(1) of the Act	с.	German Reparations Payments (reparation payments made by the Federal Republic of Germany).	
105/206 of P. L. 100-383	d.	Japanese and Aleutian Restitution Payments.	
1. (a) of P.L. 103-286	e.	Netherlands Reparation Payments based on Nazi, but not Japanese, persecution (during World War II).	
10405 of P.L. 101-239	f.	Payments from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In re Agent orange product liability litigation, M.D.L. No.381 (E.D.N.Y.)	
6(h)(2) of P.L. 101-426	g.	Radiation Exposure Compensation.	
12005 of P. L. 103-66	h.	VA pensions limited to \$90 per month under 38 U.S.C. 5503.	

TN No. <u>02-012</u> Supersedes TN No. <u>98-003</u>

8/13/02 Approval Date_

Effective Date_July 1, 2002

Revision: CMS-PM-02-1 May 2002 OMB No.:0938-0673

•

•

•

.

ATTACHMENT 2.6-A Page 4a

State: INDIANA

Citation		Condition or Requirement
1924 of the Act 435.725 435.733 435.832	2.	The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care:
		Personal Needs Allowance (PNA) of not less than \$30 For Individuals and \$60 For Couples For All Institutionalized Persons.
		a. Aged, blind, disabled: Individuals \$ <u>52.00</u> Couples \$ <u>104.00</u>
		For the following persons with greater need:
		Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.
		 b. AFDC related: Children \$<u>52.00</u> Adults \$<u>52.00</u>
		For the following persons with greater need:
		Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.
		 c. Individual under age 21 covered in the plan as specified in Item B. 7. of <u>Attachment 2.2 - A</u>. \$<u>52.00</u>

TN No. 02-012 Supersedes TN No. <u>99-09</u>

Approval Date 8/13/02 Effective Date July 1, 2002

Revision: CMS-PM-02-1 May 2002 OMB No.:0938-0673

``

-12

ι

.

.

State: INDIANA

Citation	Condition or Requirement
	For the following persons with greater need:
	Supplement 12 to <u>Attachment 2.6-A</u> describes the greater need describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.
1924 of the Act	3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
	a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.
	X The poverty level component is calculated using the applicable percentage (set out §1924(d)(3)(B) of the Act) of the official poverty level.
	The poverty level component is calculated using a percentage greater than the applicable percentage, equal to %, of the official poverty level (still subject to maximum maintenance needs standard).
	The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).
	Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

8/13/02 Approval Date_

Revision: CMS-PM-02-1 May 2002 OMB No.:0938-0673

. .

``.

ATTACHMENT 2.6-A Page 4c

State: INDIANA

Citation	Condition or Requirement
	In determining any excess shelter allowance, utility expenses are calculated using:
	<u>X</u> the standard utility allowance under §5(e) of the Food Stamp Act of 1977 or
	<u>X</u> the actual unreimbursable amount of the
	community spouse's utility expenses less
	any portion of such amount included in
	condominium or cooperative charges.
	b. The monthly income allowance for other dependent
	family members living with the community spouse is:
	\underline{X} one-third of the amount by which the
	poverty level component (calculated
	under $\$1924(d)(3)(A)(i)$ of the Act,
	using the applicable percentage
	specified in $\S1924$ (d)(3)(B)) exceeds the
	dependent family member's monthly
	income.
	a greater amounted calculated as follows:
	The following definition is used in lieu of the
	definition provided by the Secretary to determine the
	dependency of family members under §1924 (d)(1):
	c. Amounts for health care expenses described below
	that are incurred by and for the institutionalized
	individual and are not subject to payments by a third party:
	(i) Medicaid, Medicare, and other health insurance
	premiums, deductibles, or coinsurance charges,
	or copayments.
	(ii) Necessary medical or remedial care
	recognized under State law but not covered
	under the State plan. (Reasonable limits on
	amounts are described in Supplement 3 to
	ATTACHMENT 2.6-A.)
	ATTAMIMENT 2.0-A.J

8/13/02 Approval Date_

Effective Date July 1, 2002