OMB No.: 0938-

## State: Arizona

## SECTION 2 - COVERAGE AND ELIGIBILITY

<u>Citation</u> 42 CFR 435.10 and Subpart J	2.1 <u>Application, Determination of Eligibility and</u> <u>Furnishing Medicaid</u>
	(a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. <u>92-4</u> Supersedes TN No. <u>91-16</u>	Approval Da	ate <u>6/2/92</u>	Effective Date JAN.	1,1992
		•	HCFA ID: 7982E	-

## Revision: HCFA-PM- (MB)

State/Territory:		Arizona
<u>Citation</u> 42 CFR 435.914 1902(a)(34) of the Act	2.1(b) (1)	Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in <u>Attachment 2.6-A.</u>
1902(e)(8) and 1905(a) of the Act	(2)	For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. <u>Attachment 2.6-A</u> specifies the requirements for determination of eligibility for this group.
1902(a)(47)	(3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. <u>Attachment 2.6-A</u> specifies the requirements for Determination of eligibility for this group.

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Effective Date				~
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Revision: HCFA-PM-91-5 Actober September 1991

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Arizona

(MB)

Citation

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1902(a)(55) 2.1(d) The Medicaid agency has procedures to take of the Act applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in \$1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

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TN No. <u>92-2</u>			HCFA ID:	79851	2		

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