Revision: HCFA-PM-92 -1 (MB) FEBRUARY 1992

ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Arizon	na		
	ELIGIBIL	ITY_		ONS AND REQUIREMENTS
Citation(5)			Conditi	on or Requirement
	λ.	Gen	eral Con	ditions of Eligibility
•		Eac	h indivi	dual covered under the plan:
42 CFR Part 435, Subpart G		1.	standar	ancially eligible (using the methods and ds described in Parts B and C of this ment) to receive services.
42 CFR Part 435, Subpart F		2.	Meets t conditi	the applicable non-financial eligibility ions.
;		a.	For the	e categorically needy:
50y			(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			(111)	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 individuals covered under section $1902(a)(.0)(A)(ii)(X)$ of the Act, meets the non-financial criteria of section $1902(m)$ of the Act.
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Approval Date

AUG 2 5 1992 Effective Date January 1, 1992

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

State: Arizona

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

Citation	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 gualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of
1905(s) of the Act	the Act. d. For financially eligible gualified disabled and
X	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. 52-1 Superseces TN No. 87-7	Approval Date AUG 2 5 1992	Effective Date January 1, 1992
		HCFA ID: 7985E

Revision: HCFA-PM-91-4 August 1991

(BPD)

ATTACHMENT 2.6-A Page 3 OMB No.: 0938

State: Arizona

Citation	Condition or Requirement
	d. Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
	e. Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).
2 CFR 435.403 4. 902(b) of the act	Is a resident of the State, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address.
	X For a child receiving state adoption subsidy from another state (Attachment 2.2A, B8), Arizona has an interstate residency agreement through the Interstate Compact on Adoption and Medical Assistance (ICAMA) with all the states except: Connecticut, Florida, Illinois, Michigan, New Mexico, New York, Pennsylvania, Tennessee, Vermont, and Wyoming.
	State has open agreement(s).
	Not applicable; no residency requirement.

TN No. <u>02-004</u> SEP 2 0 2002 Supersedes Approval Date TN No. <u>92-1</u>

Effective Date October 1,2002

State/Territory:       Arizona         Citation       Condition or Requirement         42 CFR 435.1008       5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions.         42 CFR 435.1008       5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions.         42 CFR 435.1008       5. a. Is not a patient under age 65 in an institutions.         42 CFR 435.1008       b. Is not a patient under age 65 in an institution.         42 CFR 433.100 Hereadiate       b. Is not a patient under age 65 in an institution.         42 CFR 433.145       b. Is required, as a condition of eligibility, to assist the individual under age 22 in psychiatric facilities or programs. Such services are not provided the plan.         42 CFR 433.145       6. Is required, as a condition of eligibility, to assist the individual has legal authority to execute an assign to medical support and payments for medical care for any third party. (Medical support is defined as any third party. (Medical support is defined as any specified as being for medical care by a court of administrative order.)         X Except as provided to EPUOT duidton under the age of administrative order.)         TN No. 92-2       Approval Date $S[R/92]$ Effective Date January         TN No. 92-1		ATTACHMENT 2.6 Page 3a OMB No.: 0938		( MB )		Revision: HCFA- October
<ul> <li>Aursing facilities and intermediate care facility of the public institution. Public institutions do not include medical institutions institutions do not include medical institutions.</li> <li>42 CFR 435.1008 <ul> <li>42 CFR 435.1008</li> <li>42 CFR 435.1008</li> <li>42 CFR 435.1008</li> <li>42 CFR 435.1008</li> <li>43 The public institutions do not include medical institutions.</li> </ul> </li> <li>42 CFR 435.1008 <ul> <li>43 The public institutions do not include medical institutions for mental diseases except as an inpatient under age 22 receiving active treatment in an accredition psychiatric facility or programs. Such services are not provided the plan.</li> <li>42 CFR 433.145</li> <li>43 CFR 433.145</li> <li>44 CFR 433.145</li> <li>45 The required, as a condition of eligibility, to assimilate of the plan.</li> </ul> </li> <li>42 CFR 433.145 <ul> <li>43 The required, as a condition of eligibility, to assimilate of the plan.</li> </ul> </li> <li>42 CFR 433.145 <ul> <li>43 The required, as a condition of eligibility, to assimilate of the plan.</li> </ul> </li> <li>43 CFR 433.145 </li> <li>44 CFR 433.145 </li> <li>5 The required, as a condition of eligibility, to assimilate of the plan.</li> <li>45 CFR 433.145 </li> <li>46 The required as a condition of eligibility, to assimilate of the plan.</li> <li>47 CFR 433.145 </li> <li>48 The required as a condition of eligibility, to assimilate of the plan.</li> <li>49 CFR 433.145 </li> <li>40 The required as a legal authority to execute an assign to medical support and payments for medical care find as a specified as being for medical care by a court of administrative order.) </li> <li>49 The transmission of the provided to EPSDT duddren under the age of AMA. A generation of the plan. </li> <li>40 The provided to EPSDT duddren under the age of AMA. A generation of the provided to EPSDT duddren under the age of AMA. A generation of the provided to the plan. </li></ul> <li>41 The provided to EPSDT duddren under the age of AMA. A generation of the provided to t</li>			Arizona	tory:	.e/Territ	Stat
<ul> <li>42 CFR 435.1008</li> <li>42 CFR 435.1008</li> <li>5. a. Is not an inmate of a public institution. Public institutions do not include medical institution institutions do not include medical institutions. Act institutions is not a patient under age 65 in an institution 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 accredit psychiatric facility or program.</li> <li>42 CFR 433.145</li> <li>42 CFR 433.145</li> <li>43 CFR 433.145</li> <li>44 CFR 433.145</li> <li>45 Is required, as a condition of eligibility, to assist or her own rights, or the rights of any other j who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assign to medical support is defined as sist specified as being for medical care by a court of administrative order.)</li> <li>44 Except as provided to EPSDT didfree under the age of All years or greation. Attribution of a statistic order.)</li> <li>5. No. <u>92-2</u></li> <li>Supersedes Approval Date <u>S(\$/92</u> Effective Date January TN No. <u>92-1</u></li> </ul>		rement	Condition or Requ		_	Citation
<ul> <li>1905(a) of the for mental diseases except as an inpatient under age 22 receiving active treatment in an accreding psychiatric facility or program.</li> <li>▲ Not applicable with respect to individual under age 22 in psychiatric facilities or programs. Such services are not provided the plan.</li> <li>42 CFR 433.145 </li> <li>6. Is required, as a condition of eligibility, to assimilate the plan.</li> <li>42 CFR 433.145 </li> <li>6. Is required, as a condition of eligibility, to assimilate the plan.</li> <li>42 CFR 433.145 </li> <li>6. Is required, as a condition of eligibility, to assimilate the plan.</li> <li>42 CFR 433.145 </li> <li>6. Is required, as a condition of eligibility, to assimilate the plan.</li> <li>42 CFR 433.145 </li> <li>6. Is required, as a condition of eligibility, to assimilate the plan.</li> <li>42 CFR 433.145 </li> <li>6. Is required, as a condition of eligibility, to assimilate the plan.</li> <li>42 CFR 433.145 </li> <li>6. Is required, as a condition of eligibility, to assimilate the plan.</li> <li>42 CFR 433.145 </li> <li>6. Is required, as a condition of eligibility, to assimilate the plan.</li> <li>42 CFR 433.145 </li> <li>6. Is required, as a condition of eligibility, to assimilate the plan.</li> <li>42 CFR 433.145 </li> <li>6. Is required, as a condition of eligibility, to assimilate the plan.</li> <li>42 CFR 433.145 </li> <li>6. Is required, as a condition of eligibility, to assimilate the plan.</li> <li>43 condition of eligibility to execute an assign to medical support and payments for medical care find as similate the plan.</li> <li>44 condition the plan.</li> <li>45 condition the plan.</li> <li>46 condition the plan.</li> <li>47 condition the plan.</li> <li>48 condition the plan.</li> <li>49 condition the plan.</li> <li>49 condition the plan.</li> <li>40 condition the plan.</li> <li>41 condition the plan.</li> <li>42 condition the plan.</li> <li>44 condition the plan.</li> <li>44 condition the plan.</li> <li>44 condition the plan.</li> <li>44 condition the plan.</li> &lt;</ul>	blic Mc ions, Ment erated 16 Cfo	nstitution. Pu dical institut or publicly op e no more than	inmate of a public ons do not include m <del>sto care facilitie</del> s, residences that ser	Is not a institut	(5. a.	42 CFR 435.1008
<ul> <li>42 CFR 433.145</li> <li>6. Is required, as a condition of eligibility, to assist the plan.</li> <li>42 CFR 433.145</li> <li>6. Is required, as a condition of eligibility, to assist the other of the plan.</li> <li>42 CFR 433.145</li> <li>6. Is required, as a condition of eligibility, to assist the plan.</li> <li>42 CFR 433.145</li> <li>6. Is required, as a condition of eligibility, to assist the plan.</li> <li>42 CFR 433.145</li> <li>42 CFR 433.145</li> <li>42 CFR 433.145</li> <li>43 CFR 433.145</li> <li>44 CFR 435</li> <li>44 CFR 44 CFR 44</li></ul>	nder	an inpatient u ent in an accr	l diseases except as ceiving active treat	for ment age 22 1		1905(a) of the
1912 of the his or her own rights, or the rights of any other provided to medical authority to execute an assign to medical support and payments for medical care fir any third party. (Medical support is defined as sis specified as being for medical care by a court of administrative order.) ★ Except as provided to EPJDT dildren under the age of administrative order.) ★ Except as provided to EPJDT dildren under the age of administrative order.) TN No. <u>92-2</u> Supersedes Approval Date <u>\$\frac{1}{8}/92\$</u> Effective Date January	or	ric facilities	er age 22 in psychia grams. Such service	ົບກ 	и Х, 2 •,	
TN No. $92-2$ Supersedes Approval Date $5/8/92$ Effective Date January TN No. $92-1$	er person f the signment, e from s support	hts of any oth on whose behal execute an as or medical car t is defined a	wn rights, or the ri ble for Medicaid and as legal authority t upport and payments rty. (Medical suppo being for medical c	s or her b is elig ividual medical y third p ecified a	his who ind to any spe	1912 of the
TN No. $92-2$ Supersedes Approval Date $5(8/92)$ Effective Date January TN No. $92-1$						
Supersedes Approval Date $5/8/92$ Effective Date January TN No. 92-1	2.	the age of At	DT children under Hachment 3, 1-A.	l to EP	rouided	* Except as p 21 years as
	iry 1, 199	ive Date Janua	5 8 92 Effec	val Date	Approv	Supersedes
HCFA ID: 7985E		D: 7985E	HCFA		-	IN NO. <u>72-1</u>

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Revision:	HCFA-PM-91 October 1991	-8 (MB	6)	ATTACHMENT 2.6-A Page 3a.1 OMB No.: 0938-
		State	Arizona	
<u> </u>	on(s)	·	Condition or	r Requirement
	himsel on whe individ women require may be cause An app who m provid individ demon	f or herself and any operations of the self and any operations behalf the individuals described in 19 and women in the period of the second se	other person w dual can make 002(1)(1)(A) of post-partum per- cernity and obta- coperation requi- crate. nust also cooperation requi- for care that is consist in pursuin from the cooperation the cooperation for refusing to ts is automatic	because of State law.
42 CFR 435.910	securit numbe	y account number (cr). Exception, alien	or numbers, if h s seeking medi	o furnish his/her social ne/she has more than one cal assistance for the treatment o ection 1903(v)(2) of the Social

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TN No: 04-004 Approval Date JUN 2 !		Effective Date	APR	2004
SupersedesTN No. <u>92-2</u> HCFA ID	: 7985E			

# Revision: HCFA-PM-91-4 August 1991

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

1 1993

نىرلا<u> 1994</u>

OCT

Effective Date January

State: <u>ARIZONA</u>

Citation	Condition or Requirement
1902(c)(2) of the Act	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 requirments under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

/ No	93-25
Supersed	les
TN No.	None

Approval Date MAR 2 8 1994

Revision: HCFA-PM-91-8 (MB) October 1991 ATTACHMENT 2.6-A Page 3c OMB No.: 0938-

State/Territory: \_\_Arizona

## Citation

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## 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. <u>91-22</u> Supersedes	Approval Date	3/9/92	Effective	Date	July 1.	1991
TN NO. <u>None</u>						

Revision: HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A Page 4 OMB No.:0938-0673

## STATE: <u>ARIZONA</u>

Citation		Condition or Requirement
В		lity Treatment of Institutionalized Individuals' Incomes llowing items are not considered in the posteligibility process:
1902(o) of the Act	a.	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 General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments.
1902(r)(1) of the Act	c.	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 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.

Approval Date\_

# CMS-PM-02-1 January 1, 2008 **Revision:**

State: ARIZONA

ATTACHMENT 2.6-A Page 4a OMB No.: 0938-0673

Citation	Condition or Requirement
924 of the Act	2. The following monthly amounts for personal needs are
35.725	deducted from total monthly income in the application
35.733	of an institutionalized individual's or couple's
35.832	income to the cost of institutionalized care:
	Personal Needs Allowance (PNA):
	a. 15% of the Federal Benefit Rate
	For the following persons with greater need:
1	Supplement 12a to Attachment 2.6-A 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: 15% of the Federal Benefit Rate
	Adults: 15% of the Federal Benefit Rate
	For the following persons with greater need:
:	Supplement 12a to Attachment 2.6-A 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> :
· ·	15% of the Federal Benefit Rate
	olicants are treated as individuals. If two individuals are married, each would

HCFA-PM-97-2 December 1997

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ATTACHMENT 2.6-A Page 4b OMB No.:0938-0673

State: ARIZONA

Citation		Condition or Requirement
a an		For the following persons with greater need:
		Supplement 12a to <u>Attachment 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amoun is not listed above; lists the criteria to be met; and, where appropriat 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 a deducted from the remaining income of an institutionalized individual with community spouse:
		a. The monthly income allowance for the community spouse, calculate using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's incom The maintenance needs standard cannot exceed the maximum prescribe in §1924 (d)(3)(C). The maintenance needs standard consists of a pover level component plus an excess shelter allowance.
		X The poverty level component is calculated using the applicable percenta (set out §1924(d)(3)(B) of the Act) of the official poverty level.
		The poverty level component is calculated using a percentage greater th 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 spous monthly income allowance at the amount by which exceptio maintenance needs, established at a fair hearing, exceed the commun spouse's income, or at the amount of any court-ordered support.



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TN No. <u>99-01</u> Supersedes TN No. <u>98-06</u>

HCFA-PM-97-2 December 1997

ATTACHMENT 2.6-A Page 4c OMB No.:0938-0673

# State: ARIZONA

Citation	Condition or Requirement
	In determining any excess shelter allowance, utility expenses are calculated using:
	X the standard utility allowance under §5(e) of the Food Stamp Act of 1977; or
	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:
	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 §1924 (d)(3)(B) ) exceeds the dependent family member's monthly income.
	a greater amount 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.
	<ul> <li>(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 <u>ATTACHMENT 2.6-A</u>).</li> </ul>

TN No. <u>02-001</u> Supersedes TN No. <u>98-06</u>

Approval Date\_\_\_\_\_APR

PR 2 2002

Effective Date: January 1, 2002

HCFA-PM-97-2 December 1997

## ATTACHMENT 26-A Page 5 OMB No.:0938-0673

State: ARIZONA

Citation	Condition or Requirement
435.725 435.733 435.832	4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple.
	a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:
:	<ul> <li>AFDC level; or</li> <li>Medically needy level: as selected below: (Check one)</li> </ul>
	X AFDC levels in Supplement 1 * Medically needy level in Supplement 1 Other: \$
	b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:
	(I) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.
	<ul> <li>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.)</u></li> </ul>
435.725 435.733 435.832	• 5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:
	A monthly amount for the maintenance of the home of the individual o couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period: No.
	X Yes (the applicable amount is shown on page 5a.)

Approval Date \_

SEP 2 2 1998

HCFA-PM-97-2 December 1997

## ATTACHMENT 2.6-A Page 5a OMB No.:0938-0673

# State: ARIZONA

Citation	Condition or Requirement
	$\frac{X}{\$ 210.00}$ Amount for maintenance of home is:
	Amount for maintenance of home is the actual maintenance costs not to exceed \$
	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different.
	Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the Act.

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

ATTACHMENT 2.6-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Arizona State:

#### ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

42 CFR 435.711

ŝ,

435.721, 435.831

Condition or Requirement

### 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 or children covered under sections 1902(a)(10)(A)(i)(IV),  $1902(a)(10)(\lambda)(i)(VI), 1902(a)(10)(\lambda)(i)(VII), and$ 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.

TN NO.

Revision: HCFA-PM-95-7 October 1995

## State: ARIZONA

Citation

#### Condition or Requirement

- <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
- <u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
- Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
- <u>Supplement 5 to ATTACHMENT 2.6-A</u> 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.
- X 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.
- X Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource 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 14 to Attachment 2.6-A specifies income levels used by States for determining eligibility Tuberculosisinfected individuals whose eligibility is determined under \$1902(z)(1)of the Act.

TN No. 95-10 Supersedes TN No. 92-12

Approval Date JAN 9 1998

Effective Date October 1, 1995

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

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ATTACHMENT 2.6-A Page 7

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(B)		Condition or Requirement	
.902(r)(2) of the Act	1. <u>Met</u> l a.	hods of Determining Income AFDC-related individuals (except for poverty level related pregnant women, infants, and children).	
	*	<ul> <li>(1) In determining countable income for AFDC-related individuals, the following methods are used:</li> </ul>	
		(a) The methods under the State's approved AFDC plan only; or	
		X (b) The methods under the State's approved AFDC plan and/or 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) the Act		(3) Agency continues 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 th 60th day falls.	

	Approval Date	SEP 3 0 1992	Effective Date	July 1, 19 <u>92</u>
TN NO. 92-1				

Perision: HCFA-PM-92-1 FEBRUARY 1992

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

<u>E</u>	LIGIBIL	TY 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.	<u>Aged individuals</u> . In determining countable income for 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 <u>Supplement 8a to</u> <u>ATTACHMENT 2.6-A.</u>

See Supplement 14 to ATTACHMENT 2.6-A

TN No. <u>01-001</u> Supersedes TN No. <u>92-001</u> MAY 23

Approval Date

MAY 1 1 2001 Effective Date <u>64-01-01</u>

Kevision:	HCFA-PM-9 AUGUST 199		BPD) ATTACHMENT 2.6-A Page 8	
	State:	Arizon	OMB No.: 0938-	-
Citat:	ion		Condition or Requirement	_
•	N/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 <u>Supplement 4</u> to ATTACHMENT 2.6-A; and any more liberal methods described in <u>Supplement 8s to ATTACHMENT 2.6-A</u> .	•
	M/ A	<u> </u>	For institutional couples, the methods specified under section 1611(e)(5) of the Act.	
		_7	For optional State supplement recipients under \$435.230, income methods more liberal than SSI, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> .	5
<b>.</b>			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 <u>Supplement 8a to</u> <u>ATTACHMENT 2.6-A</u> .	
•	• .		Methods more restrictive and/or more liberathan SSI. More restrictive methods are described in <u>Supplement 4 to ATTACHMENT</u> 2.6- $\lambda$ and more liberal methods are describe in <u>Supplement Ba to ATTACHMENT 2.6-<math>\lambda</math></u> .	
			In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.	
				•

TN NO. <u>91-1</u> Supersedes TN No. <u>91-24</u>

Approval Date AUG 2 5 1992

# Revision: HCFA-PM-91-4

TN No. <u>92-001</u>

AUGUST 1991

ATTACHMENT 2.6-A Page 9 OMB No.: 0938-

Contraction Kontraction		이 지금 사람
	1.3131444	Kongelts
State: <u>Arizona</u>	State:	Arizona

. –	Citation	Condition or Requirement	
_			
	42CFR 435.721 and 435.831 1902(m)(1)(B),(m)(4), and 1902(r)(2) of the Act	c. <u>Blind individuals</u> . In determining countable income for blind individuals, the following methods are used:	
		The methods of the SSI program only.	
		X SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMEN</u> 2.6-A.	
2		See Supplement 14 to ATTACHMENT 2.6-A	• · · ·
		For individuals other than optional State supplement recipients, more restrictive method than SSI, applied under the provisions of secti 1902(f) of the Act, as specified in <u>Supplement ATTACHMENT 2.6-A</u> , and any more liberal methods described in <u>Supplement 8a to</u> <u>ATTACHMENT 2.6-A</u> .	on
ie.		For institutional couples, the methods specifie under section 1611(e)(5) of the Act.	đ
<b>4</b> .		For optional State supplement recipients under §435.230, income methods more liberal than S as specified in <u>Supplement 4 to ATTACHMEN</u> 2.6-A.	SSI,
e E A	• • • • • • • • • • • • • • • • • • •	For optional State supplement recipients in sec 1902(f) States and SSI criteria States without section 1616 or 1634 agreements –	tion
		SSI methods only.	
		SSI methods and/or any more liberal methods then SSI described in <u>Supplem</u> 8a to ATTACHMENT 2.6-A.	<u>ient</u>
		Methods more restrictive and/or more liberal than SSI. More restrictive method are described in <u>Supplement 4 to</u> <u>ATTACHMENT 2.6-A</u> and more libera methods are described in <u>Supplement 8a</u> <u>ATTACHMENT 2.6-A</u>	1
	N No. <u>01-001</u>	Approval Date MAY 2 3 2001 MAY 1	1 2001

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AUGUST 1991

(BPD)

ATTACHMENT 2.6-A Page 10 OMB No.: 0938-

Citation		Condition or Requirement
		In determining relative responsibility, the agency considers only the income of spouse living in the same household as available to spouses and the income of parents as available to children living with parents until the a child reaches the age of 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 of disabled individuals, including individuals with income 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 only.
		X SSI methods and/or any more liberal methods described in <u>Supplement 8a to ATTACHMENT 2.6-A.</u> (see Supplement 14 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 <u>Supplement 4 to ATTACHMENT 2.6-A</u> .
		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 provision of section 1902(f) of th Act, as specified in <u>Supplement 4 to ATTACHMENT 2.6-A</u> and any more liberal methods described in <u>Supplement 8a to</u> <u>ATTACHMENT 2.6-A</u> .

TN No. <u>01-001</u> Supersedes TN No. <u>92-001</u> MAY 23 man

Approval Date

MAY 1 1 2001 Effective Date 04-01-01-

AUGUST 1991	(BPD)	АТТАСНМЕМТ 2 6-А Page 11 OMB No.: 0938-
State: <u>Arizona</u>		
Citation	<sup>C</sup> Condition or Requirement	
	<ul> <li>For optional State supplement rec and SSI criteria States without sec</li> <li>SSI methods only.</li> </ul>	
	SSI methods and/or any mo Supplement 8a to ATTACH	re liberal methods than SSI described i IMENT 2.6-A.
	aged and disabled individua Act. More restrictive metho	nd/or more liberal than SSI, except for ils described in section 1902(m)(1) of t ods are described in <u>Supplement 4 to</u> more liberal methods are specified in <u>IMENT 2.6-A.</u>
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TN No. 01-001 Appr	oval Date	MAY 1 1 2001 Effective Date Ostanda
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Sevision: HCFA-PM-52-1. (MB) FEBRUARY 1952

#### ATTACHMENT 2.6-A Page 13a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

## State: Arizona

ELICIEILITY CONDITIONS AND REQUIREMENTS

Citation(B)	dition or Requirement	
1902(1)(3)(E) and 1902(r)(2) of the Act	е.	Poverty level pregnant women, infants, and children. For pregnant women and infants or children covered under the provisions of sections 1902(a)(10)( $\lambda$ )(i)(IV), (VI), and (VII), and 1902(a)(10)( $\lambda$ )(ii)(IX) of the Act
		(1) The following methods are used in determining countable income:
i		$\frac{X}{2}$ The methods of the State's approved AFDC plan.
•		$\underline{X}$ The methods of the approved title IV-E plan.
 		N/A The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement & to ATTACHMENT 2.6-A.
		N/A The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 52 to ATTACHMENT 2.6-A.

TK NO. 11-1 Supersedes Approval Date AUG 2 5 1992 Effective Date Jenuary 1, 1992 TK No. 91-24 Revision: HCFA-PM-92-1 (MB) February 1992

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# State: ARIZONA

# ELIGIBILITY CONDITIONS AND REQUIREMENTS

	Condition or Requirement		
	(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 under the provisions of section 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 the 60th day falls.		
f.	<u>Qualified Medicare beneficiaries</u> . 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.		
	X SSI methods and/or any more liberal methods than SSI described in <u>Supplement 8a to ATTACHMENT 2.6-A</u> .		
	For institutional couples, the methods specified under section 1611(e)(5) of the Act.		
	f.		

TN No. <u>96-07</u> Supersedes TN No. <u>92-01</u>

Approval Date MAY 2 3 1996

Effective Date January 1, 1996

## MARCH 1993

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Attachment 2.6-A rage 12a

State: Arizona	State:	Arizona
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`}	Citation			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.			
			pove day	individuals with title II income, the revised rty levels are not effective until the first of the month following the end of the sition period.		
			the	individuals not receiving title II income, revised poverty levels are effective no later the date of publication.		
	1905(s) of the Act	g.	(1)	Qualified disabled and working individuals.		
	· .			In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.		
	1905(p) of the Act		(2)	Specified low-income Medicare beneficiaries.		
J				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.		

TN No. 93-9 Supersedes Approval Date  $\frac{\partial \psi}{\partial z} \int (43)$  Effective Date January 1, 1993 TN No. 92-1 + U.S. G.P.D.: 1993-342-339:80032

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

ATTACHMENT 2.6-A Page 12b OMB No.:

1

State/Territory: Arizona

Citation

1902(u)

of the Act

Condition or Requirement

(h) <u>COBRA Continuation Beneficiaries</u>

In determining 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).

TN No. 92-2 Effective Date \_January 1, 1992 Approval Date Supersedes TN NO. NONE HCFA ID: 7985E

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Revision:	ATTACHMENT 2.6-A Page 12c OMB No.: State/Territory: <u>Arizona</u>
Citation	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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TN No. <u>02-005</u> Supersedes TN No. <u>N/A</u>	Approval DateEffective Date <u>January 1, 2003</u> DEC   3 2002 HCFA ID:

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	State/Territory:		Arizona	Page 12d OMB No.:			
Citation	Conditi	on or R	equirement		-		
1902(a)(10)(A) (ii)(XV) of the Act	(ii)	(ii) Working Individuals with Disabilities - Basic Coverage Group - TWWIIA					
		with di	n determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:		;		
			The agency resource sta	does not apply a ndard.	ny incom <u>e</u> or		
				above option is o Ited options shou	chosen, no further Ild be elected.	•	
		<u>_x</u>	The agency a resource sta		ving income and/o	г	
				is at or below 25 esource limit.	<b>0% of FPL and</b>		

TN No. 02-005 Supersedes TN No. N/A

Approval Date\_\_\_\_

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DEC 1 3 2002

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Effective Date <u>January 1, 2003</u> HCFA ID:

ATTACHMENT 2.6-A

Revision:

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Revision:

ATTACHMENT 2.6-A Page 12e OMB No.:

State/Territory: \_\_\_\_\_ Arizona

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)	Income Methodologies
	In determining whether an individual meets the income standard 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 Attachmer 2.6-A.
	X The agency uses 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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TN No. <u>02-005</u> Supersedes TN No. <u>N/A</u>

Approval Date\_<u>DEC\_I\_3</u> 2002Effective Date <u>January 1, 2003</u> DEC\_\_\_\_\_HCFA ID:

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Revision:		ATTACHMENT 2.6-A Page 12f OMB No.:
State/Territory		Arizona
Citation		Condition or Requirement
1902(a)(10)(A) (ii)(XV) of the Act (cont.)		Resource Methodologies
		In determining whether the 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 8b to Attachment 2.6- A. The agency disregards funds held in employer-sponsored retirement plans, b not private retirement plans.
		The agency disregards funds in retirement accounts in a manner other than those decribed above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.
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Supersedes TN No. <u>N/A</u>

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Approval Date\_\_\_\_\_ DEC | 3 2002 Effective Date <u>January 1, 2003</u> HCFA ID:

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Revision:

ATTACHMENT 2.6-A Page 12g OMB No.:

State/Territory: \_\_\_\_

Arizona

Citation **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 Supplement 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 Supplement 5 to Attachment 2.6-A. <u>X</u> No resource test is imposed.

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TN No. <u>02-005</u> Supersedes TN No. <u>N/A</u>

Approval Date\_\_\_\_BEC\_1\_3 2005ffective Date January 1, 2003 HCFA ID:

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ATTACHN	<b>MENT 2.6-A</b>
Page 12h	
OMB No.:	

S	tate/Territory:	Arizon	a
Citation		Condit	ion or Requirement
1902(a)(10)(A) (ii)(XVI) of the Act	(iii)		ng Individuals with Disabilities - yed Medically Improved Individuals - IA
		medica provisi	ermining financial eligibility for employed ally improved individuals under this on, the following standards and dologies are applied:
			The agency does not apply any income or resource standard.
		<u>_x</u>	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):
			Income limit is at or below 250% of FPL and there is no resource limit.

TN No. <u>02-005</u> Supersedes TN No. <u>N/A</u>

Approval Date\_<u>DEC\_I\_3\_2002</u> Effective Date <u>January 1, 2003</u> HCFA ID: .

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Revision:

ATTACHMENT 2.6-A Page 12i OMB No.:

		OMB No.:			
State/Territory:	Arizona Condition or Requirement				
Citation					
1902(a)(10)(A) iii)(XVI) of the Act (cont.)	Income Methodologies				
	income	mining whether an individual meets the standard described above, the agency e 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.			
	<u>×</u>	The agency uses more liberal income methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A.			
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TN No. <u>02-005</u> Supersedes A TN No. <u>N/A</u>	approval Date_	BEC 1-3 2002 Effective Date January 1, 201 HCFA ID:			

	ATTACHMENT 2.6-A Page 12j OMB No.:	No. 19	ана — с.,
Arizona			

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	State/Territory:	Arizona	
Citation		Condition or Requirement	
1902(a)(10)(A) (ii)(XVI) of the Act (co	nt.)	Resource Methodologies	
		In determining whether the 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 8b 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	

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TN No. 02-005 Supersedes TN No. N/A

Approval Date\_<u>DEC\_13\_2003</u>Effective Date <u>January 1, 2003</u> HCFA ID:

Revision:	State/Territory:	Arizona	ATTACHMENT 2.6-A Page 12k OMB No.:
Citatio	n	Condi	tion or Requirement
1902(a)(10)(A (ii)(XVI) of the			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 Supplement 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 Supplement 5 to Attachment 2.6-A.
		<u>×</u>	No resource test is imposed.

TN No. <u>02-005</u> Supersedes TN No. <u>N/A</u>

Approval Date <u>DEC + 3</u> 2002 Effective Date <u>January 1, 2003</u> HCFA ID:

ATTACHMENT 2.6-A Page 12I OMB No.:

State/Territory: \_\_\_\_ Arizona

Citation	Condition or Requirement		
1902(a)(10)(A) (ii)(XVI) and 1905(v)(2) of the Act	Definition of Employed - Employed Medically Improved 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 month.		
	X 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:		
	<ol> <li>Earns at least the minimum wage and works at least 40 hours per month, or</li> <li>Has gross monthly earnings at least equal to those earned by an individual who is earning the minimum wage and working 40 hours per month.</li> </ol>		

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TN No. <u>02-005</u> Supersødes TN No. <u>N/A</u>

Approval Date\_<u>DEC-1-3-</u>2002 Effective Date <u>January 1, 2003</u> HCFA ID:

Citation

ATTACHMENT 2.6-A Page 12m OMB No.:

State/Territory:

Condition or Requirement

Arizona

TN No. <u>02-005</u> Supersedes TN No. <u>N/A</u>

Approval Date\_\_\_\_\_Effective Date January 1, 2003\_\_\_\_\_Effective Date\_\_\_\_\_
Revision:	State/Territory:	/	ATTACHMENT 2.6-A Page 12n OMB No.: Arizona	
Citation		Condition	or Requirement	
1902(a)(10)(A)(ii)(XIII), (XV), (XVI), and 1916(g) of the Act (cont.)				
		Group de Attachme	duals eligible under the Basic scribed in No. 24 on page 23 int 2.2-A, and the Medical Im I in No. 25 on page 23d of At	d of provement Group
		agency N adjusted	egardless of the option selec IUST require that individuals gross income, as defined unc \$75,000 pay 100 percent of p	whose annual ier IRS statute,
		p s v F	he agency requires individual remiums or other cost-sharin liding scale based on income with net annual income below ederal poverty level for a fam wolved, the amount of premin sceed 7.5 percent of the indiv	g charges on a For individuals 450 percent of th nily of the size ums cannot
		а	he premiums or other cost-sl nd how they are applied, are age 120.	

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TN No. <u>02-005</u> Supersedes TN No. <u>N/A</u>

Approval Date DEC 1 3 2002 Effective Date January 1, 2003 HCFA ID:

Revision:	State/Territory:	ATTACHMENT 2.6-A Page 120 OMB No.: Arizona
Citation	·····	Condition or Requirement
Sections 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 and the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described below.
	•	<ol> <li>For a member living in a community setting and with countable income:         <ul> <li>Under \$500, the monthly premium payment shall be \$0.</li> <li>Over \$500 but not greater than \$750, the monthly premium payment shall be \$10.</li> </ul> </li> <li>The premium for a member living in a community setting shall be increased by \$5 for each \$250 increase in countable income above \$750.</li> <li>For a member living in an institution, the monthly premium payment shall be \$0.</li> </ol>

TN No. <u>02-005</u> Supersedes TN No. <u>N/A</u>

Approval Date <u>DFC 13</u> 2002Effective Date <u>January 1, 2003</u> HCFA ID:

# Revision: HCFA-PM-91-4 (BPD) August 1991

ATTACHMENT 2.6-A Page 13 OMB NO: 0938-

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State: ARIZONA

### Citation

# Condition or Requirement

- 2. Medicaid Qualifying Trusts Established on or before August 10, 1993
  - a. A "Medicaid qualifying trust" is a trust, or similar legal device, established (other than by will) by an individual (or an individual's spouse) under which the individual (trustor) may be the beneficiary of all or part of the payments from the trust and the distribution of such payments is determined by one or more trustees who are permitted to exercise any discretion with respect to the distribution to the individual. This provision shall apply without regard to whether or not the Medicaid qualifying trust is irrevocable or is established for purposes other than to enable a trustor to qualify for medical assistance under the State Plan or 1115 Waiver and whether or not the trustee's discretion is actually exercised.
  - b. For the purposes of Title XIX eligibility, the amounts from a Medicaid qualifying trust deemed available to the trustor is the maximum amount of payments that may be permitted under the terms of the trust to be distributed to the trustor, assuming that the trustee has full exercise of discretion for the distribution of the maximum amount to the trustor.
  - c. This provision does not apply to any trust 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.

Approval Date APR 2 | 1997

Effective Date January 1, 1997

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

# State: ARIZONA

Citation	Condition or Requirement
	X The Agency does not count the funds in a trust as described above in any instance where the State determines that an undue hardship exists. Supplement 10 of ATTACHMENT 2.6-A specifies what constitutes an undue hardship.
	2A. Trusts established on or after August 11, 1993, other than by will.
	In determining eligibility for, or the amount of benefits, trusts shall be treated in accordance with Section 1917(d) of the Social Security Act. The term "trust" includes any legal instrument or device that is similar to a trust; an annuity shall be included to the extent that the Secretary of HHS specifies.
	X The agency does not count the funds in a trust as described above in any instance where the State determines that an undue hardship exists. Supplement 10 of Attachment 2.6-A specifies what constitutes an undue hardship.
1902(a)(10) of the Act	<ol> <li>Medically needy income levels (MNILs) are based on family size.</li> </ol>
(Not Applicable)	<u>Supplement 1 to ATTACHMENT 2.6-A</u> specifies the MNILs for all covered medically needy groups. If the agency chooses more restrictive levels under section 1902(f) of the Act, <u>Supplement 1</u> so indicates.

Approval Date APR 2 | 1997

Effective Date January 1, 1997

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

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ATTACHMENT 2.6-A Page 14 OMB No.: 0938-

	St	ate:	Arizona OMB No.: 0938-	
<u> </u>	tation		Condition or Requirement	
42 CFF	435.732, 435.831	1	andling of Excess Income - Spend-down for the edically Needy in All States and the Categoricall eedy in 1902(f) States Only	. <b>у</b>
			Medically Needy	
	·		(1) Income in excess of the MNIL is considered available for payment of medical care and services. The Medicaid agency measures available income for periods of either month(s) (not to exceed 6 months) to determine the amount of excess countable applicable to the cost of medical care ar services.	i or income
i.		N/A	(2) If countable income exceeds the MNIL standard, the agency deducts the following incurred expenses in the following order:	ig :
·			<ul> <li>(a) Health insurance premiums, deductibles coinsurance charges.</li> </ul>	; and
			(b) Expenses for necessary medical and rem care not included in the plan.	nedial
			(c) Expenses for necessary medical and rem care included in the plan.	nedial
			Reasonable limits on amounts of exp deducted from income under a.(2)(a) (b) above are listed below.	enses and
			•	•
1902(a Act	.)(17) of	the	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 fund- program (other than Medicaid) of a State local government.	nt ed

TN NO. <u>51-1</u> Supersedes TN No. 90-19	Approval Date AUG 2 5 1992	Effective Date January 1, 1992
		HCFA ID: 7985E

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

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ATTACHMENT 2.6-A Page 14a OMB NO.

Arizona State/Territory:

Citation	Condition or Requirement
1903(f)(2) of the Act	<ul> <li>a. <u>Medically Needy (Continued)</u></li> <li>(3) If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual.</li> </ul>

Approval Date 58/92 92-2 TN NO. Supersedes TN No. NONE

Effective Date January 1, 1992 HCFA ID: 7985E/

Revision: HCFA R/O March 1996

Attachment 2.6A Page 14aa

# State/Territory ARIZONA

Citation	Condition or Requirement
	Medically Needy (continued)
1902(a)(17)	States are permitted to exclude from incurred medical expenses
435.831(g)(2)	those bills for services furnished more than three months before a
436.831(g)(2)	Medicaid Application.
NOT	Yes, the State elects to exclude such expenses.
APPLICABLE	No, the State does not elect to exclude such expenses.

TN No. <u>96-09</u> Supersedes TN No. <u>None</u>

Approval Date JUL 2 9 1996

Effective Date April 1, 1996

Revision: HCFA-PH-91-4 (BPD) AUGUST 1991 ATTACHMENT 2.6-A Page 15 OMB No.: 0938-

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	State:	Arizona	OMB No.: 0938-
Citat	ion	•	Condition or Reguirement
		b. <u>Cate</u>	gorically Needy - Section 1907 (1) States
42 CFR 435.732	N/A	prov foll	agency applies the following policy under the isions of section 1902(f) of the Act. The owing amounts are deducted from income to rmine 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)(i1)(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.
1962(2)(17 Act, P.L.	) of the 100-203	by a expe part	rred expenses that are subject to payment third party are not deducted unless the nses are subject to payment by a third y that is a publicly funded program (other Medicaid) of a State or local government.

TN NC. 49-1		
Supersedes TN No. 87-7	Approval Date <u>AUG 2 5 1992</u>	Effective Date <u>January</u> 1, 1992
		HCFA ID: 79855

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

ATTACHMENT 2.6-A Page 15a OMB No.

# State/Territory: Arizona

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# Citation Condition or Requirement 4.b. <u>Categorically Needy - Section 1902(f) States</u> Continued

1903(f)(2) of the Act

(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.

TN No. <u>92-2</u> Approval Date Effective Date January 1, 199 92 Supersedes TN NO. NONE HCFA ID: 7985E/

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

State: Arizona

ATTACHMENT 2.6-A Page 16 OMB No.: 0938-

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Citation	Condition or Requirement
5.	Methods for Determining Resources
·	a. <u>AFDC-related individuals (except for poverty level</u> related pregnant women, infants, and children).
	<ul> <li>In determining countable resources for AFDC-related individuals, the following methods are used:</li> </ul>
	<ul> <li>(a) The methods under the State's approved AFDC</li> <li>plan; and</li> </ul>
N/A	(b) The methods under the State's approved AFDC plan and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT</u> 2.6- $\lambda$ .
	(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.

TK NO. <u>92-1</u> Supersedes TN No. 87-7	Approval	Date	AUG 2 5	1992	Effe	ctive	Date	January	1.	1992
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Revisionn HCFA-RM-91-4 AUGUST 1991 (RPD)

ATTACHMENT 2.6-A Page 16a OMB No.: 0938-

Citation		Condition or Requirement
	5. Methods	for Determining Resources
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r) of the Act	secti	<u>l individuals</u> . For aged individuals covered under on 1902(a)(10)(A)(ii)(X) of the Act, the agency used the wing methods for treatment of resources:
		The methods of the SSI program.
	<u>X</u>	SSI methods and/or any more liberal methods describe in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>
·	<u>.</u>	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. <u>Supplement 5 to ATTACHMENT 2.6-A</u> describes the more restrictive methods and <u>Supplement 8b to</u> <u>ATTACHMENT 2.6-A</u> specifies the more liberal methods.

TN No. <u>01-001</u> Supersedes TN No. <u>92-001</u> MAY 23 DAY

Approval Date \_\_\_\_\_

MAY 1 1 2001 Effective Date 04-01-01

Revision: HCFA-PM-914 AUGUST 1991 ATTACHMENT 2.6-A Page 17 OMB No.: 0938-

State: <u>Arizona</u>

Citation	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. <u>Blind individuals</u> . For blind individuals the agency uses the following methods for treatment of resources:		
	The methods of the SSI program only.		
	<u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8b to ATTACHMENT 2.6-A.</u>		
	Methods that are more restrictive and/or more liberal than those of the SSI program. <u>Supplement 5 to</u> <u>ATTACHMENT 2.6-A</u> describes the more restrictive methods and <u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies 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 their parents until a child reaches the age of 21.

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TN No. <u>01-001</u> Supersedes TN No. <u>92-001</u>

Approval Date \_\_\_\_\_

MAY 1 1 2001 Effective Date 04-01-

Revision HOEA\_DM\_01\_4

AUGUST 1991

State: <u>Arizona</u>			
Citation	Con	ndition or Requirement	
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902 (r)(2) of the Act		d. <u>Disabled individuals, including individuals covered</u> <u>under section 1902(a)(10)(A)(ii)(X) of the Act.</u> The agency uses the following methods for the treatment of resources:	
		The methods of the SSI program only.	
		<u>X</u> SSI methods and/or any more liberal methods described in <u>Supplement 8a to</u> <u>ATTACHMENT 2.6-A.</u>	
		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 <u>Supplement 5 to ATTACHMENT</u> <u>2.6-A</u> and more liberal methods are specified in <u>Supplement 8b to ATTACHMENT 2.6-A</u> .	
	c l a	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same nousehold as available to spouses and the resources of parents as available to children living with parents until a child reaches the age of 21.	
1902(l)(3) and 1902(r)(2) of the Act	e	<ul> <li>Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act.</li> </ul>	
		The agency uses the following methods in the treatment of resources.	
		The methods of the SSI program only.	
		The methods of the SSI programs and/or any more liberal methods described in Supplement <u>5a</u> or Supplement 8b to ATTACHMENT 2.6-A.	
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		MAX 1.1 S	

TN No. <u>01-001</u> Supersedes TN No. <u>92-001</u>

Approval Date \_\_\_\_\_

MAY 1 1 2001 Effective Date 04-01-01

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

State: <u>Arizona</u>

ATTACHMENT 2.6-A Page 19 OMB No.: 0938-

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Citation	Condition or Reguirement
	N/A Methods that are more liberal than those of SSI. The more liberal methods are specified in <u>Supplement 5a or Supplement 8b to ATTACHMENT</u> 2.6-A.
	X 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	<pre>f. Poverty level infants covered under section     1902(a)(10)(A)(j)(IV) of the Act.     The agency uses the following methods for     the treatment of resources:</pre>
	$\frac{N/A}{Plan}$ The methods of the State's approved AFDC plan. $\frac{N/A}{N}$ Methods more liberal than those in the State's approved AFDC plan (but not more
1902(1)(3)(C) of the Act	restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in / Supplement 5e of ATTACHMENT 2.6-A.
1902(r)(2) of the Act	N/A Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement 52 or</u> <u>Supplement 8b to ATTACHMENT 2.6-A</u> .

Not applicable. The agency does not consider resources in determining eligibility.

TN NC. <u>92-1</u> Superseges TN Nc. 90-10	Approval Date	AUG 2 5 1992	Effective Date January 1, 1993	2
			HCFA ID: 7985E	

Revision: HCFA-PM-52-1 (MB) FEBRUARY 1952

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Stat	e: _/	rizona			
·	<u> </u>	ELIGIBILITY CONDITIONS AND REQUIREMENTS			
Citation(B)		c	ondition or Requirement		
1902(1)(3) and 1902(r)(2) of the Act	ç	• 1.	Poverty level children covered under section $1902(a)(10)(\lambda)(1)(VI)$ of the Act. The agency uses the following methods for the treatment of resources:		
			<u>N/A</u> The methods of the State's approved AFDC plan.		
1902(1)(3)(C) of the Act			N/A 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 <u>Supplement 5a of ATTACHMENT</u> <u>2.6-A</u> .		
1902(r)(2) of the Act		·	N/AMethods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.		
			X 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.		

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

#### State: Arizona

	_ELIGIBILIT	Y CONDITIONS AND REQUIREMENTS
Citation(s)		Condition or Requirement
1902(1)(3) and 1902(r)(2) of the ACE	g. 2	. Poverty level children under section 1902(a)(10)(X)(1)(VII)
		The agency uses the following methods for the treatment of resources:
		$\frac{N/A}{m}$ The methods of the State's approved AFDC plan.
1902(1)(3)(C) the Act		N/AMethods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in <u>Supplement</u> <u>5a of ATTACHMENT 2.6-A</u> .
1902(r)(2) of the Act		N/AMethods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in <u>Supplement</u> Ba to ATTACHMENT 2.6-A.
		X Not applicable. The agency does not consider resources in determining eligibility.
	•	In determining relative 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.

TN NO. \_\_\_\_\_\_\_\_\_ Approval Date \_\_\_\_\_\_\_ Effective Date \_\_\_\_\_\_\_\_\_ January 1, 1992 TN NO. \_\_\_\_\_\_\_\_\_ Dete \_\_\_\_\_\_\_\_ Effective Date \_\_\_\_\_\_\_\_\_ Devision: HCFA-PM-91-8 October 1991

State/Territory: Arizona Citation Condition or Requirement 1905(p)(1)(C)5. h. For Qualified Medicare beneficiaries and SLMBs, QIand (D) and Is and QI-IIs, covered under section 1902(a)(10)(E)(i), (iii) and (iv) of the Act the agency uses the following 1902(r)(2) of the Act methods for treatment of resources: The methods of the SSI program only. <u>X</u> 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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TN No. <u>01-001</u> Supersedes TN No. <u>92-002</u> Approval Date \_\_\_\_\_

MAY 1 1 200) Effective Date 04-01-01

#### Revision: HCFA-PM-93-5 (MB) MAY 1993

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ATTACHMENT 2.6-A Page 20a

State: Arizona

Citation	Cond	dition or Requirement
.902(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	Res	ource Standard - Categorically Needy
N/A	a.	1902(f) States (except as 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.

TN NO. 93-21 Supersedes Approval Date 12/17 93 Effective Date July 1, 1993 TN No. 92-2

ATTACHMENT 2.6-A Page 21

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

#### ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)	Condition or Requirement	
1902(1)(3)(A), (B) and (C) of the Act	C. For pregnant women 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.	
	N/A 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 standard applied in the State's approved AFDC plan.	
λ.	X 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 provisions of section $1902(a)(10)(\lambda)(i)(VI)$ of the Act, the agency applies a resource standard.	
	N/A 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.	
	X No. The agency does not apply a resource standard to these individuals.	

TN NC. 92-1\_\_\_\_\_AUG 2 5 1992 Supersedes \_\_\_\_\_Approval Date \_\_\_\_\_Effective Date \_\_\_\_\_Inuary 1, 1992 TN No. \_\_\_\_\_OJ-7

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

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ATTACHMENT 2.6-A Page 21a OMB No.: 0938-

State: <u>Arizona</u>

Citation		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)(i1)(X) of the Act, the resource standard is:			
		Same as SSI resource standards.			
•	N/A	Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).			
		<u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the resource levels for these individuals.			
X		·			
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TN NO. <u>51-1</u> Supersedes TN No. 87-7	Approval Date AUG 2 5 1992	Effective Date January 1, 1992
		HCFA ID: 7985E

Revision:	HCFA-PM-93-5 May 1993	(MB)	ATTACHMENT 2.6-A Page 22
	State:	Arizona	
Citation		Condition or Requirement	
		7. Resource Standard - Med	ically Needy
		a. Resource standards	are based on family size.
1902(a)(10 of the Act		b. A single standard i determining resourc groups.	s employed in e eligibility for all 🦯
			the resource standards are an in 7.b. above for
		the resource standa medically needy gro	ACHMENT 2.6-A specifies rds for all covered ups. If the agency ctive levels under 7.c., icates.
1902(a)(10 1905(p)(1) and (p)(2) 1860D-14(a	(D) (B), and	8. Resource Standard - Qua Beneficiaries and Speci Beneficiaries and Quali	fied Low-Income Medicare
		Act, and Qualifying Ind section 1902(a)(10)(E)( standard is three times	<pre>0)(E)(i) of the Act, dicare beneficiaries 902(a)(10)(E)(iii) of the ividuals covered under iv)of the Act the resource the SSI resource limit, 1996 by the increase in</pre>
1902(a)(10 1905(s), Of the Act	))(E)(ii), and	9. Resource Standard - Qua Working Individuals	lified Disabled and
		For qualified disabled a covered under section 19 Act, the resource standa couple (in the case of a spouse) is two times the	02(a)(10)(E)(ii) of the rd for an individual or a n individual or a

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TN No. <u>10-005</u> Supersedes TN No. <u>93-21</u> Revision:

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

(MB)

Citation	Condition or Requirement
1902(u) of the Act	9.1 For COBRA continuation beneficiaries, the resource standard is:
	Twice the SSI resource standard for an individual.
Not Applicable	More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

State/Territory: ARIZONA

TN No. <u>94-19</u> Supersedes TN No. <u>92-02</u>

Effective Date October 1, 1994

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ATTACHMENT 2.6-A Page 23

State: Arizona

Citation	Condition or Requirement		
1902(u) of the Act	10. Exc	ess 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	
		X This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.	
	c.	Medically Needy	
	(N/A)	Any excess resources make the individual ineligible.	

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)		ATTACHMENT 2.6-A Page 24 OMB No.: 0938-
	State:		Arizona	Orvid 140., 0730-
Citation		Condition of	or Requirement	
42 CFR 43	5.914	11. Effectiv	ve Date of Eligibility	
			For the prospective per Coverage is available following individuals the month except that be met for the full mo	fied Medicare Beneficiaries eriod. for the full month if the are eligible at any time during residency requirements must onth. Coverage for individuals egins on the day the individual
			<u>X</u> Aged, blind, disa <u>X</u> AFDC-related. <u>X</u> All other Title X	
			-	bled.
		(2)	e	for three months before the the following individuals ible had they applied. ibled.
			months before the dat following individuals the month, had they a	would have been eligible for pplied. Coverage for Arizona begins on the day the Arizona.

 $\underline{X}$  All other Title XIX populations

Revision: HCTX-PM-53-1 (MB) TEBRUARY 1952

ATTACHMENT 1.6-A Fage 25

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STATE FLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

#### ELIGIBILITY CONDITIONS AND PEQUIREMENTS

Citation(s)	Condition of Requirement
1920(b)(1) of the Act	N/A (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 gualified provider determines that a woman meets any of the income eligibility levels specifie in <u>ATTACHENT 2.6-A</u> of this approved plan. If the woman files an application for Medicaid by the last
•	day of the month following the month i which the qualified provider made the determination of presumptive eligibility, the period ends on the da that the State agency makes the determination of eligibility based on that application. If the woman does not file an application for Medicaid b the last day of the month following th month in which the qualified provider made the determination, the period end
<b>000</b> / /	on thet last day.
902(e)(8) and 1905(a) cf the Act	X b. For gualified 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
	X 12 months
	6 months
	months (no less than 6 months and no more than 12 months)
	· · ·
;	

Supersedes 87-7 Approval Date AUG 2 5 1992 Effective Date January 1, 1992 TN No. \_\_\_\_\_\_

Revision:	HCFA-PM-95-1 March 1995		(MB)	ATTACHMENT 2.6 Page 26
			State: <u>ARIZONA</u>	
Citation			Condition or H	Requirement
1902 (a) (1 and 1902 ( the Act		12.		er or Resources - Categorically alified Medicare Beneficiaries, Working individuals
				vith the provisions of section 1917 the transfer of resources.
				at less than fair market value aff ervices as detailed in <u>Supplement</u>
1917(c)		13.	Transfer of Assets - All	l eligibility groups
				vith the provisions of section 191 d by OBRA 93, with regard to
			eligibility for certain set to ATTACHMENT 2	less than fair market value aff ervices as detailed in <u>Supplement</u> . .6-A, except in instances where at the transfer rules would work
1917(d)		14.	Treatment of Trusts - A	All eligibility groups
				with the provisions of section 191 by OBRA, with regard to trusts.
			section 1902(f)	s more restrictive methodologies u ) of the Act, and applies t n dealing with trusts;
				neets the requirements in sec ) of the Act for use of <u>Miller</u> trusts
-			instance where the a application of the trust	count the funds in a trust in agency determines that <del>the trai</del> trules would work an undue hard ment 10 to ATTACHMENT 2.6-A

Effective Date October 1, 1995

Revision:

HCFA-PM-97-3 December 1997

State ARIZONA

	Citation		Condition or Requirement		
	1924 of the Act	15.	The agency complies with the provisions of §1924 with respect to income and resource eligibility and posteligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.		
			When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:		
			the maximum standard permitted by law;		
			X the minimum standard permitted by law; or *		
			\$ a standard that is an amount between the minimum and the maximum.		

\* One-half of the combined resources of the institutionalized spouse and the community spouse, not to exceed the maximum standard permitted by law.

Approval Date \_