

Medicaid State Plan Eligibility

Income/Resource Methodologies

Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	ia-91-47		
	User-Entered		

A. Eligibility Determinations of Individuals Who Are Age 65 or Older or Who Have Blindness or a Disability

Eligibility determinations of individuals who are age 65 or older or who have blindness or a disability are based on one of the following:

1. SSA Eligibility Determination State (1634 State)

The state has an agreement under section 1634 of the Social Security Act for the Social Security Administration to determine Medicaid eligibility of SSI beneficiaries. For all other individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, the state requires a separate Medicaid application and determines financial eligibility based on SSI income and resource methodologies.

2. State Eligibility Determination (SSI Criteria State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility based on SSI income and resource methodologies.

3. State Eligibility Determination (209(b) State)

The state requires all individuals who seek Medicaid eligibility on the basis of being age 65 or older or having blindness or a disability, including SSI beneficiaries, to file a separate Medicaid application, and determines financial eligibility using income and resource methodologies more restrictive than SSI.

B. Additional information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-91-47		
	User-Entered		

A. Income Level Used

- The state employs a single income level for the medically needy.
- The income level varies based on differences between shelter costs in urban and rural areas.

Yes
 No

3. The level used is:

Household size	Standard	
1	\$483.00	The state uses an additional incremental amount for larger household sizes. <input checked="" type="radio"/> Yes <input type="radio"/> No
2	\$483.00	
3	\$566.00	Incremental Amount: \$116.00
4	\$666.00	The dollar amounts increase automatically each year <input type="radio"/> Yes <input checked="" type="radio"/> No
5	\$733.00	
6	\$816.00	
7	\$891.00	
8	\$975.00	
9	\$1058.00	
10	\$1158.00	

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-91-47		
	User-Entered		

B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-91-47		
	User-Entered		

C. Additional Information (optional)

Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-01-1, IA-99-13		
	User-Entered		

If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

a. One budget period of:

i. 6 months

ii. 5 months

iii. 4 months

iv. 3 months

v. 2 months

vi. 1 month

b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

Yes

No

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-01-1, IA-99-13		
	User-Entered		

B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

- a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.
- b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.
- c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.
- d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.

2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

Yes

No

3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-01-1, IA-99-13		
	User-Entered		

C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:

- i. At any time prior to the budget period.
- ii. Prior to the third month before the month of application, but no earlier than:
- iii. No earlier than the third month before the month of application.

2. For prospective budget period(s), the state deducts:

- a. Eligible expenses incurred during the budget period, whether paid or unpaid.
- b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.
- c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-01-1, IA-99-13		
	User-Entered		

D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
2. In chronological order by the date of the service, or the date cost sharing payments are due.
3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-01-1, IA-99-13		
	User-Entered		

E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

Yes

No

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-01-1, IA-99-13		
	User-Entered		

F. Spendedown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- Yes
- No

Handling of Excess Income (Spendedown)

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-01-1, IA-99-13		
	User-Entered		

G. Additional Information (optional)

If the income calculation results in \$0 spenddown, the individual is certified for 12 months rather than 2 months.

Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-91-47		
	User-Entered		

A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-91-47		
	User-Entered		

B. Resource Level Used

The level used is:

Household size	Standard
1	\$10000.00

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-91-47		
	User-Entered		

C. Additional Information (optional)

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-15-0005		
	System-Derived		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Deemed Newborns		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Transitional Medical Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Extended Medicaid due to Spousal Support Collections		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Closed Eligibility Groups		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Deemed To Be Receiving SSI		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name	Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)				
Qualified Medicare Beneficiaries 	✓	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualified Disabled and Working Individuals 	✓	<input type="checkbox"/>	<input type="radio"/>	NEW
Specified Low Income Medicare Beneficiaries 	✓	<input type="checkbox"/>	<input type="radio"/>	NEW
Qualifying Individuals 	✓	<input type="checkbox"/>	<input type="radio"/>	NEW

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-15-0005		
	System-Derived		

B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes No

Families and Adults

Eligibility Group Name	Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Adult Group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-14-020		
	System-Derived		

A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community- Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID IA2019MS00020	SPA ID IA-19-0006
Submission Type Official	Initial Submission Date 9/3/2019
Approval Date 11/27/2019	Effective Date 7/1/2019
Superseded SPA ID IA-14-020	
System-Derived	

B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes No

The medically needy eligibility groups covered in the state plan are:

1. Mandatory Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

2. Optional Medically Needy:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Aged, Blind and Disabled

Eligibility Group Name	Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Medically Needy Populations Based on Age, Blindness or Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	IA-14-020		
	System-Derived		

C. Additional Information (optional)

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	new		
	User-Entered		

The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	new		
	User-Entered		

B. Individuals Covered

The state covers the following populations:

- 1. All children under a specified age limit:
 - i. Under age 21
 - ii. Under age 20
 - iii. Under age 19
- 2. Reasonable classifications of children

Name of classification	Age Range
Non-IV-E Subsidized Guardianship	Under age 21
Name: Non-IV-E Subsidized Guardianship	Description: Limited to children who have subsidized guardianship agreements with the State of Iowa.
Age Covered: Under age 21	

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	new User-Entered		

C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- Yes
- No

2. The financial methodologies are:

All children under age 21

The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
Disregard	Disregard countable resources of all family members.

Non-IV-E Subsidized Guardianship

The financial methodology used is:

- a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- Yes
- No

The less restrictive income methodologies are:

- All income is disregarded. No income test is applied.
- The following less restrictive methodologies are used:

Name of methodology:	Description:
Exempt Income	All income will be disregarded.

4. Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- The following less restrictive methodologies are used:

Name of methodology:	Description:
Exempt Resources	Disregard all resources.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	new User-Entered		

D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | IA2019MS00020 | IA-19-0006

Package Header

Package ID	IA2019MS00020	SPA ID	IA-19-0006
Submission Type	Official	Initial Submission Date	9/3/2019
Approval Date	11/27/2019	Effective Date	7/1/2019
Superseded SPA ID	new		
	User-Entered		

G. Additional Information (optional)

PRA Disclosure Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0933-1188. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 11/27/2019 11:43 AM EST