

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

OMB No.: 0938-

State: ALABAMA

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation
42 CFR
435.10 and
Subpart J

2.1 Application, Determination of Eligibility and
Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

TN No. AL-91-36
 Supersedes AL-75-6 Approval Date 10-2-92 Effective Date 1-1-92
 TN No. AL-75-6
 HCFA ID: 7982E

Revision: HCFA-PM- (MB)

State/Territory: AlabamaCitation42 CFR
435.914
1902(a)(34)
of the Act

2.1(b) (1) Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.

1902(e)(8) and
1905(a) of the
Act

(2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

1902(a)(47) and
1920 of the Act_____(3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

State/Territory: ALABAMA

Citation

1902(a)(55)
of the Act

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

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Alabama

SECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

1902(e)(13) of the Act

X (e) Express Lane Option. The Medicaid State agency elects the option to rely on a finding from an Express Lane agency when determining whether a child satisfies one or more components of Medicaid eligibility. The Medicaid State agency agrees to meet all of the Federal statutory and regulatory requirements for this option. This authority may not apply to eligibility determinations made before February 4, 2009.

(1) The Express Lane option is applied to:

- Initial determinations
- Redeterminations
- X Both

(2) A child is defined as an individual under age:

- X 19
- 20
- 21

(3) The following public agencies are approved by the Medicaid State agency as Express Lane agencies:

The Alabama Department of Human Resources in the administration of the Supplemental Nutritional Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) Program

TN No.: 10-001
Supersedes
TN No. : 09-004

Approval Date: 06-07-10

Effective Date: 04/01/2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: AlabamaSECTION 2 – COVERAGE AND ELIGIBILITY

Citation(s)

2.1 Application, Determination of Eligibility and Furnishing Medicaid
(Continued)

- (4) The following components of Medicaid eligibility are determined under the Express Lane option:

Net income information, family size and income disregards from SNAP or TANF will be used to determine Medicaid eligibility. The following summarizes differences in methodology:

Required for Budget Unit: For Medicaid- only the child and legal parents living in the home; For SNAP-the child and other individuals who purchase food or prepare meals for home consumption; For TANF-only the child and the legal parent living in the home

Net Income Limit: For Medicaid -100% of the federal poverty level (FPL) for children age 6 and older and 133% of the FPL for children under 6; For SNAP- 100% of the FPL for children under 19; For TANF - 11% of the FPL for children under age 19

Income Disregards: For Medicaid-\$90 of wages per wage earner, amount of allowable deductions for self-employment (SE) operating expenses, up to \$175 for child care expenses for children age 2 and older and up to \$200 for children under 2, and \$30 and 1/3 of income for one year for individuals covered under Section 1931; For SNAP- Earned income deduction of 20% of gross wages, SE deduction of 40% of gross proceeds, amount of actual dependent care expenses, medical deduction for a disabled child with expenses in excess of \$35, amount of court-ordered child support paid, shelter cost deduction, standard deduction for household size; For TANF – Earned income deduction of 20% of gross wages, SE deduction of 40% of gross proceeds, and amount of dependent care expenses

TN No.: 10-001

Supersedes

TN No.: 09-004Approval Date: 06-07-10Effective Date: 04/01/2010

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State: ALABAMA

Citation
42 CFR
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. AL-91-36

Supersedes AL-87-14 Approval Date 10-2-92

TN No. AL-87-14

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Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: ALABAMA

Citation

435.10 and
435.403, and
1902(b) of the
Act, P.L. 99-272
(Section 9529)
and P.L. 99-509
(Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or maintain it at a fixed address.

TN No. AL-87-14
Supersedes
TN No. AL-86-21

Approval Date NOV 30 1987

Effective Date 07-01-87

HCFA ID: 1006P/0010P

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State: ALABAMA

Citation
42 CFR 435.530(b)
42 CFR 435.531
AT-78-90
AT-79-29

2.4 Blindness

All of the requirements of 42 CFR 435.530 and 42 CFR 435.531 are met. The more restrictive definition of blindness in terms of ophthalmic measurement used in this plan is specified in ATTACHMENT 2.2-A.

TN No. AL-87-14
Supersedes
TN No. AL-76-1

Approval Date NOV 30 1987

Effective Date 07-01-87

HCFA ID: 1006P/0010P

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

OMB No. 0938-

State: ALABAMA

Citation 2.5 Disability

42 CFR
435.121,
435.540(b)
435.541

All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.1.b. of ATTACHMENT 2.2-A of this plan.

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* Via - PITN-MCD-4-92

Revision: HCFA-PM-91-4 (BPD)
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OMB No.: 0938-

State: ALABAMA

Citation 2.6 Financial Eligibility

42 CFR

435.10 and

Subparts G & H

1902(a)(10)(A)(i)
(iii), (iv), (v),
and (vi),

1902(a)(10)(A)(ii)
(ix), 1902(a)(10)

(A)(ii)(x), 1902
(a)(10)(c),

1902(f), 1902(l)
and (m),

1905(p) and (s),

1902(r)(2),

and 1920

of the Act

(a) The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

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Supersedes

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SEPTEMBER 1986

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State/Territory: ALABAMA

Citation 2.7 Medicaid Furnished Out of State

431.52 and
1902(b) of the
Act, P.L. 99-272
(Section 9529)

Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

TN NO. AL-86-21
Supersedes
TN NO. AT-82-15

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