

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

April 11, 2014

Ms. Julie Weinberg, Director
Medical Assistance Division
New Mexico Department of Human Services
P.O. Box 2348
Santa Fe, New Mexico 87504

Dear Ms. Weinberg:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 13-22. With the approval of TN 13-22, Centers for Medicare and Medicaid Services (CMS) has reviewed and approved eligibility standards for the State's Medicaid mandatory and optional eligibility groups under the authority of the Social Security Act Section 1902(e)(14) and 42 Code of Federal Regulations (CFR) 435.603, and according to the new provisions of the Affordable Care Act (ACA).

Transmittal Number 13-22 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the Transmittal No. 13-22 summary is enclosed, along with the approved plan pages and their attachments.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

A handwritten signature in black ink that reads "Bill Brooks". The signature is written in a cursive, slightly slanted style.

Bill Brooks
Associate Regional Administrator
Division of Medicaid & Children's Health
Operations

Enclosures

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: New Mexico

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY= the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

NM-13-0022

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 435.110, 1902(a)(10)(A)(i)(I), 1931(b) and (d); 42 CFR 435.116, 1902(a)(10)(A)(i)(III) and (IV), 1902(i)

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 325000000.00
Second Year	2015	\$ 893000000.00

Subject of Amendment

- New Mexico Medicaid - MAGI-Based Eligibility Groups (Mandatory and Optional)
- S14 AFDC Income Standard
- S25 Mandatory: Parents and Other Caretakers
- S28 Mandatory: Pregnant Women
- S30 Mandatory: Infants and Children Under Age 19
- S32 Mandatory: Individuals Below 133% of the FPL
- S33 Mandatory: Former Foster Care Children up to age 26
- S50 Optional: Individuals Above 133% of the FPL
- S51 Optional: Optional Parents and Caretakers
- S52 Optional: Reasonable Classifications of Individuals
- S53 Optional: Non IV-E Adoption Assistance
- S54 Optional: Optional Targeted Low Income Children
- S55 Optional: Tuberculosis
- S57 Optional: Foster Care Adolescents - Chafee
- S59 Optional: Family Planning

Governor's Office Review

Governor's office reported no comment

Comments of Governor's office received

Describe:

No reply received within 45 days of submittal

Other, as specified

Describe:

Authority Delegated to the Medicaid Director

Date Received:

Date Approved:

Signature of Regional Official:



Printed Name and Title: Bill Brooks, Associate Regional Administrator, Division of Medicaid and Children's Health

Signature of State Agency Official

Submitted By:

Caitlin Kuennen Breen

Last Revision Date:

Apr 10, 2014

Submit Date:

Jan 13, 2014

Date Received:

Date Approved:

Signature of Regional Official:

Printed Name and Title: Bill Brooks, Associate Regional Administrator, Division of Medicaid and Children's Health

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER:

13-0022-MM1

STATE:

New Mexico

Pages or sections of pages being superseded by S25, S28, S30, S51, S52, S53, S54, S57, S59 and S14 and related pages or sections of pages being deleted as obsolete

State Plan Section	Complete Pages Removed	Partial Pages Removed
Attachment 2.2-A	Page 1 Page 3 Page 3a Page 4 Page 4a Page 12 Page 13 Page 13a Page 14 Page 14a Page 17a Page 23 Page 23b Page 23f Page 23G Page 23H	Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 5, A.10 Page 9c, B.1 for "Caretaker relatives" and "Pregnant women" Page 17b (1 st paragraph Page 17c, #15 Page 20, B.14 Page 23c, B.20 Page 23c, B.22 Page 25, C.4
Supplement 1 to Attachment 2.2-A	Page 1	
Attachment 2.6-A	Page 3b Page 11a Page 19 Page 19a Page 19b Page 21	Page 1, A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a(1) and (2) Page 12, C.1.e(2) Page 18, C.5.e Page 21a, C.6.e Page 25, C.11.a(3)
Supplement 1 to Attachment 2.6-A	Pages 1, 1a, 2, and 3	
Supplement 2 to Attachment 2.6-A	Pages 1-5	

Supplement 8a to Attachment 2.6-A	Page 3	Page 3a, #4,7, 8, 9 Page 3b for pregnant women and children
Supplement 8b to Attachment 2.6-A		Page 1 for children only. Page 2 for pregnant women and children only.
Supplement 12 to Attachment 2.6-A	Pages 1, 2, 2a, 3	



Medicaid Eligibility

OMB Control Number 0938-1148
 OMB Expiration date: 10/31/2014

AFDC Income Standards **S14**

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and
 AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

Income Standard Entry - Dollar Amount - Automatic Increase Option **S13a**

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	345.08	X
+	2	463.43	X
+	3	581.82	X
+	4	701.2	X
+	5	819.59	X
+	6	937.98	X
+	7	1,056.36	X

Additional incremental amount

- Yes No

Increment amount \$

The dollar amounts increase automatically each year

- Yes No

AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option **S13a**



Medicaid Eligibility

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	231	X
+	2	310	X
+	3	389	X
+	4	469	X
+	5	548	X
+	6	627	X
+	7	706	X

Additional incremental amount

- Yes No

Increment amount \$

The dollar amounts increase automatically each year

- Yes No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option

S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014



Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	345.08	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	463.43	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	581.82	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	701.2	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	819.59	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	937.98	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	1,056.36	<input checked="" type="checkbox"/>

Additional incremental amount

Yes No

Increment amount \$

The dollar amounts increase automatically each year

Yes No

AFDC Need Standard in Effect As of July 16, 1996

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

Yes No

AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region

Page 3 of 6

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014



Medicaid Eligibility

- Standard varies by living arrangement
 - Standard varies in some other way
- The dollar amounts increase automatically each year
- Yes No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

- The standard is as follows:
- Statewide standard
 - Standard varies by region
 - Standard varies by living arrangement
 - Standard varies in some other way
- The dollar amounts increase automatically each year
- Yes No

TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

- The standard is as follows:
- Statewide standard
 - Standard varies by region
 - Standard varies by living arrangement
 - Standard varies in some other way

Enter the statewide standard

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014



Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	266	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	357	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	447	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	539	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	630	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	721	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	812	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	922	<input checked="" type="checkbox"/>

Additional incremental amount
 Yes No

Increment amount \$

The dollar amounts increase automatically each year
 Yes No

MAGI-equivalent TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014



Medicaid Eligibility

	Household size	Standard (\$)	
<input checked="" type="checkbox"/>	1	451	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	2	608	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	3	765	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	4	923	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	5	1,080	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	6	1,238	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	7	1,395	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	8	1,553	<input checked="" type="checkbox"/>

Additional incremental amount
 Yes No

Increment amount \$

The dollar amounts increase automatically each year
 Yes No

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 0938-1148. 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.

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives S25

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

Parents and Other Caretaker Relatives - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

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

Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

Options relating to the definition of caretaker relative (select any that apply):

The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.

Definition of domestic partner:

The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.

Description of other relatives:

The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.

Options relating to the definition of dependent child (select the one that applies):

The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014

Page 1 of 5



Medicaid Eligibility

Have household income at or below the standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014



Medicaid Eligibility

- A percentage of the federal poverty level: %
- The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- Other dollar amount

Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- The maximum income standard

The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

Another income standard in-between the minimum and maximum standards allowed

There is no resource test for this eligibility group.

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014

Page 3 of 5



Medicaid Eligibility

Other reasonable limitation:

The state requires that a written application be signed by the applicant or representative.

Yes No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

The presumptive eligibility determination is based on the following factors:

The individual must be a caretaker relative, as described at 42 CFR 435.110.

Household income must not exceed the applicable income standard described at 42 CFR 435.110.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act

Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990

Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966

Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)

Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)

Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs

Is a state or Tribal child support enforcement agency under title IV-D of the Act

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014

Page 4 of 5



Medicaid Eligibility

Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act

Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act

Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)

Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization

Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	Correctional facilities (state prisons/county jails)	Trained correctional staff will make PE determinations for inmates upon release.	X

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

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 0938-1148. 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.

TN: NM 13-22 MM1

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Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Pregnant Women	S28
42 CFR 435.116 1902(a)(10)(A)(i)(III) and (IV) 1902(a)(10)(A)(ii)(I), (IV) and (IX) 1931(b) and (d) 1920	
<input checked="" type="checkbox"/> Pregnant Women - Women who are pregnant or post-partum, with household income at or below a standard established by the state.	
<input checked="" type="checkbox"/> The state attests that it operates this eligibility group in accordance with the following provisions:	
<input checked="" type="checkbox"/> Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.	
Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110.	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="checkbox"/> MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.	
<input checked="" type="checkbox"/> Income standard used for this group	
<input checked="" type="checkbox"/> Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.)	
The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	
The minimum income standard for this eligibility group is 133% FPL.	
<input checked="" type="checkbox"/> Maximum income standard	
The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant	
<input checked="" type="checkbox"/> women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.	
An attachment is submitted.	
The state's maximum income standard for this eligibility group is:	
The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.	

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014

Page 1 of 6



Medicaid Eligibility

- The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 185% FPL

The amount of the maximum income standard is: % FPL.

Income standard chosen

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- The maximum income standard
- Another income standard in-between the minimum and maximum standards allowed.

There is no resource test for this eligibility group.

Benefits for individuals in this eligibility group consist of the following:

- All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

Pregnancy-related services, as defined at 42 CFR 440.210 (a)(2), include prenatal, delivery, postpartum and family planning services, as well as services related to conditions which may complicate pregnancy.

Full Medicaid coverage is provided only for pregnant women with income at or below the income limit described below:

Minimum income limit for full Medicaid coverage

The minimum income standard used for full coverage under this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

- The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

Maximum income limit for full Medicaid coverage



Medicaid Eligibility

The highest effective income level for coverage under section 1902(a)(10)(A)(i)(III) (qualified pregnant women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent standard.

The highest effective income level for coverage under section 1902(a)(10)(A)(i)(III) (qualified pregnant women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent standard.

The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

The amount of the maximum income limit for full Medicaid coverage is:

A percentage of the federal poverty level: %

A dollar amount

Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- Standard varies in some other way

Enter the statewide standard

	Household size	Standard (\$)	
+	1	451	X
+	2	608	X
+	3	765	X
+	4	923	X
+	5	1,080	X
+	6	1,238	X
+	7	1,395	X
+	8	1,553	X

Additional incremental amount

Yes No

Increment amount \$



Medicaid Eligibility

The dollar amounts increase automatically each year

Yes No

Income limit chosen for full Medicaid coverage:

- The minimum income limit
- The maximum income limit
- Another income limit in-between the minimum and maximum standards allowed.

Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

Yes No

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- There may be no more than one period of presumptive eligibility per pregnancy.

A written application must be signed by the applicant or representative.

Yes No

- The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

The presumptive eligibility determination is based on the following factors:

- The woman must be pregnant
- Household income must not exceed the applicable income standard at 42 CFR 435.116.
- State residency
- Citizenship, status as a national, or satisfactory immigration status

- The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17



Medicaid Eligibility

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	Correctional facilities (state prisons/county jails)	Trained correctional staff will make PE determinations for inmates upon release.	X

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement



Medicaid Eligibility

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 0938-1148. 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.

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Infants and Children under Age 19 S30

42 CFR 435.118
1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)
1902(a)(10)(A)(ii)(IV) and (IX)
1931(b) and (d)

- Infants and Children under Age 19** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

The state attests that it operates this eligibility group in accordance with the following provisions:

- Children qualifying under this eligibility group must meet the following criteria:

- Are under age 19
- Have household income at or below the standard established by the state.

- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

- Income standard used for infants under age one

- Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

Yes No

The minimum income standard for infants under age one is 133% FPL.

- Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for infants under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

An attachment is submitted.

The state's maximum income standard for this age group is:

The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014



Medicaid Eligibility

- The state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 185% FPL.

Enter the amount of the maximum income standard: % FPL.

Income standard chosen

The state's income standard used for infants under age one is:

The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

Income standard for children age one through age five, inclusive

Minimum income standard



Medicaid Eligibility

The minimum income standard used for this age group is 133% FPL.

Maximum income standard

- The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five.

An attachment is submitted.

The state's maximum income standard for children age one through five is:

- The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Enter the amount of the maximum income standard: % FPL.

Income standard chosen

The state's income standard used for children age one through five is:

- The maximum income standard

- If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

- If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014

Page 3 of 8



Medicaid Eligibility

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

Income standard for children age six through age eighteen, inclusive

Minimum income standard

The minimum income standard used for this age group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for children age six through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen.

An attachment is submitted.

The state's maximum income standard for children age six through eighteen is:

The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

133% FPL

Enter the amount of the maximum income standard: % FPL

Income standard chosen

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014

Page 4 of 8



Medicaid Eligibility

The state's income standard used for children age six through eighteen is:

- The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

There is no resource test for this eligibility group.

Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

Yes No

Presumptive Eligibility for Children	S16
1902(a)(47) 1920A 42 CFR 435.1101 42 CFR 435.1102	
<input type="checkbox"/> The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity under the following provisions:	

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014



Medicaid Eligibility

If the state has elected to cover Optional Targeted Low-Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the higher of the standard used for Optional Targeted Low-Income Children or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

If the state has not elected to cover Optional Targeted Low Income Children (42 CFR 435.229), the income standard for presumptive eligibility is the standard used under the Infants and Children under Age 19 eligibility group (42 CFR 435.118), for that child's age.

- Children under the following age may be determined presumptively eligible:

Under age

- The presumptive period begins on the date the determination is made.

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Other reasonable limitation:

The state requires that a written application be signed by the applicant, parent or representative, as appropriate.

- Yes No

- The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.
- The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

- The presumptive eligibility determination is based on the following factors:

- Household income must not exceed the applicable income standard described above, for the child's age.
- State residency
- Citizenship, status as a national, or satisfactory immigration status

- The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

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Page 6 of 8



Medicaid Eligibility

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act
- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	Correctional facilities (state prisons/county jails)	Trained correctional staff will make PE determinations for inmates upon release.	X

- The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

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Page 7 of 8



Medicaid Eligibility

PRA Disclosure Statement

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TN: NM 13-22 MM1		Date Approved: 17 April, 2014		Date Effective: 1 Jan, 2014
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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Adult Group	S32
1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	
The state covers the Adult Group as described at 42 CFR 435.119.	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="checkbox"/> Adult Group - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	
<input checked="" type="checkbox"/> The state attests that it operates this eligibility group in accordance with the following provisions:	
<input checked="" type="checkbox"/> Individuals qualifying under this eligibility group must meet the following criteria:	
<input checked="" type="checkbox"/> Have attained age 19 but not age 65.	
<input checked="" type="checkbox"/> Are not pregnant.	
<input checked="" type="checkbox"/> Are not entitled to or enrolled for Part A or B Medicare benefits.	
<input checked="" type="checkbox"/> Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.	
Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.	
<input checked="" type="checkbox"/> Have household income at or below 133% FPL.	
<input checked="" type="checkbox"/> MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.	
<input checked="" type="checkbox"/> There is no resource test for this eligibility group.	
Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is	
<input checked="" type="checkbox"/> receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.	
<input checked="" type="radio"/> Under age 19, or	
<input type="radio"/> A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:	
<input checked="" type="checkbox"/> Presumptive Eligibility	
The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.	
<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="checkbox"/> The presumptive period begins on the date the determination is made.	

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014



Medicaid Eligibility

- The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

- Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
- Other reasonable limitation:

The state requires that a written application be signed by the applicant or representative.

- Yes No

- The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

- The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

- The presumptive eligibility determination is based on the following factors:

- The individual must meet the categorical requirements of 42 CFR 435.119.
- Household income must not exceed the applicable income standard described at 42 CFR 435.119.
- State residency.
- Citizenship, status as a national, or satisfactory immigration status.

- The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014

Page 2 of 3



Medicaid Eligibility

- Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990
- Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966
- Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)
- Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)
- Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs
- Is a state or Tribal child support enforcement agency under title IV-D of the Act
- Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act
- Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act
- Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)
- Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization
- Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
+	Correctional facilities (state prisons/county jails)	Trained correctional staff will make PE determinations for inmates upon release.	X

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

PRA Disclosure Statement

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TN: NM 13-22 MM1	Date Approved: 17 April, 2014	Date Effective: 1 Jan, 2014
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Medicaid Eligibility

OMB Control Number 0938-1148
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Eligibility Groups - Mandatory Coverage Former Foster Care Children	S33
42 CFR 435.150 1902(a)(10)(A)(i)(IX)	
<p><input checked="" type="checkbox"/> Former Foster Care Children - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.</p> <p><input checked="" type="checkbox"/> The state attests that it operates this eligibility group under the following provisions:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Individuals qualifying under this eligibility group must meet the following criteria:<ul style="list-style-type: none"><input checked="" type="checkbox"/> Are under age 26.<input checked="" type="checkbox"/> Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.<input checked="" type="checkbox"/> Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program. <p>The state elects to cover children who were in foster care and on Medicaid in <u>any</u> state at the time they turned 18 or aged out of the foster care system.</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>	

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Medicaid Eligibility

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OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals above 133% FPL	S50
1902(a)(10)(A)(ii)(XX) 1902(hh) 42 CFR 435.218	
Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218. <input type="radio"/> Yes <input checked="" type="radio"/> No	

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 0938-1148. 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.

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Medicaid Eligibility

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Eligibility Groups - Options for Coverage Optional Coverage of Parents and Other Caretaker Relatives	S51
42 CFR 435.220 1902(a)(10)(A)(ii)(I)	
Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220. <input type="radio"/> Yes <input checked="" type="radio"/> No	

PRA Disclosure Statement

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Medicaid Eligibility

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Eligibility Groups - Options for Coverage **S52**
Reasonable Classification of Individuals under Age 21

42 CFR 435.222
1902(a)(10)(A)(ii)(I)
1902(a)(10)(A)(ii)(IV)

Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

Yes No

The state attests that it operates this eligibility group in accordance with the following provisions:

- Individuals qualifying under this eligibility group must qualify under a reasonable classification by meeting the following criteria:
 - Be under age 21, or a lower age, as defined within the reasonable classification.
 - Have household income at or below the standard established by the state, if the state has an income standard for the reasonable classification.
 - Not be eligible and enrolled for mandatory coverage under the state plan.
- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered at least one reasonable classification under this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013, with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

Yes No

The state also covered at least one reasonable classification under this group in the Medicaid state plan as of March 23, 2010 with income standards higher (including disregarding all income) than the current mandatory income standards for the individual's age.

Yes No

Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

- The state attaches the approved pages from the Medicaid state plan as of March 23, 2010 to indicate the age groups, reasonable classifications, and income standards used at that time for this eligibility group.

An attachment is submitted.

Current Coverage of All Children under a Specified Age

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Medicaid Eligibility

The state covers all children under a specified age limit, equal to or higher than the age limit and/or income standard used in the Medicaid state plan as of March 23, 2010, provided the income standard is higher than the current mandatory income standard for the individual's age. The age limit and/or income standard used must be no higher than any age limit and/or income standard covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

Yes No

Indicate below the age under which all children are covered under this eligibility group, based on a specific age group used previously in the Medicaid state plan or under a Demonstration, which is equal to or higher than the age group for coverage of all children in the Medicaid state plan as of March 23, 2010.

Under age 21 Under age 20 Under age 19 Under age 18

Enter the income standard used for this age group. The standard must be higher than the mandatory income standard for the individual's age, not more restrictive than that used in the Medicaid state plan as of March 23, 2010 and not less restrictive than that used in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Income standard used

Minimum income standard

The minimum income standard for this classification of children must exceed the lowest income standard chosen for children under this age under the Infants and Children under Age 19 eligibility group.

Maximum income standard

No income test was used (all income was disregarded) for this classification either in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes No

The state certifies that it has submitted and received approval for its converted income standards for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

TN: NM 13-22 MM1

Date Approved: 17 April, 2014

Date Effective: 1 Jan, 2014

Page 2 of 4



Medicaid Eligibility

The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for this classification of children under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:

A percentage of the federal poverty level: %

The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

The state's TANF payment standard, converted to a MAGI-equivalent standard. This standard is described in S14 AFDC Income Standards. This option should only be selected for children 19 and older, and only if the state has not elected to cover the Adult Group.

Other dollar amount

Income standard chosen

Individuals qualify under this classification under the following income standard:

The maximum income standard.

If not chosen as the maximum income standard, the state's effective income level for this classification under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

If not chosen as the maximum income standard, and if higher than the effective income level used under the Medicaid state plan as of March 23, 2010, the state's effective income level for this classification under a Medicaid 1115 Demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this classification in the state plan as of March 23, 2010, converted to a MAGI equivalent.

Current Coverage of Reasonable Classifications Covered in the Medicaid State Plan as of March 23, 2010

TN: NM 13-22 MM1

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Date Effective: 1 Jan, 2014

Page 3 of 4



Medicaid Eligibility

The state covers reasonable classifications of children previously covered in the Medicaid state plan as of March 23, 2010, with income standards higher than the current mandatory income standard for the age group. Age limits and income standards are equal to or higher than the Medicaid state plan as of March 23, 2010, but no higher than any age limit and/or income standard for this classification covered in the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013. Higher income standards may include the disregard of all income.

Yes No

Other Reasonable Classifications Previously Covered

The state covers reasonable classifications of children not covered in the Medicaid state plan as of March 23, 2010, but covered under the Medicaid state plan as of December 31, 2013 or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013 with an income standard higher than the current mandatory income standard for the age group.

Yes No

Additional new age groups or reasonable classifications covered

If the state has not elected to cover the Adult Group (42 CFR 435.119), it may elect to cover additional new age groups or reasonable classifications that have not been covered previously. If the state covers the Adult Group, this additional option is not available, as the standard for the new age groups or classifications is lower than that used for mandatory coverage.

The state does not cover the Adult Group and elects the option to include in this eligibility group additional age groups or reasonable classifications that have not been covered previously in the state plan or under a Medicaid 1115 Demonstration. Any additional age groups or reasonable classifications not previously covered are restricted to the AFDC income standard from July 16, 1996, not converted to a MAGI-equivalent standard.

Yes No

There is no resource test for this eligibility group.

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 0938-1148. 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.

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Medicaid Eligibility

OMB Control Number 0938-1148
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Eligibility Groups - Options for Coverage	S53
Children with Non IV-E Adoption Assistance	
42 CFR 435.227 1902(a)(10)(A)(ii)(VIII)	
Children with Non IV-E Adoption Assistance - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227. <input type="radio"/> Yes <input checked="" type="radio"/> No	

PRA Disclosure Statement

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TN: NM 13-22 MM1	Date Approved: 17 April, 2014	Date Effective: 1 Jan, 2014
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Medicaid Eligibility

OMB Control Number 0938-1148

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Eligibility Groups - Options for Coverage Optional Targeted Low Income Children

S54

1902(a)(10)(A)(ii)(XIV)
42 CFR 435.229 and 435.4
1905(u)(2)(B)

Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

Yes No

The state attests that it operates this eligibility group in accordance with the following provisions:

- Individuals qualifying under this eligibility group must not be eligible for Medicaid under any mandatory eligibility group.
- MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes No

The state also covered this eligibility group in the state plan as of March 23, 2010.

Yes No

Until October 1, 2019, states must include at least those individuals covered as of March 23, 2010, but may cover additional individuals. Effective October 1, 2019, states may reduce or eliminate coverage for this group.

Individuals are covered under this eligibility group, as follows:

All children under age 18 or 19 are covered:

The reasonable classification of children covered is:

- Under age 1
- Age 1 through age 5, inclusive
- Age 6 through age 18, inclusive

Under age

Age through age

Income standard used for this classification

Minimum income standard

TN: NM 13-22 MM1

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Date Effective: 1 Jan, 2014

Page 1 of 3



Medicaid Eligibility

The income standard for this classification of children must exceed the lowest income standard chosen for children in the age group selected above, under the mandatory Infants and Children under Age 19 eligibility group.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for this classification of children to MAGI-equivalent standards and the determination of the maximum income standard to be used for this classification of children under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

- The state's effective income level for this classification of children under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for this classification of children under the Medicaid State Plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- The state's effective income level for this classification of children under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- 200% FPL.
- A percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
- The state's maximum income standard for this classification of children (which must exceed the minimum for the classification) is:

% FPL.

Income standard chosen, which must exceed the minimum income standard

Individuals qualify under the following income standard:

- The maximum income standard.
- The state's effective income level for this eligibility group under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

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Medicaid Eligibility

- If higher than the effective income level used under the state plan as of March 23, 2010, the state's effective income level for this eligibility group under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, 200% FPL.
- If higher than the effective income level used under the state plan as of March 23, 2010, a percentage of the FPL which may exceed the Medicaid Applicable Income Level, defined in section 2110(b)(4) of the Act, but by no more than 50 percentage points.
- Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income level for this eligibility group in the state plan as of March 23, 2010.

The income standard for this eligibility group is: % FPL.

There is no resource test for this eligibility group.

Presumptive Eligibility

Presumptive eligibility for this group depends upon the selection of presumptive eligibility for the Infants and Children under Age 19 eligibility group. If presumptive eligibility is done for that group, it is done for this group under the same provisions.

PRA Disclosure Statement

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Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage	S55
Individuals with Tuberculosis	
1902(a)(10)(A)(ii)(XII) 1902(z)	
Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

PRA Disclosure Statement

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Medicaid Eligibility

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Eligibility Groups - Options for Coverage Independent Foster Care Adolescents S57

42 CFR 435.226
1902(a)(10)(A)(ii)(XVII)

Independent Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

Yes No

The state attests that it operates this eligibility group in accordance with the following provisions:

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

Are under the following age

Under age 21

Under age 20

Under age 19

Were in foster care under the responsibility of a state on their 18th birthday.

Are not eligible and enrolled for mandatory coverage under the Medicaid state plan.

Have household income at or below a standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group under its Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013.

Yes No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

Yes No

The state covers children under this eligibility group, as follows (selection may not be more restrictive than the coverage in the Medicaid state plan as of March 23, 2010 until October 1, 2019, nor more liberal than the most liberal coverage in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 demonstration as of March 23, 2010 or December 31, 2013):

All children under the age selected

A reasonable classification of children under the age selected:

Income standard used for this eligibility group

Minimum income standard

The minimum income standard for this classification of children is the AFDC payment standard in effect as of July 16, 1996, not converted to MAGI-equivalent. This standard is described in S14 AFDC Income Standards.

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Page 1 of 2



Medicaid Eligibility

Maximum income standard

No income test was used (all income was disregarded) for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes No

No income test was used (all income was disregarded) for this eligibility group under (check all that apply):

The Medicaid state plan as of March 23, 2010.

The Medicaid state plan as of December 31, 2013.

A Medicaid 1115 demonstration as of March 23, 2010.

A Medicaid 1115 demonstration as of December 31, 2013.

The state's maximum standard for this eligibility group is no income test (all income is disregarded).

Income standard chosen

Individuals qualify under this eligibility group under the following income standard:

This eligibility group does not use an income test (all income is disregarded).

There is no resource test for this eligibility group.

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 0938-1148. 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.

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Medicaid Eligibility

OMB Control Number 0938-1148

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Eligibility Groups - Options for Coverage **S59**
Individuals Eligible for Family Planning Services

1902(a)(10)(A)(ii)(XXI)
42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

Yes No

The state attests that it operates this eligibility group in accordance with the following provisions:

The individual may be a male or a female.

Income standard used for this group

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is the highest of the following:

The state's current effective income level for the Pregnant Women eligibility group (42 CFR 435.116) under the Medicaid state plan.

The state's current effective income level for pregnant women under a Medicaid 1115 demonstration.

The state's current effective income level for Targeted Low-Income Pregnant Women under the CHIP state plan.

The state's current effective income level for pregnant women under a CHIP 1115 demonstration.

The amount of the maximum income standard is: % FPL.

Income standard chosen

The state's income standard used for this eligibility group is:

The maximum income standard

Another income standard less than the maximum standard allowed.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

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Medicaid Eligibility

- In determining eligibility for this group, the state uses the following household size:
 - All of the members of the family are included in the household
 - Only the applicant is included in the household
 - The state increases the household size by one
- In determining eligibility for this group, the state uses the following income methodology:
 - The state considers the income of the applicant and all legally responsible household members (using MAGI-based methodology).
 - The state considers only the income of the applicant.
- Benefits for this eligibility group are limited to family planning and related services described in the Benefit section.
- Presumptive Eligibility
 - The state makes family planning services and supplies available to individuals covered under this group when determined presumptively eligible by a qualified entity.
 - Yes No

PRA Disclosure Statement

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Medicaid State Plan Eligibility: General Information

State/Territory name: New Mexico

Transmittal Number: NM-13-0022

General Information

Submission Title: New Mexico Medicaid - MAGI-Based Eligibility Groups (Mandatory and Optional)

Description:

Mandatory:

- S25 Parents and Other Caretakers
- S28 Pregnant Women*
- S30 Infants and Children Under Age 19*
- S32 Individuals Below 133% of the FPL
- S33 Former Foster Care Children up to age 26

Optional:

- S50 Individuals Above 133% of the FPL
- S51 Optional Parents and Caretakers
- S52 Reasonable Classifications of Individuals
- S53 Non IV-E Adoption Assistance
- S54 Optional Targeted Low Income Children
- S55 Tuberculosis
- S57 Foster Care Adolescents – Chafee
- S59 Family Planning
- S14 AFDC Income Standard

Populations Covered:

Mandatory Coverage:

- Parents and Other Caretaker Relatives
- Pregnant Women
- Infants and Children under Age 19
- Adult Group
- Former Foster Care Children

Options for Coverage:

- Individuals above 133% FPL
- Optional Coverage of Parents and Other Caretaker Relatives
- Reasonable Classification of Individuals under Age 21
- Children with Non IV-E Adoption Assistance
- Optional Targeted Low Income Children
- Individuals with Tuberculosis
- Independent Foster Care Adolescents
- Individuals Eligible for Family Planning Services

Medicaid State Plan Eligibility: File Management Summary

Type of SPA	Form Code	Form Name/Description	Uploaded?	
MAGI-Based Eligibility Groups	S14	AFDC Income Standard	yes	View
MAGI-Based Eligibility Groups	S25	Mandatory: Parents and Other Caretakers	yes	View
MAGI-Based Eligibility Groups	S28	Mandatory: Pregnant Women	yes	View
MAGI-Based Eligibility Groups	S30	Mandatory: Infants and Children Under Age 19	yes	View
MAGI-Based Eligibility Groups	S32	Mandatory: Individuals Below 133% of the FPL	yes	View
MAGI-Based Eligibility Groups	S33	Mandatory: Former Foster Care Children up to age 26	yes	View
MAGI-Based Eligibility Groups	S50	Optional: Individuals Above 133% of the FPL	yes	View
MAGI-Based Eligibility Groups	S51	Optional: Optional Parents and Caretakers	yes	View
MAGI-Based Eligibility Groups	S52	Optional: Reasonable Classifications of Individuals	yes	View
MAGI-Based Eligibility Groups	S53	Optional: Non IV-E Adoption Assistance	yes	View
MAGI-Based Eligibility Groups	S54	Optional: Optional Targeted Low Income Children	yes	View
MAGI-Based Eligibility	S55	Optional: Tuberculosis	yes	View

Type of SPA	Form Code	Form Name/Description	Uploaded?	
Groups				
MAGI-Based Eligibility Groups	S57	Optional: Foster Care Adolescents - Chafee	yes	View
MAGI-Based Eligibility Groups	S59	Optional: Family Planning	yes	View

Medicaid State Plan Eligibility: Tribal Input

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.

This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.

The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission:

Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

- Indian Tribes
- Indian Health Programs
- Urban Indian Organization

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

Documents:

Please provide a short description of this support document: Copy of tribal consultation letter seeking advice or comments on SPAs; sent October 23, 2013

Uploaded Document Name: SPA TC Letter 10 23 13.pdf

Please provide a short description of this support document: Mailing lists containing the names and other contact details for the tribal governors to whom the notices were sent.

Uploaded Document Name: Tribal Governors Mailing Lists.docx

Please provide a short description of this support document: Mailing lists containing the names and other contact details for the IHS and 638 facilities to which the notices were sent.

Uploaded Document Name: IHS 638FacilityList - Mailing Addresses.xls

Please provide a short description of this support document: Copy of comments received from Santa Clara Pueblo re: SPA S57

Uploaded Document Name: Santa Clara S57 111213 comment.pdf

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: New Mexico

Transmittal Number: NM-13-0022

Proposed Effective Date : 01/01/2013

Federal Statute/Regulation Citation : 42 CFR 435.110, 1902(a)(10)(A)(i)(I), 1931(b) and (d); 42 CFR 435.116, 1902(a)(10)(A)(i)(III) and (IV), 1902(a)(10)(A)(ii)(I), (IV) and (IX), 1931(b) and (d), 1920; 42 CFR 435.118, 1902(a)(10)(A)(i)(III), (IV), (VI) and (VII), 1902(a)(10)(A)(ii)(IV) and (IX), 1931(b) and (d); 1902(a)(10)(A)(i)(VIII), 42 CFR 435.119; 42 CFR 435.150, 1902(a)(10)(A)(i)(IX); 1902(a)(10)(A)(ii)(XX), 1902(hh), 42 CFR 435.218; 42 CFR 435.220, 1902(a)(10)(A)(ii)(I); 42 CFR 435.222, 1902(a)(10)(A)(ii)(I), 1902(a)(10)(A)(ii)(IV); 42 CFR 435.227, 1902(a)(10)(A)(ii)(VIII); 1902(a)(10)(A)(ii)(XIV), 42 CFR 435.229 and 435.4, 1905(u)(2)(B); 1902(a)(10)(A)(ii)(XII), 1902(z); 42 CFR 435.226, 1902(a)(10)(A)(ii)(XVII); 1902(a)(10)(A)(ii)(XXI), 42 CFR 435.214

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 325000000.00

Second Year	2015	\$ 893000000.00
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Subject of Amendment : S94: General Eligibility Requirements: Eligibility Process

Governor's Office Review

- Governor's office reported no comment
- Comments of Governor's office received
- No reply received within 45 days of submittal
- Other, as specified : Authority Delegated to the Medicaid Director

Signature of State Agency Official



Submitted By:

Last Revision Date:

Submit Date:



Medicaid Eligibility

Is an organization that provides emergency food and shelter under a grant under the Stewart B. McKinney Homeless Assistance Act

Is a state or Tribal office or entity involved in enrollment in the program under Medicaid, CHIP, or title IV-A of the Act

Is an organization that determines eligibility for any assistance or benefits provided under any program of public or assisted housing that receives Federal funds, including the program under section 8 or any other section of the United States Housing Act of 1937 (42 U.S.C. 1437) or under the Native American Housing Assistance and Self Determination Act of 1996 (25 U.S.C. 4101 et seq.)

Is a health facility operated by the Indian Health Service, a Tribe, or Tribal organization, or an Urban Indian Organization

Other entity the agency determines is capable of making presumptive eligibility determinations:

	Name of entity	Description	
<input checked="" type="checkbox"/>	Correctional facilities (state prisons/county jails)	Trained correctional staff will make PE determinations for inmates upon release.	<input checked="" type="checkbox"/>

The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

An attachment is submitted.

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 0938-1148. 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.



Medicaid Eligibility

OMB Control Number 0938-1148
OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives

S25

42 CFR 435.110
1902(a)(10)(A)(i)(I)
1931(b) and (d)

- Parents and Other Caretaker Relatives** - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.

The state attests that it operates this eligibility group in accordance with the following provisions:

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

- Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.

The state elects the following options:

This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.

Options relating to the definition of caretaker relative (select any that apply):

- The definition of caretaker relative includes the domestic partner of the parent or other caretaker relative, even after the partnership is terminated.

Definition of domestic partner:

The definition of caretaker relative includes other relatives of the child based on blood (including those of half-blood), adoption or marriage.

Description of other relatives:

Relatives within the fifth degree of relationship to the dependent child.

The definition of caretaker relative includes any adult with whom the child is living and who assumes primary responsibility for the dependent child's care.

Options relating to the definition of dependent child (select the one that applies):

The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.

The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):



Medicaid Eligibility

Have household income at or below the standard established by the state.

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

Income standard used for this group

Minimum income standard

The minimum income standard used for this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards.

The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

An attachment is submitted.

The state's maximum income standard for this eligibility group is:

The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size.

The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size.

Enter the amount of the maximum income standard:



Medicaid Eligibility

- A percentage of the federal poverty level: %
- The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.

The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- Other dollar amount

Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- The maximum income standard

The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards.

Another income standard in-between the minimum and maximum standards allowed

There is no resource test for this eligibility group.

Presumptive Eligibility

The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

Yes No

The presumptive period begins on the date the determination is made.

The end date of the presumptive period is the earlier of:

The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or

The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.

Periods of presumptive eligibility are limited as follows:

- No more than one period within a calendar year.
- No more than one period within two calendar years.
- No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.



Medicaid Eligibility

Other reasonable limitation:

The state requires that a written application be signed by the applicant or representative.

Yes No

The state uses a single application form for Medicaid and presumptive eligibility, approved by CMS.

The state uses a separate application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

An attachment is submitted.

The presumptive eligibility determination is based on the following factors:

The individual must be a caretaker relative, as described at 42 CFR 435.110.

Household income must not exceed the applicable income standard described at 42 CFR 435.110.

State residency

Citizenship, status as a national, or satisfactory immigration status

The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group.

List of Qualified Entities

S17

A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements, and that meets at least one of the following requirements. Select one or more of the following types of entities used to determine presumptive eligibility for this eligibility group:

Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan

Is authorized to determine a child's eligibility to participate in a Head Start program under the Head Start Act

Is authorized to determine a child's eligibility to receive child care services for which financial assistance is provided under the Child Care and Development Block Grant Act of 1990

Is authorized to determine a child's eligibility to receive assistance under the Special Supplemental Food Program for Women, Infants and Children (WIC) under section 17 of the Child Nutrition Act of 1966

Is authorized to determine a child's eligibility under the Medicaid state plan or for child health assistance under the Children's Health Insurance Program (CHIP)

Is an elementary or secondary school, as defined in section 14101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 8801)

Is an elementary or secondary school operated or supported by the Bureau of Indian Affairs

Is a state or Tribal child support enforcement agency under title IV-D of the Act