

## **Medicaid Eligibility**

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

	. to make		OMB Expiration date: 10/31/201
	建国 2017年 1	oups - Options for Coverage Foster Care Adolescents	S57
	135,226 10)(A)(ii	i)(XVII)	*
I., who	were in s	ster Care Adolescents - The state elects to cover individuals under an age specified by state-sponsored foster care on their 18th birthday and who meet the income standard est the provisions described at 42 CFR 435.226.	the state, less than age ablished by the state and
<b>V</b>	The state	e attests that it operates this eligibility group in accordance with the following provision	s:
	Indi	viduals qualifying under this eligibility group must meet the following criteria:	
		Are under the following age	
7.0		© Under age 21	
×		O Under age 20	e e
(10)	9	O Under age 19	
		Were in foster care under the responsibility of a state on their 18th birthday.	4
		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.	
		GI-based income methodologies are used in calculating household income, Please refered Income Methodologies, completed by the state.	as necessary to \$10 MAGI-
	The state	e covered this eligibility group under its Medicaid state plan as of December 31, 2013, of tration as of March 23, 2010 or December 31, 2013.	or under a Medicaid 1115
E .	( Yes	C· No	
		e also covered this eligibility group in the Medicaid state plan as of March 23, 2010.	
	(e) Yes	Ĉ No	
	: <b>□</b>	The state covers children under this eligibility group, as follows (selection may not be coverage in the Medicaid state plan as of March 23, 2010 until October 1, 2019, nor miliberal coverage in the Medicaid state plan as of December 31, 2013, or under a Medic as of March 23, 2010 or December 31, 2013):	ore liberal than the most
		All children under the age selected	
		O 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 pay as of July 16, 1996, not converted to MAGI-equivalent. This standard is described Standards.	
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	*0.	4
*		Maximum income standard
	लग अ	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.
E		⊙ 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 TH5 demonstration as of March, 23, 2010,
		A Medicaid 1115 demonstration as of December 31, 2013.
2000		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.