

STATE PLAN SECTIONS

Section 1.0 Single State Agency Organization Unit

Section 1.1: Designation & Authority

- Attachment A: Attorney General's Certification
- Attachment B: Waivers Under the Intergovernmental Cooperation Act

Section 1.2: Organization and Administration

- Attachment A: Organization and Function of State Agency
- Attachment B: Organization Medical Assistance Unit
- Attachment C: Professional Medical and Supporting Staff

Section 1.3: Statewide Operation

Section 1.4: State Medical Care Advisory Committee

Section 1.5: Pediatric Immunization Program

Section 2.0 Coverage and Eligibility

Section 2.1: Application, Determination of Eligibility & Furnishing Medicaid

- Attachment A: Description of Health Maintenance Organization (HMO)

Section 2.2: Coverage and Conditions of Eligibility

- Attachment A: Groups Covered and Agencies Responsible For Eligibility Determination
 - Supplemental 1: Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18
 - Supplemental 3: Method for Determining Cost Effectiveness of Caring for Certain Disabled Children at Home (Katie Beckett)

Section 2.3: Residence

Section 2.4: Blindness

Section 2.5: Disability

Section 2.6: Financial Eligibility

- Attachment A: Eligibility Conditions and Requirements
 - Supplemental 1: Income Eligibility Levels
 - Supplemental 2: Categorically Needy Groups with Incomes Related to Federal Poverty Level
 - Supplemental 3: Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not covered Under Medicaid
 - Supplemental 4: Methods for Treatment of Income that Differ From Those of the SSI Program

- Supplemental 5: More Restrictive Methods of Treating Resources Than Those of the SSI Program (Section 1902(f))
- Supplemental 5a: Methods for Treatment of Resources for Individuals With Incomes Related to Federal Poverty Levels
- Supplemental 6: Standards for Optional State Supplementary Payments
- Supplemental 7: Income Levels for 1902(f) States – Categorically Needy Who Are Covered Under Requirements More Restrictive Than SSI
- Supplemental 8: Resource Standards for 1902(f) States – Categorically Needy
 - Addendum 8a: Methods for the Treatment of Income for Individuals With Income Related to Federal Poverty Level
- Supplemental 9: Transfer of Resources
 - Addendum 9a: Transfer of Assets
- Supplemental 10: Trust Provisions
- Supplemental 11: Cost Effectiveness Methodology for Cobra Continuation Beneficiaries
- Supplemental 12: Variations From the Basic Personal Needs Allowance
- Supplemental 13: Section 1924 Provisions
- Supplemental 14: Splitting of Income Between Spouses
- Supplemental 15: Disqualification For Long-Term Care Assistance for Individuals With Substantial Home Equity
- Supplemental 16: Asset Verification System

Section 2.7: Medicaid Furnished Out of State

Section 3.0 Services: General Provisions

Section 3.1: Amount, Duration and Scope of Services

- Attachment A: Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy
 - Supplemental 1: Targeted Case Management Services
- Attachment B: Ambulatory Services Provided (N/A)
- Attachment C: Standards and Methods of Assuring High Quality Care
- Attachment D: Transportation
- Attachment E: Standards for the Coverage of Organ Transplant Services
- Attachment F: Section 1932 (a)(1)(A) of the Social Security Act – (MCOs)
- Attachment G: 1915(i) Home and Community Based Services (HCBS)

Section 3.2: Coordination of Medicaid with Medicare Part B

- Supplemental 1: Coordination of Title XIX With Special Supplemental Food Program for Women, Infants and Children

Section 3.3: Medicaid for Individuals Age 65 or Over in Institution for Mental Diseases

Section 3.4: Special Requirements Applicable to Sterilization Procedures

Section 3.5: Medicaid for Medicare Cost Sharing for Qualified Medicare Beneficiaries

Section 4.0 General Program Administration

Section 4.1: Methods of Administration

Section 4.2: Hearings for Applicants and Recipients

Section 4.3: Safeguarding Information on Applicants & Recipients

Section 4.4: Medicaid Quality Control

Section 4.5: Medicaid Agency Fraud Detection and Investigation Program

Section 4.6: Reports

Section 4.7: Maintenance of Records

Section 4.8: Availability of agency Program Manuals

Section 4.9: Reporting Provider Payment to the Internal Revenue Service

Section 4.10: Free Choice of Providers

Section 4.11: Relations with Standard-Setting and Survey Agencies

Section 4.12: Consultation to Medical Facilities

Section 4.13: Required Provider Agreement

Section 4.14: Utilization/Quality Control

Section 4.15: Inspection of Care in Skilled Nursing & Intermediate Care Facilities and Institutions for Mental Diseases

Section 4.16: Relations with State Health and Vocational Rehabilitation Agencies and Title V Grantees

Section 4.17: Liens and Recovery

Section 4.18: Cost Sharing and Similar Charges

- Attachment A: Charges Imposed on the Categorically Needy for Services Other Than Those Provided Under Section 1905(a)(1) through (5) and (7) of the Act
- Attachment C: Charges Imposed on the Medically Needy for Services

Section 4.19: Payment for Services

- Attachment A: Payments for Inpatient Hospital Services Methods and Standards
- Attachment A: Assurances
- Attachment B: Payment for Medical Care and Services
 - Supplemental 1: Payment of Medicare Part A and Part B Deductible/Coinsurance

- Attachment B: Assurances
- Attachment C: Payment For Reserved Beds for Therapeutic Leave of Absence

Section 4.19D: Assurances (Payment for Nursing Facilities and Related Information)

- Attachment 4.19-D: Payment for Long Term Nursing Facility Services Methods and Standards
- Attachment 4.19-E: Definition of a Claim

Section 4.20: Direct Payments to Certain Recipients for Physicians' or Dentists' Services

Section 4.21: Prohibition against Reassignment of Provider Claims

- Attachment A: Payments for Compensation

Section 4.22: Third Party Liability

- Attachment A: Third Party Liability
- Attachment B: Third Party Liability
 - Supplemental 1: State Laws Requiring Third Parties to Provider Coverage Eligibility and Claims Data

Section 4.23: Use of Contracts

Section 4.24: Standards for Payments for Skilled Nursing and Intermediate Care Facility Services

Section 4.25: Programs for Licensing Administrators of Nursing Homes

Section 4.26: RESERVED

Section 4.27: Disclosure of Survey Information and Provider or Contractor Evaluation

Section 4.28: Appeals Process for Skilled Nursing and Intermediate Care Facilities

Section 4.29: Conflict of Interest Provisions

Section 4.30: Exclusion of Providers and Suspension of Practitioners Convicted and Other Individuals

- Attachment A: Sanctions for Psychiatric Hospitals, MCOs and PCCMs

Section 4.31: Disclosure of Information by Providers and Fiscal Agents

Section 4.32: Income and Eligibility Verification system

- Attachment A: Income and Eligibility Verification system Procedures Requests to Other State Agencies

Section 4.33: Medicaid Eligibility Cards for Homeless Individuals

- Attachment A: Method for Issuance of Medicaid Eligibility Cards to Homeless Individuals

Section 4.34: Systematic Alien Verification for Entitlements

- Attachment A: Requirements for Advance Directives Under State Plans for Medical Assistance\

Section 4.35: Remedies for Skilled Nursing and Intermediate Care Facilities that Do Not Meet Requirements of Participation

- Attachment A: Eligibility Conditions and Requirements - Enforcement of Compliance for Nursing Facilities
- Attachment B: Enforcement of Compliance for Nursing Facilities – Termination of Provider Agreement
- Attachment C: Enforcement of Compliance for Nursing Facilities – Temporary Management
- Attachment D: Enforcement of Compliance for Nursing Facilities – Denial of Payment for New Admissions
- Attachment E: Enforcement of Compliance for Nursing Facilities – Civil Money Penalty
- Attachment F: Enforcement of Compliance for Nursing Facilities – State Monitoring
- Attachment G: Enforcement of Compliance for Nursing Facilities – Transfer of Residents; Transfer of Residents with Closure of a Facility
- Attachment H: Enforcement of Compliance for Nursing Facilities – Additional Remedies

Section 4.36: Required Coordination between the Medicaid and WIC Programs

Section 4.38: Nurse Aide Training and Competency Evaluation for Nursing Facilities

- Attachment A: Disclosure of Additional Registry Information

Section 4.39: Preadmission Screening and Annual Resident Review in Nursing Facilities

- Attachment A: Definition of Specialized Services

Section 4.40: Survey and Certification Process

- Attachment A: Eligibility Conditions and Requirements – Survey and Certification Education Program
- Attachment B: Eligibility Conditions and Requirements – Process for the Investigation of Allegations of Resident Neglect and Abuse and Misappropriation of Resident Property
- Attachment C: Eligibility Conditions and Requirements – Procedures for Scheduling and Conduct of Standard Surveys
- Attachment D: Eligibility Conditions and Requirements – Programs to Measure and Reduce Inconsistency
- Attachment E: Eligibility Conditions and Requirements – Process for Investigations of Complaints and Monitoring

Section 4.42: Employee Education about False Claims Recoveries

Section 4.43: Cooperation with Medicaid Integrity Program Efforts

Section 5.0 Personnel Administration

Section 5.1: Standards of Personnel Administration

Section 5.2: RESERVED

Section 5.3 Training Programs; Sub professional and Volunteer Programs

Section 6.0 Financial Administration

Section 6.1: Fiscal Policies and Accountability

Section 6.2: Cost Allocation

Section 6.3: State Financial Participation

Section 7.0 General Provisions

Section 7.1 Plan Amendments

Section 7.2 Nondiscrimination

- Attachment A: Civil Rights Compliance Plan

Section 7.3: RESERVED

Section 7.4: State Governor's Review