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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.230

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined by SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined by SSI.
- (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

\*Agency that determines eligibility for coverage.

TN No. 13-012

Approval Date 5/30/14

Effective Date June 1, 2014

Supersedes

TN. No. 06-006

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

\_\_\_ Yes.

\_\_\_ No.

The standards for optional State supplementary payments are listed in Supplement 6 of ATTACHMENT 2.6-A.

\*Agency that determines eligibility for coverage.

TN No. 13-012

Approval Date 5/30/14

Effective Date June 1, 2014

Supersedes

TN. No. 06-006

State: Indiana

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

42 CFR 435.231  12. Individuals who are in institutions for at least 30 consecutive days and who are eligible under a special income level. Eligibility begins on the first day of the 30-day period. These individuals meet the income standards specified in Supplement 1 to ATTACHMENT 2.6-A.  
1902(a)(10) of the Act 7-1-91

The State covers all individuals as described above.

The State covers only the following group or groups of individuals:

1902(a)(10)(A)  
(ii) and 1905(a)  
of the Act

- Aged
- Blind
- Disabled
- Individuals under the age of--
  - 21
  - 20
  - 19
  - 18
- Caretaker relatives
- Pregnant women

TN No. 06-006  
Supersedes  
TN No. 91-022

Approval Date MUN 27 2006

Effective Date 1-11-05

HCFA ID: 7983E

State: INDIANA

Agency\* Citation(s) Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

1902(e)(3)  
of the Act

13. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid under the plan if they were in an institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act.

Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home.

1902(a)(10)  
(A)(ii)(IX)  
and 1902(1)  
of the Act

14. The following individuals who are not mandatory categorically needy whose income does not exceed the income level (established at an amount above the mandatory level and not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A:
- a. Women during pregnancy (and during the 60-day period beginning on the last day of pregnancy); and
  - b. Infants under one year of age.

TN No. 06-006  
Supersedes  
TN No. 91-022

Approval Date JUN 27 2005

Effective Date 1-11-05

HCFA ID: 7983E

State: Indiana

Agency\* Citation(s) Groups Covered

**B. Optional Groups Other Than the Medically Needy  
(Continued)**

1902(a)   
(10)(A)  
(11)(IX)  
and 1902(1)(1)  
(D) of the Act

15. The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size.

Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained--

7 years of age; or

8 years of age.

TN No. 06-006  
Supersedes  
TN No. 91-022

Approval Date JUN 27 2006

Effective Date 1-11-05

HCFA ID: 7983E

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

[ x ] 16. Individuals—

1902(a)(10)(ii)(X)  
and 1902 (m)  
(1) and (3)  
of the Act

a. Who are 65 years of age or older or who are disabled as determined under section 1614 (a) (2) of the Act. Both aged and disabled individuals are covered under this eligibility group.

b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level, specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and

c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

\*Agency that determines eligibility for coverage

TN No. 13-012

Approval Date 5/30/14

Effective Date June 1, 2014

Supersedes

TN. No. 06-006



State/Territory: Indiana

Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy  
(Continued)

1906 of the  
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of \_\_\_\_\_ months.

1902(a)(10)(F)  
and 1902(u)(1)  
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 92-18

Supersedes \_\_\_\_\_

TN No. -

Approval Date 9/20/93

Effective Date 10/1/92

HCFA ID: 7982E



State INDIANA

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Citation

Groups Covered

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B. Optional Groups other than the medically needy  
(continued)

1902(e)(12) of the Act

X 20. A child under age 3 (not to exceed 19) who has been determined eligible is deemed to be eligible for a total of 12 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

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TN No. 07-015  
Supersedes  
TN 02-015

Approval Date DEC 04 2007

Effective Date 11-01-07

STATE: Indiana

Citation

Group Covered

B. Optional Coverage Other Than the Medically Needy  
(Continued)

1902(a)(10)(A)  
(ii)(XVIII) of  
the Act

X [24]. Women who:

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under Title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701 (c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act

     [25]. Women who are determined by a "qualified entity" (as defined in 1920B(b) based on preliminary information, to be a woman described in 1902(aa) of the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. 01-007  
Supersedes  
TN No. none

Approval Date 6/1/01

Effective Date July 1, 2001

Revision:

ATTACHMENT 2.2-A  
PAGE 23d  
OMB NO.:

State: INDIANA

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Citation	Groups Covered
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B. Optional Groups Other Than the Medically Needy  
(Continued)

- |  |                                     |     |   |
|--|-------------------------------------|-----|---|
| 1902 (a)(10)(A)<br>(ii)(XIII) of the Act | <input type="checkbox"/>            | 23. | BBA Work Incentives Eligibility Group-<br>Individuals with a disability whose net family<br>income is below 250 percent of the Federal<br>poverty level for a family of the size involved and<br>who, except for earned income, meet all criteria-<br>for receiving benefits under the SSI program.<br>See page 12c of Attachment 2.6-A |
| 1902 (a)(10)(A)<br>(ii)(XV) of the Act   | <input checked="" type="checkbox"/> | 24. | TWWIIA Basic Coverage Group - Individuals<br>with a disability at least 16 but less than 65<br>years of age whose income and resources do<br>not exceed a standard established by the State.<br>See page 12d of Attachment 2.6-A  |
| 1902 (a)(10)(A)<br>(ii)(XVI) of the Act  | <input checked="" type="checkbox"/> | 25. | TWWIIA Medical Improvement Group -<br>Employed individuals at least 16 but less than 65<br>years of age with a medically improved disability<br>whose income and resources do not exceed a<br>standard established by the State. See page<br>12h of Attachment 2.6-A.   |

NOTE: If the State elects to cover this group, it  
MUST also cover Basic Coverage Group  
described in no. 24 above.

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TN No. 02-003  
Supersedes  
TN No. N/A

Approval Date 8/8/02

Effective Date: 7/1/02

STATE: Indiana

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Citation

Groups Covered

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B. Optional groups other than the Medically Needy  
(Continued)

1902(a)(10)(A)(ii)(XVII)  
of the Act

X 26. Individuals who are independent foster care adolescents as defined in Section 1905(w) (1) of the Act.

The State covers all such individuals who:

- a. are less than 21 years of age;
- b. were in foster care under the responsibility of the State on their 18<sup>th</sup> birthday; and
- c. have countable income that does not exceed 200% of the federal poverty guidelines for the family size involved.

The State does not apply an asset test.

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TN No. 06-001  
Supersedes  
TN No. new

Approval Date: July 17, 2006

Effective Date: 07-01-2006

Citation	Groups Covered
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<p>1902(a)(10)(A)(ii)(XXI) 1902(ii)</p>	<p><b>B. Optional Groups Other Than the Medically Needy (Continued)</b></p> <p><input checked="" type="checkbox"/> 27. Individuals who are <i>not</i> pregnant and whose income does not exceed the State established income standard of <u>133</u> % of the Federal Poverty Level. This amount does not exceed the highest income limit for pregnant women in this State Plan, which is <u>200</u> % of the Federal Poverty Level.</p> <p>In determining eligibility for this group, the State will use the following household composition:</p> <p><input checked="" type="checkbox"/> The State will count all the members of the family in the household unit</p> <p><input type="checkbox"/> The State will use the methodology that is currently used for pregnant women under the State plan, which increases the household size by one.</p> <p>In determining eligibility for this group, the State will use the following income methodology:</p> <p><input checked="" type="checkbox"/> The State considers the income of the applicant and all legally responsible household members (ex. parents and spouses)</p> <p><input type="checkbox"/> The State considers only the income of the applicant or recipient</p> <p><input type="checkbox"/> The State uses another methodology described below</p> <p><b>Note:</b> Services are limited to family planning services and family planning-related services as described in section 4.c (i) of Attachment 3.1-A, Addendum Page 2.</p> <p><b>Presumptive Eligibility Option for Family Planning</b></p> <p><input checked="" type="checkbox"/> The State elects to provide a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.</p> <p><input type="checkbox"/> In addition to family planning services, the State elects to cover family planning-related services to such individuals during the period of presumptive eligibility.</p>
<p>1920C</p>	<p><input checked="" type="checkbox"/> The State elects to provide a period of presumptive eligibility for family planning services to individuals determined by a qualified entity, based on preliminary information from the individual, described in the group the State has elected to make eligible under the above option. The period of presumptive eligibility ends on the earlier of the date a formal determination of Medicaid eligibility is made under 1902(a)(10)(A)(ii)(XXI), or, when no application has been filed, the last day of the month following the month during which the qualified entity determines the individual presumptively eligible.</p> <p><input type="checkbox"/> In addition to family planning services, the State elects to cover family planning-related services to such individuals during the period of presumptive eligibility.</p>

# Groups Covered

## Optional Groups other than the Medically Needy

In addition to providing State plan HCBS to individuals described in 1915(i)(1), the state may **also** cover the optional categorically needy eligibility group of individuals described in 1902(a)(10)(A)(ii)(XXII) who are eligible for HCBS under the needs-based criteria established under 1915(i)(1)(A) and have income that does not exceed 150% of the FPL, or who are eligible for HCBS under a waiver approved for the state under Section 1915(c), (d) or (e) or Section 1115 (even if they are not receiving such services), and who do not have income that exceeds 300% of the supplemental security income benefit rate. See 42 CFR § 435.219. (*Select one*):

No. Does not apply. State does not cover optional categorically needy groups.

Yes. State covers the following optional categorically needy groups.  
(*Select all that apply*):

(a)  Individuals not otherwise eligible for Medicaid who meet the needs-based criteria of the 1915(i) benefit, have income that does not exceed 150% of the federal poverty level, and will receive 1915(i) services. There is no resource test for this group. Methodology used:  
(*Select one*):

SSI. The state uses the following less restrictive 1902(r)(2) income disregards for this group. (*Describe, if any*):

For BPHC members only, after SSI countable income, the State disregards income in the amount of the difference between 150% of the Federal Poverty Level (FPL) and 300% of the FPL.

OTHER (*describe*):

(b)  Individuals who are eligible for home and community-based services under a waiver approved for the State under section 1915(c), (d) or (e) (even if they are not receiving such services), and who do not have income that exceeds 300% of the supplemental security income benefit rate.

Income limit: (*Select one*):

300% of the SSI/FBR

Less than 300% of the SSI/FBR (*Specify*): \_\_\_\_\_%

Specify the applicable 1915(c), (d), or (e) waiver or waivers for which these individuals would be eligible: *(Specify waiver name(s) and number(s))*:

- (c)  Individuals eligible for 1915(c), (d) or (e) -like services under an approved 1115 waiver. The income and resource standards and methodologies are the same as the applicable approved 1115 waiver.

Specify the 1115 waiver demonstration or demonstrations for which these individuals would be eligible. *(Specify demonstration name(s) and number(s))*: