	State		ITLE XIX OF THE S	OCTAL SECURITY A	
		INCO	ME ELIGIBILITY LE	<u>Vels</u>	
A.	MANDATORY C	ATEGORICALLY NEI	EDY		
1.	AFDC-Related	d Groups Other 1	Than Poverty Level	. Pregnant Women	and Infants:
			a Recipient /or Caretaker	Unit with Recipient Children Only	
	Family Size	Need Standard	Maximum Payment	Heed Standard	Maximum Payment
2.	Pregnant Wom	ril 1, 1990, ba me poverty leve	under Section 190 sed on the follow i	ing percent of t	of the Act:
		ily Size	150 percent (specify)	ncome Level	
			\$_		
			\$_		
	-	_ 	\$_		
M N Supe	0. 97-010 reedes 0. 91-22	Approval Date	E	Effective Date _	10-1-97

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Revision: HCFA-PM-92-1 (MB) FEBRUARY 1992

SUPPLEMENT 1 TO ATTACHMENT 2.6-A
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	INDIANA
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INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued)
 - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
 - 4. For children under Section 1902(a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No.	92-03			[] /:			
Supersede		Approval	Date	4/24/92	Effective	Date	1-1-92
TN No.	91-22						

Revision:	HCFA-PM-4 AUGUST 1991	(BPD)	SUPPLEMENT Page 3 QMB No.:	1.TO ATTACHMENT 2.6-A
	STATE PLAN U	NDER TITLE	XIX OF THE S	OCIAL SECURITY ACT
	St	ate:	INDIANA	
		N/A		
	INCOM	E ELIGIBILI	TY LEVELS -	(Continued)
	ONAL CATEGORICALLY	NEEDY GROU	PS WITH INCOM	ES RELATED TO FEDERAL
1.	Pregnant Women ar	nd <u>Infants</u>		
	groups of pregnar sections 1902(a).	nt women and	d infants und IX) and 1902	ibility for optional der the provisions of (1)(2) of the Act as
	Based on per- level (no less th	cent of the an 133 perc	official Fe ent and no mo	deral income poverty re than 185 percent).
	FAMILY	SIZE		INCOME LEVEL
	1			
	2			
	3			
	4			
	5			•
·				

TN No. 97-010			· · · · · · · · · · · · · · · · · · ·	Effective	Date 10-1-97
Supersedes	Approval	Date			
TN No. 96-003	- -			HCFA ID:	7985E

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	SUPPLEMENT Page 4 OMB No.:	Г 1 ТО АТТАСНМ 0938-	ENT 2.6-A
	STATE PLAN UNDE	R TITLE XIX OF	THE SOCIAL	SECURITY ACT	
	State:	INDIA	NA - N/A		
	INCOME	ELIGIBILITY LEV	ELS (Conti	nued)	
	NAL CATEGORICALLY I	NEEDY GROUPS WI	TH INCOMES	RELATED TO FE	DERAL
2. <u>Chi</u>	ldren Between Ages	s 6 and 8			
who age	e levels for determ o are born after Se e but are under 8 y 12(1)(2) of the Act	eptember 30, 19 years of age un	83 and who der the pro	have attained	6 years of
Bas Fed	ed on deral income povert	percent (no mo:	re than 100) percent) of	the officia
	Family Size		Income Lev	<u>/el</u>	
	1 2 3 4 5 6 7 8 9 10				
TN No. Supersedes	Approval D	Date	Effec	ctive Date1	-1-92

HCFA ID: 7985E

INCOME ELIGIBILITY LEVELS (Continued)

The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of section 1902(m)(4) of the Act are as follows:

Based on 100 percent of the official Federal income poverty line.

Family Size	Income Level
1	<u>\$11,670</u>
2	\$15,730
3	<u>\$.</u>
_4	\$
	\$

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

TN No. <u>13-012</u>

Approval Date 5/30/14

Effective Date June 1, 2014

Supersedes TN No. <u>92-03</u>

INCOME ELIGIBILITY LEVELS (Continued)

OPTIONAL CATEGORICALLY NEEDY GROUP OF INSTITUTIONALIZED INDIVIDUALS UNDER A SPECIAL INCOME LEVEL (SECTION 1902(A)(10)(A)(II)(V))

Single individual

\$2,163

Married couple

\$3,246

TN No. <u>13-012</u>

Approval Date ___5/30/14_

Effective Date June 1, 2014

Supersedes TN No. <u>96-002</u>

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INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO THE FEDERAL POVERTY LEVEL

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905 (p) (2) (A) of the Act are as follows:

1. <u>NO</u>	1. NON-SECTION 1902(f) STATES						
a. Bas	a. Based on the following percent of the official Federal income poverty level:						
	Eff. Jan, 1, 1989: [] 85 percent	[]_	percent (no more than 100)				
	Eff. Jan, 1, 1989: [] 90 percent	[]_	percent (no more than 100)				
	Eff. Jan. 1, 1991: 100 percent						
	Eff. Jan 1, 1992: 100 percent		·				
b. Lev	vels:						
	Family Size		Income Levels				
	1		<u>\$11,670</u>				
	2		\$15,730				

TN No. <u>13-012</u>

Approval Date 5/30/14

Effective Date June 1, 2014

Supersedes TN. No. <u>91-22</u>

INCOME ELIGIBILITY LEVELS (Continued)

C. QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES RELATED TO THE FEDERAL POVERTY LEVEL

· 基础是是对图图图图 。 美国民族共享基础管理部员

- 1. SECTION 1902 (f) STATES WHICH AS OF JANUARY 1, 1987 USED INCOME STANDARDS MORE RESTRICTIVE THAN SSI

TN No. <u>13-012</u>

6

Approval Date 5/30/14

Effective Date June 1, 2014

Supersedes

TN. No. 96-003

Revision	HCFA-PM-91-4 AUGUST 1991	(BPD)	SUPPLEMENT 1 TO AT Page 8 OMB No.: 0938-	TTACHMENT 2.6-A
	STATE PLAN U	NDER TITLE XIX OF	THE SOCIAL SECURIT	Y ACT
	State:	INDI	ANA - N/A	
D. MEDI	CALLY NEEDY	INCOME LEVELS	Continued)	
	Applicable to a	ill groups	those specified group income le	all groups except d below. Excepted evels are also ttached page 3.
(1)	(2)	(3)	(4)	(5)
	Net income level protected for maintenance for months urban only urban & rural	Amount by which Column (2) exceeds limits specified in 42 CFR 435.10071/	for persons living in	Column (4)
1	_\$	<u> </u>	<u> </u>	\$
2	\$	<u> </u>	\$	
3	\$	\$	s	
4	\$	<u> </u>	\$	\$
For each additional person, add:	\$		<u> </u>	<u>\$</u>
payn thes	ments made on beha se limits.	chods for excludi	ng from its claim fo s whose income exce	or FFP eds
TN No	les Approva	1 Date 1-/6	92 Effective Da	te 1-1-92

HCFA ID: 7985E

Revision	HCFA-PM-91-4 AUGUST 1991	(BPD)	SUPPLEMENT 1 TO Page 9 OMB No.: 0938-	ATTACHMENT 2.6-A
•	STATE PLAN U	NDER TITLE XIX OF	THE SOCIAL SECURITY	Y ACT
	State:	INDIA	NA - N/A	
		INCOME LEVELS (C	Continued)	
D. MEDI	CALLY NEEDY			
(1)	(2)	(3)	(4)	(5)
Family	Net income level		Net income level	Amount by which
Size	protected for	Column (2)	for persons	Column (4)
	maintenance for	exceeds limits	living in	exceeds limits
	months	specified in	rural areas for	specified in
	urban only	42 CFR 435.1007 ¹	months	42 CFR 435.1007 ¹
	urban & rural			
5	\$	\$	<u> </u>	\$
6	\$	<u> </u>	\$	\$
7	\$	\$		<u>\$</u>
8	\$	\$	\$	\$
9	\$	\$		\$ \$
10	s	\$	s	\$
For each additional person,				
add:	\$	\$	\$	\$
½' I paym			g from its claim fo whose income excee	
TN No. Supersed TN No.	91-22 es Approve	1 Date 1-/6-9	Effective Dat	