Section 1 — Single State Agency Organization	File Size
Attachment 1.1 - A — Attorney General's Certification	24k
1.5 — Pediatric Immunization Program	47k

Section 2 — Coverage and Eligibility	File Size
Section 2 — Coverage and Eligibility	320k
2.1 — B.1. Individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been eligible	154k
<u>2.1 — B.2. QMBs</u>	154k
2.2 — Coverage and Conditions of Eligibility	153k
Attachment 2.2 — Groups Covered and Agencies Responsible for Eligibility Determination	1.2k
Attachment 2.2 A Supplement 1 — Reasonable Classifications of Individuals Under the Age of 21, 20, 19, and 18	362k
Attachment 2.2 A Supplement 3	16k
2.3 — Residence	151k
<u>2.4 — Blindness</u>	149k
<u>2.5 — Disability</u>	150k
2.6 — Financial Eligibility	151k
Attachment 2.6 A — Eligibility Conditions and Requirements	4.6MB
Attachment 2.6 A Supplement 1 — Income Eligibility Levels	725k
Attachment 2.6 A Supplement 2 — Resource Levels	658k
Attachment 2.6 A Supplement 3 — Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered Under Medicaid	148k
Attachment 2.6 A Supplement 4 — Methods for the Treatment of Income That Differ from Those of the SSI Program	20k
Attachment 2.6 A Supplement 5 — More Restrictive Methods of Treating Resources Than Those of the SSI Program	18k
Attachment 2.6 A Supplement 5a — Methods for Treatment of Resources for Individuals with Incomes Related to Federal Poverty Levels	16k
Attachment 2.6 A Supplement 7 — Income Levels for 1902(f) States	16k
Attachment 2.6 A Supplement 8a — Less Restrictive Methods of Treating Income Under Section 1902(r)(2) of the Act	696k
Attachment 2.6 A Supplement 8b — More Liberal Methods of Treating Resources Under Section 1902(r)(2) of the Act	188k
Attachment 2.6 A Supplement 8c — State Long-Term Care Insurance Partnership	59k

Attachment 2.6 A Supplement 9 — Transfer of Resources	80k
Attachment 2.6 A Supplement 9a — Transfer of Assets	104k
Attachment 2.6 A Supplement 9b — Transfer of Assets	131k
Attachment 2.6 A Supplement 10 — Undue Hardship	19k
Attachment 2.6 A Supplement 11 — COBRA Continuation Beneficiaries	18k
Attachment 2.6 A Supplement 12 — Methodologies for Treatment of Resources That Are More Liberal Than Those of the SSI Program	22k
Attachment 2.6 A Supplement 13 — Section 1924 Provisions	30k
Attachment 2.6 A Supplement 14 — Tuberculosis (TB) Infected Individuals	28k
Attachment 2.6 A Supplement 15 — Variations from the Basic Personal Needs Allowance	30k
Attachment 2.6 A Supplement 16 — LTC Home Equity/Asset Verification System	207k
Attachment 2.6 A Supplement 18 — Methodology for Identification of Applicable FMAP Rates	1.4MB
2.7 — Medicaid Furnished Out of State	151k
MMDL Eligibility Pages	File Size
MAGI Based Income Methodologies	138k
AFDC Income Standards	362k
Eligibility Groups — Mandatory Coverage - Parents and Other Caretaker Relatives	250k
Eligibility Groups — Mandatory Coverage - Infants and Children Under Age 19	514k
Eligibility Groups — Mandatory Coverage - Adult Groups	126k
Eligibility Groups — Options for Coverage - Individuals above 133%	62k
Eligibility Groups — Options for Coverage - Optional Coverage of Parents and Other Caretaker Relatives	66k
Eligibility Groups — Options for Coverage - Reasonable Classifications of Individuals Under Age 21	63k
Eligibility Groups — Options for Coverage - Children with Non-IV E Adoption Assistance	94k
Eligibility Groups — Options for Coverage - Optional Targeted Low Income Children	63k
Eligibility Groups — Options for Coverage - Options for Coverage Individuals with Tuberculosis	60k
Eligibility Groups — Options for Coverage - Options for Coverage Independent Foster Care Adolescents	65k
Eligibility Groups — Options for Coverage - Options for Coverage-Individuals Eligible for Family Planning	65k
Services	

Non-Financial Eligibility Citizenship and Non-Citizenship	302k	
General Eligibility Requirements Eligibility Process	172k	

Section 3 — Services: General Provisions	File Size
3.1 — Amount, Duration, and Scope of Services	287k
Attachment 3.1 A — Inpatient Hospital	264k
Attachment 3.1 A — Outpatient Hospital	152k
Attachment 3.1 A — Rural Health Clinic Services	191k
Attachment 3.1 A — Federally Qualified Health Centers	129k
Attachment 3.1 A — Other Laboratory and X-Ray Services	128k
Attachment 3.1 A — Nursing Facility Services	50k
Attachment 3.1 A — EPSDT	1.4MB
Attachment 3.1 A — Tobacco Cessation Counseling Services for Pregnant Women	189k
Attachment 3.1 A — Family Planning Services	189k
Attachment 3.1 A — Physicians' Services	137k
Attachment 3.1 A — Licensed Practitioners	264k
Attachment 3.1 A — Home Health Services	170k
Attachment 3.1 A — Private Duty Nursing Services	135k
Attachment 3.1 A — Clinic Services	163k
Attachment 3.1 A — Dental	63k
Attachment 3.1 A — Physical Therapy and Related Services	132k
Attachment 3.1 A — Prescribed Drugs, Dentures, and Prosthetic Devices; and Eyeglasses Prescribed by a Physician Skilled in Diseases of the Eye or by an Optometrist	241k
Attachment 3.1 A — Other Diagnostic, Screening, Preventive and Rehabilitative Services, i.e., Other than Those Provided Elsewhere in This Plan	562k
Attachment 3.1 A — Services for Individuals Aged 65 or Older in Institutions for Mental Illness	15k
Attachment 3.1 A — ICFs/MR	58k
Attachment 3.1 A — Inpatient Psych Under 22 Years of Age	80k
Attachment 3.1 A — Nurse-Midwife Services	27k

Attachment 3.1 A — Hospice Care	172k
Attachment 3.1 A — Case Management Services	82k
Attachment 3.1 A — Extended Services for Pregnant Women	209k
Attachment 3.1 A — Respiratory Care Services	167k
Attachment 3.1 A — Any Other Medical Care and Any Other Type of Remedial Care Recognized Under State Law, Specified by the Secretary	276k
Attachment 3.1 A — Pediatric or Family Nurse Practitioners Services	18k
Attachment 3.1 A — Home and Community Care for Functionally Disabled Elderly Adults	68k
Attachment 3.1 A — Personal Care	149k
Attachment 3.1 A — Program of All-Inclusive Care for the Elderly (PACE) Service	36k
Attachment 3.1 A — Self-Directed Personal Assistance Services	29k
Attachment 3.1 A — Telemedicine Services	82k
Attachment 3.1 A — Freestanding Birth Centers/Clinical Trials	165k
Attachment 3.1 A Supplement 1 — Case Management	924k
Attachment 3.1 A Supplement 2 — Vaccines	112k
Attachment 3.1 A Supplement 3 — PACE	310k
Attachment 3.1 A Supplement 4 — 1915(j) Self-Directed Personal Assistance Services	490k
Attachment 3.1 A Supplement 5 — 1905(a)(29) Medication-Assisted Treatment (MAT)	178k
Attachment 3.1 B — Medically Needy General Provisions	2.7MB
Attachment 3.1 C — Standards and Methods of High Quality Care	39k
Attachment 3.1 D — Transportation	19k
Attachment 3.1 E — Transplant Services	295k
Attachment 3.1 F — Managed Care	593k
Attachment 3.1 I — 1915(i) State Plan Home and Community-Based Services (HCBS)	1.1MB
Attachment 3.1 L — Alternative Benefit Plan	428k
3.2 — Coordination of Medicaid with Medicare and Other Insurance	128k
3.3 — Medicaid for Individuals Age 65 and Over in Institutions for Mental Disease	17k
3.4 — Special Requirements Applicable to Sterilization Procedures	14k

3.5 — Families Receiving Extended Medicaid Benefits	81k	
3.8 — Additional Amounts for Nursing Facility Residents	21k	

Section 4 — General Program Administration	File Size
<u>4.1 — Methods of Administration</u>	16k
4.2 — Hearings for Applicants and Recipients	14k
4.3 — Safeguarding Information on Applicants and Recipients	17k
<u>4.4 — Medicaid Quality Control</u>	22k
4.46 — Provider Screening and Enrollment	122k
4.5 — Fraud Detection and Investigation Program	365k
<u>4.6 — Reports</u>	22k
<u>4.7 — Maintenance of Records</u>	18k
4.8 — Availability of Agency Program Manuals	18k
4.9 — Reporting Provider Payments to Internal Revenue Service	16k
<u>4.10 — Free Choice of Providers</u>	30k
4.11 — Relations with Standard-Setting and Survey Agencies	38k
Attachment 4.11 A — Standards for Institutions	48k
4.12 — Consultation to Medical Facilities	17k
<u>4.13 — Required Provider Agreement</u>	59k
4.14 — Utilization/Quality Control	100k
<u>4.15 — Inspections of Care in Skilled Nursing and Intermediate Care Facilities and Institutions for Mental Disease</u>	24k
4.16 — Relations with State Health/Voc Rehab/Title V Grantees	16k
Attachment 4.16 A — Cooperative Arrangements with State Health	44k
4.17 — Liens, Adjustments, and Recoveries	161k
Attachment 4.17 A — Liens, Adjustments, and Recoveries	51k
4.18 — Recipient Cost Sharing and Similar Charges	106k
Attachment 4.18 D — Premiums Imposed on Low Income/Pregnant Women	31k

Attachment 4.18 E — Qualified Disabled and Working Individuals	32k
Attachment 4.18 F — Cost Sharing	222k
4.19 — Payments for Services	156k
Attachment 4.19 A — Inpatient Hospital Services	1.5MB
Attachment 4.19 B — Non-Institutional Services	3.2MB
Supplement to Attachment 4.19 B — Medicare Part A and Part B Deductible/Coinsurance	189k
Attachment 4.19 C — Reserving Beds in Institutions	139k
Attachment 4.19 D — Methods and Standards for Establishing Payment Rates	222k
Attachment 4.19 D (Manual of Cost Reimbursement Rules for Long Term Care Facilities)	536k
Attachment 4.19 E — Timely-Claims Payment	116k
4.20 — Direct Payments to Certain Recipients for Physicians' or Dentists' Services	16k
4.21 — Prohibition Against Reassignment of Provider Claims	15k
4.22 — Third Party Liability	46k
Attachment 4.22 A — Requirements for Third Party Liability - Identifying Liable Resources	65k
Supplement to 1 to Attachment 4.22 A	18k
Attachment 4.22 B — Requirements for Third Party Liability - Payment of Claims	94k
Attachment 4.22 C — Cost Effectiveness of Employer - Based Group Health Plans	22k
4.23 — Use of Contracts	15k
4.24 — Nursing Facility and ICF/MR	19k
4.25 — Licensing Administrators of Nursing Homes	15k
4.26 — Drug Utilization Review Program	220k
4.27 — Disclosure of Survey Information	15k
4.28 — Appeals Process	20k
4.29 — Conflict of Interest Provisions	19k
4.30 — Exclusion of Providers and Suspension of Practitioners and Other	55k
Attachment 4.30 — Sanctions for Psychiatric Hospitals	34k
4.31 — Disclosure of Information by Providers and Fiscal Agents	71k

4.32 — Income and Eligibility Verification System	71k
Attachment 4.32 A — Income and Eligibility Verification	36k
4.33 — Medicaid Eligibility Cards for Homeless Individuals	19k
Attachment 4.33 A — Method for Issuance of Medicaid Eligibility Cards	17k
4.34 — Alien Verification for Entitlements	20k
Attachment 4.34 A — Requirements for Advance Directives	60k
4.35 — Enforcement of Compliance for Nursing Facilities	70k
Attachment 4.35 A — Enforcement of Compliance for Nursing Facilities	17k
Attachment 4.35 B — Enforcement of Compliance for Nursing Facilities Termination of Provider Agreement	17k
Attachment 4.35 C — Enforcement of Compliance for Nursing Facilities Temporary Management	19k
Attachment 4.35 D — Enforcement of Compliance for Nursing Facilities Denial of Payment for New Admissions	19k
Attachment 4.35 E — Enforcement of Compliance for Nursing Facilities Civil Money Penalty	19k
Attachment 4.35 F — Enforcement of Compliance for Nursing Facilities State Monitoring	19k
Attachment 4.35 G — Enforcement of Compliance for Nursing Facilities Transfer of Residents	20k
Attachment 4.35 H — Enforcement of Compliance for Nursing Facilities Additional Remedies	18k
4.36 — Coordination Between the Medicaid and WIC Programs	17k
4.38 — Nurse Aide Training and Competency Evaluation for Nursing Facilities	442k
Attachment 4.38 — Disclosure of Additional Registry Information	35k
Attachment 4.38 A — Collection of Additional Registry Information	16k
4.39 — Preadmission Screening and Annual Resident Review in Nursing	38k
Attachment 4.39 — Definition of Specialized Services	30k
Attachment 4.39 A — PASRR Definition of Specialized Services	20k
4.40 — Survey and Certification Process	356k
Attachment 4.40 A — Survey and Certification Education Program	21k
Attachment 4.40 B — Investigation of Allegations of Resident Neglect and Abuse	443k
Attachment 4.40 C — Procedures for Scheduling and Conduct of Standard Surveys	27k
Attachment 4.40 D — Programs to Measure and Reduce Inconsistency	31k

Attachment 4.40 E — Process for Investigations of Complaints and Monitoring	101k
4.41 — Resident Assessment for Nursing Facilities	81k
4.42 — False Claims Recoveries	77k
Attachment 4.42 A — Methodology of Compliance Oversight Regarding False Claims Act	165k
4.43 — Medicaid Integrity Program	18k
4.44 — Medicaid Prohibition on Payments to Institutions or Entities Located Outside the United States	66k

Section 5 — Personnel Administration	File Size
5.1 — Standards of Personnel Administration	22k
5.2 — Training Programs	11k
5.3 — Training Programs; Subprofessional and Volunteer Programs	14k

Section 6 — Financial Administration	File Size
6.1 — Fiscal Policies and Accountability	15k
6.2 — Cost Allocation	14k
6.3 — State Financial Participation	22k

Section 7 — General Provisions	File Size
7.1 — Plan Amendments	16k
7.2 — Nondiscrimination	28k
Attachment 7.2 A — Nondiscrimination	17k
7.4 — State Governor's Review	128k

Section 8 — MAGI	File Size
8.0 — Modified Adjusted Gross Income (MAGI)	138k

Section 9 — MACPRO State Plan Amendments	File Size
Administration	

Designation and Authority	115k
Intergovernmental Cooperation Act Waivers	155k
Eligibility Determinations and Fair Hearings	137k
Organization and Administration	249k
Single State Agency Assurances	79k
Reporting	82k
Eligibility	
Eligibility Determinations of Individuals Age 65 or Older or Who Have Blindness or a Disability	88k
Pregnant Women	158k
Mandatory Eligibility Groups	134k
Former Foster Care Children	162k
Optional Eligibility Groups	479k
Individuals in Institutions Eligible Under a Special Income Level	95k
Ticket to Work Basic	93k
Continuous Eligibility for Children	467k