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State: Arizona

Citation
42 CFR
435.10

2.2 Coverage and Conditions of Eligibility

Medicaid is available to the groups specified in
ATTACHMENT 2.2-A.

- Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- Mandatory categorically needy, other required special groups, and specified optional groups.
- Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(10)(A)(ii)(XI), 1902(a)(10)(E), 1902(l) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

TN No. 92-4

Supersedes

TN No. 88-12

Approval Date

6/2/92

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STATE OF ARIZONA

ADDENDUM
COVERAGE AND CONDITIONS OF ELIGIBILITY

- 110 1101 -
435.231
NOW re#
435.230

CITATION: Page 12 and Attachment 2.2-A, Pages 11 & 17, of the State Plan

In accordance with the terms of waivers granted to the State of Arizona, the State is waived from Federal requirements (42 CFR §§435.217 and 435.231) to enable Arizona to exclude hospitalized individuals and others not requiring long term care services from the optional institutionalized eligibility categories.

EFFECTIVE DATE: 12/19/88

*Verified page placement
with online CMS version
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BJ*

