

Revision: MSA-PI-75-3
August 20, 1974

Attachment 2.6-B

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Alabama

STANDARDS FOR OPTIONAL STATE SUPPLEMENTARY PAYMENTS

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- I. Aged, blind, and disabled recipients of optional State supplementary payments are eligible for medical assistance as categorically needy under this plan. The payments meet the four conditions specified in 45 CFR 248.2(d), that is, they are:
- A. Regular, in cash, and based on need;
 - B. Available on a Statewide basis;
 - C. Made to reasonable classifications of individuals who, except for the level of their income, would be eligible for an SSI payment, as described in the supplement to this ATTACHMENT; and
 - D. Equal to the difference between income and the financial standard used to determine eligibility for the supplement.
- II. There are variations in the payment levels by political subdivisions.

No.

Yes, as described below:

Rec'd. _____ 74-6 _____
Trans. _____ A- 1/29/75
Analysis: Yes _____ 1/1/74
Obsoleted by _____

SUPPLEMENT TO ATTACHMENT 2.6-B - STATE-ADMINISTERED OPTIONAL STATE SUPPLEMENT: PAYMENT GROUPS:
NEED & PAYMENT LEVELS: ADDITIONAL DISREGARDS: ADDITIONAL ELIGIBILITY CRITERIA

State Alabama

COVERAGE GROUPS	MAXIMUM NEEDS CONSIDERED		MAXIMUM PAYMENT		ADDITIONAL DISREGARDS Aged, Blind, and Disabled	MORE RESTRICTIVE ELIGIBILITY CRITERIA		
	Aged and Disabled	Blind	Aged and Disabled	Blind		Aged	Disabled	Blind
Cerebral palsy treatment center - Individual Couple	\$392 <u>1/</u> 784 <u>1/</u>		\$392 784		None None	None None	None None	None None
*Living in home with personal care - Individual Couple	40 80	40 80	40 80	40 80	None None	None None	None None	None None
**Living in home with personal care - Individual Couple	60 120	60 120	60 120	60 120	None None	None None	None None	None None

1/ Disabled only

*Effective 5/1/81 Needs considered and payment made are in addition to SSI FBR.

**Effective 7/1/81 Needs considered and payment made are in addition to SSI FBR.

18 pgs 5/2/81
81-10
EFF 5/1/81
18/5/81
5/2/81

SUPPLEMENT TO ATTACHMENT 2.6-B - STATE-ADMINISTERED OPTIONAL STATE SUPPLEMENT: PAYMENT GROUPS:
INCOME LEVELS: ADDITIONAL DISREGARDS: ADDITIONAL ELIGIBILITY CRITERIA

MEDICAL INSTITUTIONS AND INTERMEDIATE CARE FACILITIES
State: Alabama

1 Payment Categories	2	3	4	5	6 Additional disregard	7 More Restrictive Eligibility Criteria
	Individual		Couple			
Aged-Blind-Disabled	Gross	Net	Gross	Net		
Skilled Nursing Facility Mental Hospital Tuberculosis Hospital	300% of SSI SPA \$794.10	\$794.10	-	-	none	
Intermediate Care Facility and Intermediate Care Facility for the Mentally Retarded	300% of SSI SPA \$794.10	\$794.10	-	-	none	

Effective October 1, 1981

POC: 11/3/81 81-17 11/3/81
 R.C.: A 11/18/81 K.H. 10/1/81
 OBC: