

Revision: HCFA-PM-91-4 (BPD)  
August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A  
Page 1  
OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

<u>Family Size</u>	<u>Need Standard</u>	<u>Payment Standard</u>	<u>Maximum Payment Amounts</u>
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The income level is 100% FPL based on household size. Please see Supplement 12 to Attachment 2.6-A, pages 2 & 3 for the income methodology.

2. Pregnant Women and Infants under Section 1902(a)(10)(A)(i)(IV) of the Act: based on the following percent of the official Federal income poverty level--

X 133 percent

TN No. 03-001  
Supersedes 93-20 Approval Date APR 22 2003 Effective Date February 1, 2003

HCFA ID: 1985E

State Plan under Title XIX of the Social Security Act  
STATE: Arizona

Income Maximum; Need and Payment Standards

A-1 STANDARD

Number of Persons	185% AFDC Income Maximum	Need Standard	Payment Standard
1	\$1048	\$ 567	\$ 204
2	1415	765	275
3	1783	964	347
4	2149	1162	418
5	2516	1360	489
6	2884	1559	561
7	3250	1757	632
8	3616	1955	703
9	3983	2153	775
10	4349	2351	846
11	4715	2549	917
12	5081	2747	988
13	5448	2945	1060
14	5814	3143	1131

Extra + 198

A-2 STANDARD

Number of Persons	185% AFDC Income Maximum	Need Standard	Payment Standard
1	\$ 660	\$ 357	\$128
2	889	481	173
3	1122	607	218
4	1354	732	263
5	1583	856	308
6	1816	982	353
7	2046	1106	398
8	2277	1231	443
9	2508	1356	488
10	2739	1481	533
11	2971	1606	578
12	3202	1731	623
13	3433	1856	668
14	3664	1981	713

Extra + 125

These Payment Standards are based on 36% of the 1992 federal poverty level adjusted for family size and a shelter cost factor.

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State: ARIZONA

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3. Supplemental Security Income:

Individual Federal Benefit Rate

Couple Federal Benefit Rate

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

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.

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TR No. 91-12

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

1. Pregnant Women and Infants

The levels for determining income eligibility for optional groups of pregnant women and infants under the provisions of sections 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act are based on the following percent of the Federal poverty levels:

140 percent for pregnant women

AND

140 percent for infants under one year of age

TN No. 07-008

Supersedes

TN No. 03-001

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**SEP 23 2007**

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

INCOME ELIGIBILITY LEVELS (Continued)

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL

2. Children Between Ages 6 and 8

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of section 1902(1)(2) of the Act are as follows:

Based on 100 percent (no more than 100 percent) of the official Federal income poverty line. \*

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ <u>          </u>
<u>2</u>	\$ <u>          </u>
<u>3</u>	\$ <u>          </u>
<u>4</u>	\$ <u>          </u>
<u>5</u>	\$ <u>          </u>
<u>6</u>	\$ <u>          </u>
<u>7</u>	\$ <u>          </u>
<u>8</u>	\$ <u>          </u>
<u>9</u>	\$ <u>          </u>
<u>10</u>	\$ <u>          </u>

\* As revised annually in the Federal Register for the size family involved.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

INCOME ELIGIBILITY LEVELS (Continued)

3. Aged and Disabled Individuals

Not Applicable

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

Based on \_\_\_\_\_ percent of the official Federal income poverty line.

<u>Family Size</u>	<u>Income Level</u>
<u>1</u>	\$ _____
<u>2</u>	\$ _____
<u>3</u>	\$ _____
<u>4</u>	\$ _____
<u>5</u>	\$ _____

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.

PN No. 92-1  
Supersedes  
PN No. 87-7

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Pages 6 & 7

were superseded

See old State Plan  
book (OPAC)



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY

(Not Applicable)

       Applicable to all groups.

       Applicable to all groups except those specified below. Excepted group income levels are also listed on an attached page 3.

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _____ months	Amount by which Column (2) exceeds limits specified in 42 CFR	Net income level for persons living in rural areas for _____ months	Amount by which Column (4) exceeds limits specified in 42 CFR
<input checked="" type="checkbox"/>	urban only	435.1007 <sup>2/</sup>		435.1007 <sup>2/</sup>
<input checked="" type="checkbox"/>	urban & rural			
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$

For each additional person, add:

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

<sup>2/</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Arizona

INCOME LEVELS (Continued)

D. MEDICALLY NEEDY (Not Applicable)

(1) Family Size	(2) Net income level protected for maintenance for _____ months	(3) Amount by which Column (2) exceeds limits specified in 42 CFR	(4) Net income level for persons living in rural areas for _____ months	(5) Amount by which Column (4) exceeds limits specified in 42 CFR
<input type="checkbox"/> urban only		435.1007 <sup>1/</sup>		435.1007 <sup>1/</sup>
<input type="checkbox"/> urban & rural				
5	\$	\$	\$	\$
6	\$	\$	\$	\$
7	\$	\$	\$	\$
8	\$	\$	\$	\$
9	\$	\$	\$	\$
10	\$	\$	\$	\$

For each additional person, add: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

<sup>1/</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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