

C.	DATE OF APPLICATION	89
D.	WHO MUST BE INTERVIEWED	89
E.	WHO MUST SIGN.....	89
F.	CONTENT OF THE INTERVIEW	89
G.	DUE DATE OF ADDITIONAL INFORMATION	89
H.	AGENCY TIME LIMITS	90
I.	AGENCY DELAYS	90
J.	PAYEE	90
K.	REPAYMENT AND PENALTIES	90
L.	BEGINNING DATE OF ELIGIBILITY.....	90
M.	REDETERMINATION SCHEDULE	90
N.	EXPEDITED PROCESSING	90
O.	CLIENT NOTIFICATION	90
P.	DATA SYSTEM ACTION.....	91
Q.	REDETERMINATION VARIATIONS	91
R.	THE BENEFIT	91
S.	ENDING DATE OF ELIGIBILITY	91
1.18	INDIVIDUALS RECEIVING HOME AND COMMUNITY BASED SERVICES UNDER TITLE XIX WAIVERS	92
1.19	CHILDREN WITH DISABILITIES COMMUNITY SERVICES PROGRAM (CDCS)	93
A.	APPLICATION FORMS	93
B.	COMPLETE APPLICATION	93
C.	DATE OF APPLICATION	93
D.	INTERVIEW REQUIRED.....	94

E.	WHO MUST BE INTERVIEWED	94
F.	WHO MUST SIGN.....	94
G.	CONTENT OF THE INTERVIEW	94
H.	DUE DATE OF ADDITIONAL INFORMATION	94
I.	AGENCY TIME LIMITS	94
J.	AGENCY DELAYS	94
K.	PAYEE	95
L.	REPAYMENT AND PENALTIES	95
M.	BEGINNING DATE OF ELIGIBILITY.....	95
N.	REDETERMINATION SCHEDULE	95
O.	EXPEDITED PROCESSING	95
P.	CLIENT NOTIFICATION	95
Q.	DATA SYSTEM ACTION.....	95
R.	REDETERMINATION VARIATIONS	96
1.	The Redetermination List.....	96
2.	The Date Of The Redetermination	96
3.	Scheduling The Redetermination.....	96
4.	Completion Of The Redetermination	96
S.	THE BENEFIT	96
1.	Retroactive Benefits.....	96
2.	Ongoing Eligibility	96
3.	Ending Date Of Eligibility	96
1.20	AIDS DRUG ASSISTANCE PROGRAM (ADAP)	97
A.	APPLICATION FORMS	97
B.	COMPLETE APPLICATION	97
C.	DATE OF APPLICATION	97

D.	INTERVIEW REQUIRED.....	97
E.	WHO MUST BE INTERVIEWED	98
F.	WHO MUST SIGN.....	98
G.	CONTENT OF THE INTERVIEW	98
H.	DUE DATE OF ADDITIONAL INFORMATION.....	98
I.	AGENCY TIME LIMITS	98
J.	AGENCY DELAYS	98
K.	PAYEE	98a
L.	REPAYMENT AND PENALTIES	98a
M.	BEGINNING DATE OF ELIGIBILITY.....	98a
N.	REDETERMINATION SCHEDULE	98a
O.	EXPEDITED PROCESSING	99
P.	CLIENT NOTIFICATION	99
Q.	DATA SYSTEM ACTION.....	99
R.	REDETERMINATION VARIATIONS	99
S.	THE BENEFIT	99
1.21	AFDC-RELATED MEDICAID	100
A.	APPLICATION FORMS.....	100
B.	COMPLETE APPLICATION	100
C.	DATE OF APPLICATION	100
D.	INTERVIEW REQUIRED.....	100

E.	WHO MUST BE INTERVIEWED	100
F.	WHO MUST SIGN.....	101
G.	CONTENT OF THE INTERVIEW	101
H.	DUE DATE OF ADDITIONAL INFORMATION	102
I.	AGENCY TIME LIMITS	102
J.	AGENCY DELAYS	102
K.	PAYEE	102
L.	REPAYMENT AND PENALTIES	102
M.	BEGINNING DATE OF ELIGIBILITY.....	102
1.	Non-Spenddown	102
2.	Spenddown.....	102
N.	REDETERMINATION SCHEDULE	103
1.	Non-Spenddown	103
2.	Spenddown.....	103
O.	EXPEDITED PROCESSING	103
P.	CLIENT NOTIFICATION	103
Q.	DATA SYSTEM ACTION.....	103
R.	REDETERMINATION VARIATIONS	103
1.	Non-Spenddown	103
2.	Spenddown	104
S.	THE BENEFIT	105
1.	Non-Spenddown	105
2.	Spenddown	105
1.22	SSI-RELATED MEDICAID, AGED, BLIND AND DISABLED.....	107
A.	APPLICATION FORMS	107