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State/Territory Name: Alabama

State Plan Amendment (SPA) #: AL-14-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Approved SPA Pages
- 3) SPA Summary Form

The complete title XXI state plan for Alabama consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: XXI state plans and amendments:
<http://medicaid.gov/chip/state-program-information/chipstate-program-information.html>



Children and Adults Health Programs Group

MAR 14 2014

Cathy Caldwell, Director
Bureau of Children's Health Insurance
P.O. Box 303017
Montgomery, AL 36130-3017

Dear Ms. Caldwell:

I am pleased to inform you that the Centers for Medicare & Medicaid Service has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) numbered AL-14-0014 submitted on February 11, 2014, related to Modified Adjusted Gross Income (MAGI) Eligibility with an effective date of January 1, 2014.

The SPA number AL-14-0014 converts the state's existing income eligibility standards to MAGI-equivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion section (4.0) of the current CHIP state plan.

Your title XXI project officer is Ms. LaVern Baty. She is available to answer questions concerning this amendment. Ms. Baty's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-5480
Facsimile: (410) 786-5882
E-mail: Lavern.Baty@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Baty and Ms. Jackie Glaze, Associate Regional Administrator, Centers for Medicare & Medicaid Services, Region IV, Division of Medicaid and Children's Health Operations. Ms. Glaze's address is:

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations
Atlanta Federal Center, 4th Floor
61 Forsyth Street, SW, Suite 4T20
Atlanta, GA 30303-8909

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If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs at (410) 786-5143. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerely,



Eliot Fishman
Director

Enclosure

cc:
Jackie Glaze, ARA, CMS Region IV



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Eligibility for Medicaid Expansion Program

CS3

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	6	19	107	141	X

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Children's Health Insurance Program Eligibility

AL.0760.R00.00 - Jan 01, 2014

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General Information

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Summary

Children's Health Insurance Program Eligibility: Summary Page

State/Territory Alabama name: Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

AL-14-0014

Type of SPA:

- MAGI Eligibility & Methods
XXI Medicaid Expansion
Establish 2101(f) Group
Eligibility Processing
Non-Financial Eligibility

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

42 CFR 457.320(a)(2) and (3)

Federal Budget Impact

This SPA has a budget impact.

Total budget impact:

State Funds: \$

Federal Funds: \$

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count: 128 out of 2000

To establish the income eligibility for the Medicaid Expansion Program for children as required by 42 CFR 457.320(a)(2) and (3).

Signature of State Agency Official

Submitted By: Viki Brant
Last Revision Date: Feb 19, 2014
Submit Date: Feb 11, 2014

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