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State/Territory Name: Alabama

State Plan Amendment (SPA) #: AL-14-0016

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

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

APR 2 1 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 Services (CMS) has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number AL-14-0016, submitted on February 14, 2014 and related to Modified Adjusted Gross Income (MAGI) Eligibility, with an effective date of January 1, 2014.

In SPA number AL-14-0016, page CS15 provides assurance that the state will apply methodologies based on MAGI for all separate CHIP covered groups. Page CS7 indicates that, using the approved MAGI conversion plan income thresholds, the state will cover targeted low-income children. Page CS10 allows the state to cover children who have access to public employee coverage and updates the supporting documentation. A copy of the approved CS15 is attached and should be incorporated within a separate subsection under Section 4.3 of the state's approved CHIP state plan. A copy of the approved CS7 is attached and supersedes the current Geographic Area, Age and Income Sections 4.1.1, 4.1.2 and 4.1.3 of the current CHIP state plan. A copy of the approved CS10 and its supporting documentation is attached; the CS10 supersedes the current information on dependents of public employees in section 4.4.1 of the current CHIP state plan, and the supporting documentation should supersede the current documentation in an Appendix to the current CHIP state plan.

Your title XXI project officer is Ms. LaVern Baty. She is available to answer questions concerning this amendment and other CHIP-related issues. 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) 786-5943

E-mail: Lavern.Baty@cms.hhs.gov

Page 2 – Ms. Cathy Caldwell

Official communications regarding program matters should be sent simultaneously to Ms. Baty and to Ms. Jackie Glaze, Associate Regional Administrator (ARA), in our Atlanta Regional Office. 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

If you have additional questions, please contact Ms. Barbara K. Richards, Acting Director, Division of State Coverage Programs at (410) 786-5920. 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

Enclosures

cc:

Jackie Glaze, ARA, CMS Region IV, Atlanta



SPA# AL-14-0016

CHIP Eligibility

						ntrol Number: 0938-1148 piration date: 10/31/2014
	all and the second second second	Health Insura geted Low-In				CS7
2102(b)(1)(B)(v) of	f the SSA and 42 (CFR 457.310, 31:	5 and 320		
Targe state.	ted Low-	Income Children	- Uninsured chil	dren under age 19 whos	e household income is within stand	ards established by the
✓ T	he CHIP	Agency operates the	nis covered group	in accordance with the	following provisions:	
Age						
Must	be under	age 19.				
Income S	tandards					
Inco	me standa	ards are applied st	atewide. Yes			
S S	Standard of Statewide Begin with	Income Standards	e standard? first. pund for CHIP eli	igibility should be the h	alify under either a statewide incoming ighest standard used for Medicaid purple to & including (% FPL)	
	-	0	19	141	312	x
Special P	incor		as overlapping ag		anation. Include the age ranges for aving different income standards.	each
_		•		n with disabilities? N	lo	
<u> </u>			<u> </u>	PRA Disclosure Sta	<u>tement</u>	

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SPA# AL-14-0016

CHIP Eligibility

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.

V.20130709

APR 2 1 2014

Approval Date:



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

200-903 n 396 ti	parate Child Health Insurance Program igibility - Children Who Have Access to Public Employee Coverage
Sec	2. 2110(b)(2)(B) and (b)(6) of the SSA
	Children Who Have Access to Public Employee Coverage - Otherwise eligible targeted low-income children who have access to public employee coverage on the basis of a family member's employment.
	☑ The CHIP Agency operates this covered group in accordance with the following provisions:
	Select one of the following conditions as described in Section 2110(b)(6) of the Social Security Act:
	Maintenance of agency contribution as provided in 2110(b)(6)(B) of the SSA.
	C Hardship criteria as provided in section 2110(b)(6)(C) of the Social Security Act.
	Coverage under this option is extended to children whose household income is:
	Select one of the options for the income standard when compared to Targeted Low Income Children
	The same as the standards for Targeted Low-Income Children
	C Lower than the income standards for Targeted Low-Income Children
	Indicate whether coverage under this option is extended to all children who have access to public employee coverage, or only certain children:
	• All children who have access to public employee coverage
	Certain children who have access to public employee coverage:
	Attach methodology the state has used to calculate maintenance of agency contribution.
	An attachment is submitted.
	The state provides assurance that the state will, on an annual basis, recalculate expenditures for each participating public agency to determine if the maintenance effort condition continues to be met.
	Children who are eligible for public employee health benefits coverage who are not described above are excluded from eligibility under the plan.
	Children considered to have access to public employee coverage, and therefore not excluded from CHIP through this option, otherwise meet the definition of targeted low-income child provided at 42 CFR 457.310.
I	PRA Disclosure Statement

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V.20131007

Approval Date: APR 2 1 2014 Effective Date: January 1, 2014 Page 1 of 1

Maintenance of Agency Contribution for Alabama State Employees Insurance Board

Table 1 - Monthly

	Employee Employee				1997 State
	and Dependent and Dependent		Agency		Expenditure
FY	Costs	Premium	Expenditures	CPI-U (Medica	Increased by CPI
1997	\$355.33	\$164.00	\$191.33		\$191.33
1998	\$383.11	\$164.00	\$219.11	3.22%	\$197.49
1999	\$422.33	\$164.00	\$258.33	3.49%	\$204.38
2000	\$469.55	\$164.00	\$305.55	4.06%	\$212.68
2001	\$517.04	\$164.00	\$353.04	4.61%	\$222.49
2002	\$554.40	\$164.00	\$390.40	4.71%	\$232.96
2003	\$632.52	\$164.00	\$468.52	4.02%	\$242.33
2004	\$670.51	\$164.00	\$506.51	4.40%	\$252.99
2005	\$705.23	\$164.00	\$541.23	4.22%	\$263.67
2006	\$724.43	\$164.00	\$560.43	4.01%	\$274.24
2007	\$804.11	\$180.00	\$624.11	4.42%	\$286.36
2008	\$854.71	\$180.00	\$674.71	3.71%	\$296.99
2009	\$922.83	\$180.00	\$742.83	3.17%	\$306.40
2010	\$984.23	\$205.00	\$779.23	3.42%	\$316.88
2011	\$996.10	\$205.00	\$791.10	3.04%	\$326.51
2012	\$1,007.26	\$205.00	\$802.26	3.68%	\$338.53

Table 2 - Annual

	Annual	Annual			
	Employee	Employee			1997 State
	and Dependent and Dependen		Agency		Expenditure
FY	Costs	Premiums	Expenditures	CPI-U (Medica	Increased by CPI
1997	\$4,263.96	\$1,968.00	\$2,295.96	•	\$2,295.96
1998	\$4,597.32	\$1,968.00	\$2,629.32	3.22%	\$2,369.89
1999	\$5,067.96	\$1,968.00	\$3,099.96	3.49%	\$2,452.60
2000	\$5,634.60	\$1,968.00	\$3,666.60	4.06%	\$2,552.17
2001	\$6,204.48	\$1,968.00	\$4,236.48	4.61%	\$2,669.83
2002	\$6,652.80	\$1,968.00	\$4,684.80	4.71%	\$2,795.58
2003	\$7,590.24	\$1,968.00	\$5,622.24	4.02%	\$2,907.96
2004	\$8,046.12	\$1,968.00	\$6,078.12	4.40%	\$3,035.91
2005	\$8,462.76	\$1,968.00	\$6,494.76	4.22%	\$3,164.03
2006	\$8,693.16	\$1,968.00	\$6,725.16	4.01%	\$3,290.90
2007	\$9,649.32	\$2,160.00	\$7,489.32	4.42%	\$3,436.36
2008	\$10,256.52	\$2,160.00	\$8,096.52	3.71%	\$3,563.85
2009	\$11,073.96	\$2,160.00	\$8,913.96	3.17%	\$3,676.83
2010	\$11,810.76	\$2,460.00	\$9,350.76	3.42%	\$3,802.57
2011	\$11,953.20	\$2,460.00	\$9,493.20	3.04%	\$3,918.17
2012	\$12,087.12	\$2,460.00	\$9,627.12	3.68%	\$4,062.36

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Approval Date: _____ Effective Date: January 1, 2014

Maintenance of Agency Contribution for Alabama Public Eduction Employees Health Insurance Plan

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1997 PEEHIP Expenditures increased by CPI	3,387.96	3,497.05	3,619.10	3,766.03	39.626′8	4,125.21	4,291.04	4,479.85	4,668.90	4,856.12	5,070.76	5,258.88	5,425.59	5,610.60	5,781.16	5,995.07
CPI-U (Medical)		3.22%	3.49%	4.06%	4.61%	4.71%	4.02%	4.40%	4.22%	4.01%	4.42%	3.71%	3.17%	3.41%	3.04%	3.70%
Agency Expenditures	3,387.96	3,777.60	4,167.24	4,556.88	4,946.52	5,336.16	5,725.80	6,177.72	6,472.04	6,894.84	7,451.28	7,903.92	8,933.40	96.7537.96	8,374.44	8,601.00
Annual Employee and Dependent Premiums	1,488.00	1,488.00	1,488.00	1,488.00	1,608.00	1,608.00	1,608.00	1,608.00	1,608.00	1,608.00	1,608.00	1,608.00	1,608.00	1,608.00	2,124.00	2,124.00
Annual Employee and Dependent costs	4,875.96	5,265.60	5,655.24	6,044.88	6,554.52	6,944.16	7,333.80	7,785.72	8,080.04	8,502.84	9,059.28	9,511.92	10,541.40	11,145.96	10,498.44	10,725.00
Ā	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012

* Estimate on CPI for 2012 - final numbers
 are not available until February 2014



CHIP Eligibility

OMB Control Number: 0938-1148 Expiration date: 10/31/2014

Separate Child Health Insurance Program CS15 MAGI-Based Income Methodologies							
2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315							
The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).							
In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.							
If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.							
In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:							
The pregnant woman is counted just as herself.							
The pregnant woman is counted just as herself, plus one.							
The pregnant woman is counted as herself, plus the number of children she is expected to deliver.							
Financial eligibility is determined consistent with the following provisions:							
When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.							
When determining eligibility for current beneficiaries, financial eligibility is based on:							
© Current monthly household income and family size.							
Projected annual household income for the remaining months of the current calendar year and family size.							
In determining current monthly or projected annual household income, the state will use reasonable methods to:							
Include a prorated portion of the reasonably predictable increase in future income and/or family size.							
Account for a reasonably predictable decrease in future income and/or family size.							
Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.							
Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.							
The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.							
An attachment is submitted.							

PRA Disclosure Statement

Approval Date: APR 2 1 2014



SPA# AL-14-0016

CHIP Eligibility

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APR 2 1 2014

Approval Date: _____ Effective Date: January 1, 2014
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logged in as TONIABROWN(CMS CO Staff) read only mode application rev p01 Children's Health Insurance **Program Eligibility** Home Finder Validate Help AL.0774.R00.00 - Jan 01, 2014 **Control Panel** Children's Health Insurance Program Eligibility: **Summary Page** General Information State/Territory Alabama **Transmittal Number:** File Management name: Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two Tribal Input digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered. Summary AL-14-0016 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 2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320, Sec. 2110(b)(2)(B) and (b) 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.



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