## **Table of Contents**

## **State/Territory Name: Connecticut**

## State Plan Amendment (SPA) #: CT-14-0003

This file contains the following documents in the order listed:

Approval Letter
SPA Summary Form

3) Approved SPA Pages

The complete title XXI state plan for Connecticut 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/chipstateprogram-information.html DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-01-16 Baltimore, Maryland 21244-1850



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#### **Children and Adults Health Programs Group**

## SEP 2 2 2014

Kate McEvoy, Esq. Director, Division of Health Services State of Connecticut Department of Social Services 55 Farmington Avenue Hartford, CT 06106

Dear Ms. McEvoy:

I am pleased to inform you that the Centers for Medicare & Medicaid Services has approved your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number CT-14-0003 submitted on June 26, 2014. This SPA relates to Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

The SPA number CT-14-0003 describes the state's plan to provide coverage in its separate CHIP, for children subject to section 2101(f) of the Affordable Care Act, as specified in the state's submission of CS14: Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards. A copy of the approved CS14 is attached, and should be incorporated within a separate subsection under section 4.1 of Connecticut's approved CHIP state plan.

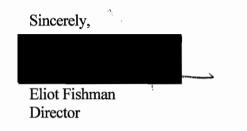
Your title XXI project officer is Mr. Martin Burian. He is available to answer questions concerning this amendment and other CHIP-related issues. Mr. Burian's contact information is as follows:

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) 786-3246 Facsimile: (410) 786-5882 E-mail: <u>Martin.Burian@cms.hhs.gov</u>

Official communications regarding program matters should be sent simultaneously to Mr. Burian and to Mr. Richard McGreal, Associate Regional Administrator (ARA) in our Boston Regional Office. Mr. McGreal's address is:

Centers for Medicare & Medicaid Services Division of Medicaid and Children's Health Operations JFK Federal Building 15 Sudbury Street, Room 2325 Boston, MA 02203 Page 2 – Ms. Kate McEvoy

Congratulations on the approval. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs. If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs at (410) 786-0719.



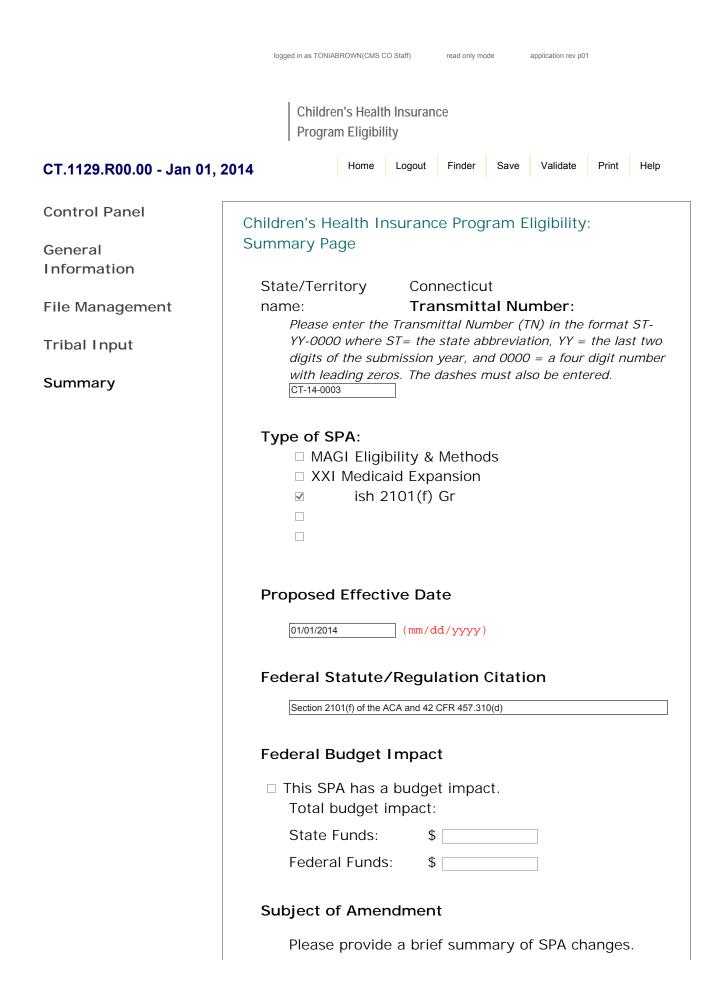
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Enclosure

cc:

Mr. Richard McGreal, ARA, CMS Region I, Boston

### Children's Health Insurance Program Eligibility: Summary Page Page 1 of 2



In order to comply wit seeks to amend its CHI children determined ir as a result of the eli	Character Count:552 out of 2000 th section 2101(f) of the ACA, Connecticut P plan to assure that it will treat any teligible under the state's Medicaid plan mination of the application of income on 1902(e)(14) of the Social Security Act
Signature of State	Agency Official
Submitted By:	Patricia McCooey
Last Revision Date:	Sep 5, 2014
Submit Date:	Jun 27, 2014
BACK	CONTINUE

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# **CHIP Eligibility**

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

Child Health Insurance Program Eligibility - Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards
Section 2101(f) of the ACA and 42 CFR 457.310(d)
Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards
The CHIP agency provides coverage for this group of children as follows:
C The state has received approval from CMS to maintain Medicaid eligibility for children who would otherwise be subject to Section 2101(f) such that no child in the state will be subject to this provision.
The state assures that separate CHIP coverage will be provided for children ineligible for Medicaid due to the elimination of income disregards in accordance with 42 CFR 457.310(d). Coverage for this population will cease when the last child protected from loss of Medicaid coverage as a result of the elimination of income disregards has been afforded 12 months of coverage in a separate CHIP (expected to be no later than April 1, 2016).
Describe the methodology used by the state to identify and enroll children in a separate CHIP who are subject to the protection afforded by Section 2101(f) of the Affordable Care Act:
C The state has demonstrated and CMS has agreed that all children qualifying for section 2101(f) protection will qualify for the state's existing separate CHIP.
The state will enroll all children in a separate CHIP who lose Medicaid eligibility because of an increase in family income at their first renewal applying MAGI methods.
The state will enroll children in a separate CHIP whose family income falls above the converted MAGI Medicaid FPL but at or below the following percentage of FPL. The state has demonstrated and CMS has agreed that all or almost all the children who would have maintained Medicaid eligibility if former disregards were applied will be within this income range and therefore covered in the separate CHIP.
% FPL
The state will enroll children in a separate CHIP who are found to be ineligible for Medicaid based on MAGI but whose family income has not increased since the child's last determination of Medicaid eligibility or who would have remained eligible for Medicaid (based on the 2013 Medicaid income standard) if the value of their 2013 disregards had been applied to the family income as determined by MAGI methodology.
C Other.
Describe the benefits provided to this population:
C This population will be provided the same benefits as are provided to children in the state's Medicaid program.
This population will be provided the same benefits as are provided to children in the state's separate CHIP.
C Other (consistent with Section 2103 of the SSA and 42 CFR 457 Subpart D).
Describe premiums and cost sharing required of this population:
C Cost sharing is the same as for children in the Medicaid program.

Approval Date:\_\_\_\_\_



# **CHIP Eligibility**

• Premiums and cost sharing are the same as for targeted low-income children in the state's separate CHIP.

C No premiums, copayments, deductibles, coinsurance or other cost sharing is required.

C Other premiums and/or cost-sharing requirements (consistent with Section 2103(e) of the SSA and 42 CFR 457 Subpart E).

#### 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.

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