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State/Territory Name: Georgia

State Plan Amendment (SPA) #: GA-13-0016

This file contains the following documents in the order listed:

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

The complete title XXI state plan for Massachusetts 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: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-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

MAY 20 2015

Ms. Sheila Alexander
Program Director, Peach Care for Kids
Georgia Department Community Health
2 Peachtree, N.W., 37th Floor
Atlanta, GA 30303

Dear Ms. Alexander:

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 GA-13-0016 submitted on November 14, 2013, with additional information provided on May 19, 2015. This SPA relates to Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

In SPA number GA-13-0016, 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. The first CS10 page uses the maintenance of agency contribution criteria to allow CHIP coverage for children of State Health Benefit Plan employees, and the second CS10 page uses the hardship exception criteria to allow CHIP coverage for children of the Board of Regents employees. Page CS13 indicates that the state elects to cover as deemed newborns children born to mothers enrolled as targeted low-income children in CHIP and children deemed eligible in another state. These approved pages are attached to this letter and should be incorporated into the current CHIP state plan according to the table below. Where the current CHIP state plan contains relevant information, the new pages should replace and supersede the corresponding information throughout the current state plan.

New State Plan Page	Impact on Current State Plan Section
CS15: MAGI-Based Income Methodologies	Section 4.3: Add new subsection and supersede information on income counting
CS7: Targeted Low-Income Children	Sections 4.1.1, 4.1.2, 4.1.3: Supersede all
CS10: Children Who Have Access to Public Employee Coverage	Section 4.4.1: Supersede information on dependents of employees of a public agency
CS10: Maintenance of Agency Contribution (State Health Benefit Plan Employees)	Appendix: Supersede current documentation
CS10: Children Who Have Access to Public Employee Coverage	Section 4.4.1: Supersede information on dependents of employees of a public agency

CS10: Hardship Exception (Board of Regents Employees)	Appendix: Supersede current documentation
CS13: Deemed Newborns	Section 4.3: Add new subsection

Your title XXI project officer is Ms. Cassie Lagorio. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Lagorio's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850
Telephone: (410) 786-4554
Facsimile: (410) 786-5882
E-mail: Cassandra.Lagorio@cms.hhs.gov

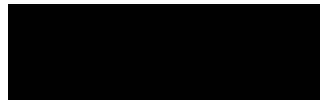
Official communications regarding program matters should be sent simultaneously to Ms. Lagorio and to Ms. Jackie Glaze, Associate Regional Administrator (ARA) in our Atlanta Regional Office. Ms. Glaze's address is:

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. Kelly Whitener, Director, Division of State Coverage Programs, at (410) 786-0719.

We look forward to continuing to work with you and your staff.

Sincerely,



Eliot Fishman
Director

Enclosures

cc:
Ms. Jackie Glaze, ARA, CMS Region IV, Atlanta

Control Panel

General Information

File Management

Tribal Input

Summary

Children's Health Insurance Program Eligibility: Summary Page

State/Territory Georgia

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.

GA 13-0016

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

42 CFR §§ 457.310, 457.315, 457.320, 457.360,

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: 43 out of 2000

CHIP MAGI Eligibility State Plan Amendments

Signature of State Agency Official

Submitted By: Sheila Alexander

Last Revision May 19, 2015

Date:

Submit Date: Nov 14, 2013

BACK

CONTINUE



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program MAGI-Based Income Methodologies

CS15

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: MAY 20 2015

SPA# GA-13-0016

Effective Date: January 1, 2014

Page 1 of 2



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.



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Eligibility - Targeted Low-Income Children

CS7

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320

Targeted Low-Income Children - Uninsured children under age 19 whose household income is within standards established by the state.

The CHIP Agency operates this covered group in accordance with the following provisions:

Age

Must be under age 19.

Income Standards

Income standards are applied statewide. Yes

Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard?

No

Statewide Income Standards

Begin with lowest age range first.

Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid poverty-level children for the same age group or groups entered here.

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	0	1	205	247	X
+	1	6	149	247	X
+	6	19	133	247	X

Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each income standard that has overlapping ages and the reason for having different income standards.

For children ages 1, 6, 19, eligibility ends at the end of the month in which the child's birthday occurs.

Special Program for Children with Disabilities

Does the state have a special program for children with disabilities? No



CHIP Eligibility

PRA Disclosure Statement

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V.20130709



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: GA - 13 - 0016

Expiration date: 10/31/2014

Separate Child Health Insurance Program Eligibility - Children Who Have Access to Public Employee Coverage **CS10**

Sec. 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.
- 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
- 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:

Employees of certain public agencies.

	Type of agency	
+	State Health Benefit Plan Employees	X

Certain types of public employees.

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.



CHIP Eligibility

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.

V.20140415

**State Health Benefit Plan
Employee/Employer Contributions
Fiscal Years 1997 - 2010**

Fiscal Year	Employee Contribution	Employer Contribution	DOE Allocation	Fiscal Allotment	Add-back Merit Allotment Reduction	TOTAL	State Contribution	CPI for FY (1982-84=100)	1982-84 Dollars	% Change in State Cont from 1997
1997*	245,608,403.41	631,485,245.28	99,047,892.00		48,330,367.58	1,024,471,908.27	778,863,505	231.6	\$336,295,850	
1998*	279,623,092.72	663,005,418.20	99,047,892.00		48,231,808.90	1,089,908,211.82	810,285,119	238.0	\$340,455,932	1.2%
1999*	303,668,532.03	707,017,822.85	99,547,892.00	25,000,000.00	54,824,119.05	1,190,058,365.93	886,389,834	246.4	\$359,809,147	7.0%
2000	337,525,559.95	793,639,379.84	99,547,892.00			1,230,712,831.79	893,187,272	255.4	\$349,720,937	4.0%
2001	365,744,501.77	1,002,804,752.47	107,826,070.00	34,000,000.00		1,510,375,324.24	1,144,630,822	266.7	\$429,182,911	27.6%
2002	425,360,459.80	1,070,670,816.16	107,826,070.00			1,603,857,345.96	1,178,496,886	278.9	\$422,551,770	25.6%
2003	426,273,695.55	1,125,751,032.49	102,434,766.00			1,654,459,494.04	1,228,185,798	291.7	\$421,116,338	25.2%
2004	488,603,787.91	1,141,246,318.72	107,826,070.00	34,000,000.00		1,771,676,176.63	1,283,072,389	303.6	\$422,686,977	25.7%
2005	528,104,458.91	1,170,165,631.92	107,826,070.00	33,956,708.00		1,840,052,868.83	1,311,948,410	316.8	\$414,190,500	23.2%
2006	584,406,209.99	1,324,943,344.49	242,526,070.00			2,151,875,624.48	1,567,469,414	329.8	\$475,350,846	41.3%
2007	587,675,321.42	1,601,347,706.80	242,526,070.00			2,431,549,098.22	1,843,873,777	343.1	\$537,473,027	59.8%
2008	624,200,741.72	2,017,105,875.42	279,209,528.00			2,920,516,145.14	2,296,315,403	358.7	\$640,163,756	90.4%
2009	657,738,949.29	1,533,564,509.97	154,777,499.00			2,346,080,958.26	1,688,342,009	369.4	\$457,061,567	35.9%
2010	668,287,969.53	1,776,794,845.31	22,836,312.00	33,300,000.00		2,501,219,126.84	1,832,931,157	382.3	\$479,506,076	42.6%
2011	674,991,739.73	2,173,356,068.47	25,081,633.00			2,873,429,441.20	2,198,437,701	400.3	\$549,255,156	63.3%
2012	713,456,505.76	2,274,987,488.40				2,988,443,994.16	2,274,987,488	414.9	\$548,290,166	63.0%
	7,911,269,929.49	21,007,886,256.79	1,897,887,726.00	160,256,708.00	151,386,295.53	31,128,686,915.81				

*An offset to revenue indicated a Merit Allotment reduction, not included in totals.

1997	(48,330,367.58)
1998	(48,231,808.90)
1999	(54,824,119.05)
	(151,386,295.53)

Note: Interest income not included

Consumer Price Index - All Urban Consumers
Original Data Value

Series Id: CUUR0000SAMI
 Not Seasonally Adjusted
 Area: U.S. city average
 Item: Medical care
 Base Period: 1982-84=100
 Years: 1996 to 2010

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual	HALF1	HALF2	
1996	225.2	226.2	226.6	227.0	227.4	227.8	228.7	229.2	229.4	230.1	230.5	230.6	228.2	226.7	229.8	
1997	231.8	232.7	233.4	233.8	234.2	234.4	234.8	235.2	235.4	235.8	236.4	237.1	234.6	233.4	235.8	2.80%
1998	238.1	239.3	239.8	240.7	241.4	242.0	242.7	243.5	243.9	244.3	244.7	245.2	242.1	240.2	244.1	3.20%
1999	246.6	247.7	248.3	249.1	249.5	250.2	251.1	251.9	252.3	252.8	253.3	254.2	250.6	248.6	252.6	3.51%
2000	255.5	257.0	258.1	258.8	259.4	260.5	261.4	262.6	263.1	263.7	264.1	264.8	260.8	258.2	263.3	4.07%
2001	267.1	268.9	270.0	270.8	271.4	272.5	273.1	274.4	275.0	275.9	276.7	277.3	272.8	270.1	275.4	4.60%
2002	279.6	281.0	282.0	283.2	284.1	284.7	286.6	287.3	287.7	289.2	290.5	291.3	285.6	282.4	288.8	4.69%
2003	292.6	293.7	294.2	294.6	295.5	296.3	297.6	298.4	299.2	299.9	300.8	302.1	297.1	294.5	299.7	4.03%
2004	303.6	306.0	307.5	308.3	309.0	310.0	311.0	311.6	312.3	313.3	314.1	314.9	310.1	307.4	312.9	4.38%
2005	316.8	319.3	320.7	321.5	322.2	322.9	324.1	323.9	324.6	326.2	328.1	328.4	323.2	320.6	325.9	4.22%
2006	329.5	332.1	333.8	334.7	335.6	336.0	337.0	337.7	338.3	339.3	340.1	340.1	336.2	333.6	338.8	4.02%
2007	343.510	346.457	347.172	348.225	349.087	349.510	351.643	352.961	353.723	355.653	357.041	357.661	351.054	347.327	354.780	4.42%
2008	360.459	362.155	363.000	363.184	363.396	363.616	363.963	364.477	365.036	365.746	366.613	367.133	364.065	362.635	365.495	3.71%
2009	369.830	372.405	373.189	374.170	375.026	375.093	375.739	376.537	377.727	378.552	379.575	379.516	375.613	373.286	377.941	3.17%
2010	382.688	385.907	387.142	387.703	387.762	388.199	387.898	388.467	390.616	391.240	391.660	391.946	388.436	386.567	390.305	
2011	393.858	397.065	397.726	398.813	399.375	399.552	400.305	400.874	401.605	403.430	404.858	405.629	400.258	397.732	402.784	
2012	408.056	410.466	411.498	412.480	413.655	415.345	416.759	417.123	418.039	418.359	418.653	418.654	414.924	411.917	417.931	
2013	420.687	423.221	424.154	423.815	422.834	424.264	424.836							423.162		

FY	Half 1	Half 2	FY
FY97	229.8	233.4	231.6
FY98	235.8	240.2	238.0
FY99	244.1	248.6	246.4
FY00	252.6	258.2	255.4
FY01	263.3	270.1	266.7
FY02	275.4	282.4	278.9
FY03	288.8	294.5	291.7
FY04	299.7	307.4	303.6
FY05	312.9	320.6	316.8
FY06	325.9	333.6	329.8
FY07	338.8	347.3	343.1
FY08	354.8	362.6	358.7
FY09	365.5	373.3	369.4
FY10	377.9	386.6	382.3
FY11	397.732	402.784	400.3
FY12	411.917	417.931	414.9

Consumer Price Index - All Urban Consumers
Original Data Value

Series Id: CUUR0000SAM,CUUS0000SAM
 Not Seasonally Adjusted
 Area: U.S. city average
 Item: Medical care
 Base Period: 1982-84=100
 Years: 2003 to 2013

Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Annual	HALF1	HALF2
2003	292.6	293.7	294.2	294.6	295.5	296.3	297.6	298.4	299.2	299.9	300.8	302.1	297.1	294.5	299.7
2004	303.6	306.0	307.5	308.3	309.0	310.0	311.0	311.6	312.3	313.3	314.1	314.9	310.1	307.4	312.9
2005	316.8	319.3	320.7	321.5	322.2	322.9	324.1	323.9	324.6	326.2	328.1	328.4	323.2	320.6	325.9
2006	329.5	332.1	333.8	334.7	335.6	336.0	337.0	337.7	338.3	339.3	340.1	340.1	336.2	333.6	338.8
2007	343.510	346.457	347.172	348.225	349.087	349.510	351.643	352.961	353.723	355.653	357.041	357.661	351.054	347.327	354.780
2008	360.459	362.155	363.000	363.184	363.396	363.616	363.963	364.477	365.036	365.746	366.613	367.133	364.065	362.635	365.495
2009	369.830	372.405	373.189	374.170	375.026	375.093	375.739	376.537	377.727	378.552	379.575	379.516	375.613	373.286	377.941
2010	382.688	385.907	387.142	387.703	387.762	388.199	387.898	388.467	390.616	391.240	391.560	391.946	388.436	386.567	390.305
2011	393.858	397.065	397.726	398.813	399.375	399.552	400.305	400.874	401.605	403.430	404.858	405.629	400.258	397.732	402.784
2012	408.056	410.466	411.498	412.480	413.655	415.345	416.759	417.123	418.039	418.359	418.653	418.654	414.924	411.917	417.931
2013	420.687	423.221	424.154	423.815	422.834	424.264	424.836								423.162



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: GA - 13 - 0016

Expiration date: 10/31/2014

Separate Child Health Insurance Program Eligibility - Children Who Have Access to Public Employee Coverage **CS10**

Sec. 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.
- 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
- 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:

Employees of certain public agencies.

	Type of agency	
+	Board of Regents	X

Certain types of public employees.

Attach methodology the state has used to calculate financial hardship.

An attachment is submitted.

The state provides assurance that the state will, on an annual basis, recalculate the financial status to determine if the hardship 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.



CHIP Eligibility

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.

V.20140415

**Georgia Department of Community Health
Hardship Exception for Children of
Georgia Board of Regents Employees**

	FY2012	FY2013
Average Annual Premium of Board of Regents Employee with Children in Health Care Plan*	\$ 2,284.33	\$2,311.23

	FY2012	FY2013
Cost Sharing		
Total Annual Cost Sharing per Client	\$ 707.15	\$ 665.82

Family Size	FY2012			FY2013		
	235% Annual Income FPL**	5% Threshold	Annual Premium + Cost Sharing#	235% Annual Income FPL**	5% Threshold	Annual Premium + Cost Sharing#
1	\$ 26,249.50	\$ 1,312.48		\$ 27,001.50	\$ 1,350.08	
2	\$ 35,555.50	\$ 1,777.78	\$ 2,284.33	\$ 36,448.50	\$ 1,822.43	\$ 2,311.23
3	\$ 44,861.50	\$ 2,243.08	\$ 2,991.49	\$ 45,895.50	\$ 2,294.78	\$ 2,977.05
4	\$ 54,167.50	\$ 2,708.38	\$ 3,698.64	\$ 55,342.50	\$ 2,767.13	\$ 3,642.87
5	\$ 63,473.50	\$ 3,173.68	\$ 4,405.79	\$ 64,789.50	\$ 3,239.48	\$ 4,308.69
6	\$ 72,779.50	\$ 3,638.98	\$ 5,112.94	\$ 74,236.50	\$ 3,711.83	\$ 4,974.51

* - Georgia used the average premium of the different health plans offered based on membership in each plan.

** - 2012 and 2013 FPL calculations were used.

- Because Georgia used the average premium amounts, Georgia wanted to be more conservative in the calculation to ensure that the hardship criterion was met. Therefore, the calculation of annual total premium and cost sharing paid for a family of 2 did not include any cost sharing. The calculation of the annual total premium and cost sharing paid for a family of 3 included only 1 annual cost per client. For example, in 2012 for a family size of 3, the average premium was $\$2,284.33 + \$707.15 * 1 = \$2,991.49$

MAY 20 2015



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Eligibility - Deemed Newborns

CS13

Section 2112(e) of the SSA and 42 CFR 457.360

- Deemed Newborns** - Children born to targeted low-income pregnant women are deemed to have applied for and be eligible for CHIP or Medicaid until the child turns one.

- The state operates this covered group in accordance with the following provisions:

- The child was born to an eligible targeted low-income pregnant woman under section 2112 of the SSA.
- The child is deemed to have applied for and been found eligible for CHIP or Medicaid, as appropriate, as of the date of the child's birth, and remains eligible without regard to changes in circumstances until the child's first birthday.

The state elects the following option(s):

- The state elects to cover as a deemed newborn a child born to a mother who is covered as a targeted low-income child under the state's separate CHIP on the date of the newborn's birth.
- The state elects to recognize a child's deemed newborn status from another state and provides benefits in accordance with the requirements of section 2112(e) of the SSA.
- The state elects to cover as a deemed newborn a child born to a mother who is covered under Medicaid or CHIP through the authority of the state's section 1115 demonstration on the date of the newborn's birth.

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.