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State/Territory Name: Indiana

State Plan Amendment (SPA) #: IN13002MC2

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 Indiana 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: S2-01-16
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

FEB 06 2014

Mr. Joseph Moser
Medicaid Director
Indiana Office of Medicaid Policy and Planning
402 West Washington Street, Room W374
Indianapolis, IN 46204
Attention: Amber Swartzell

Dear Mr. Moser:

I am writing to inform you that your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number IN13002MC2 submitted on October 28, 2013, with additional information submitted on January 28 and February 3, 2014, and related to Modified Adjusted Gross Income (MAGI) Eligibility, has been approved with an effective date of January 1, 2014.

SPA number IN13002MC2 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 enclosed, and this 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. Kathy Cuneo. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Cuneo's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Children and Adults Health Programs Group
Division of State Coverage Programs
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-5913
Facsimile: (410) 786-5882
E-mail: Kathleen.Cuneo@cms.hhs.gov

Mr. Joseph Moser – Page 2

Official communications regarding program matters should be sent simultaneously to Ms. Cuneo and to Ms. Verlon Johnson, Associate Regional Administrator in our Chicago Regional Office. Ms. Johnson's address is:

Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations
233 North Michigan Avenue, Suite 600
Chicago, IL 60601

If you have additional questions or concerns, 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 on your program.

Sincerely,



Eliot Fishman
Director

Enclosures

cc: Ms. Verlon Johnson, CMS Region V, Chicago

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**Children's Health Insurance
Program Eligibility**

IN.0464.R00.00 - Jan 01, 2014

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- General Information**
- File Management**
- Tribal Input**
- Summary**

Children's Health Insurance Program Eligibility: Summary Page

State/Territory name: Indiana

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.

IN13002MC2

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

CS3

Federal Budget Impact

This SPA has a budget impact.

Total budget impact:

State Funds: \$ 1400000.00

Federal Funds: \$ 4600000.00

Please attach a revised CHIP budget.

Document
Please provide a short description of this support document: Character Count:0 out of 2000
<div style="border: 1px solid gray; height: 40px; width: 100%;"></div>
Uploaded Document Name: CHIP Fiscal Estimate MAGI 10 02 2013.xls
<input type="button" value="Download"/>

Subject of Amendment

Please provide a brief summary of SPA changes.

Character Count:130 out of 2000

CS3-Change in lower and upper bounds of income standard for children under Medicaid expansion due to conversion of income standard

Signature of State Agency Official

Submitted By: Michael Cook
Last Revision Date: Feb 3, 2014
Submit Date: Oct 28, 2013

BACK

CONTINUE



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)	
+	0	1	157	208	X
+	1	6	141	158	X
+	6	19	106	158	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.