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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: KY-13-0017

(In addition to the SPA noted above, this package contains other state plan amendment approvals)

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

The complete title XXI state plan for Kentucky 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

NOV 14 2013

Ms. Lisa Lee
Director
Children's Health Insurance
Department for Medicaid Services
275 East Main Street, 6W-D
Frankfort, KY 40621-0001

Dear Ms. Lee:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) numbers KY-13-0013 and KY-13-0017, submitted on September 5, 2013, and related to Modified Adjusted Gross Income (MAGI) Eligibility have been approved with an effective date of January 1, 2014.

MAGI Eligibility & Methods:

SPA number KY-13-0013 provides assurance on page CS15 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; and page CS10 allows the state to cover children who have access to public employee coverage. 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 is attached and supersedes only the material regarding children of state employees in Section 4.4.1 of the current CHIP state plan. A copy of the supporting documentation for CS10 is attached and should be incorporated in the current CHIP state plan as an appendix.

Non-Financial Eligibility:

SPA number KY-13-0017 is approved to clarify the state's non-financial eligibility policies on residency; citizenship; social security numbers; and substitution of coverage. Copies of the approved state plan pages are attached and these approved pages supersede sections of Kentucky's current state plan as listed below:

New State Plan Page	Impact on Current State Plan Section
CS17: Non-Financial Eligibility – Residency	Section 4.1.5
CS18: Non-Financial Eligibility – Citizenship	Section 4.1.0; 4.1-LR
CS19: Non-Financial Eligibility – Social Security	Section 4.1.9.1

Number	
CS20: Non-Financial Eligibility – Substitution of Coverage	Section 4.4.4

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:

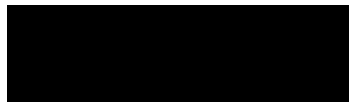
Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-5480
Facsimile: (410) 786-5882
E-mail: Lavern.Baty@cms.hhs.gov

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

Enclosures

cc: Jackie Glaze, ARA, CMS Region IV
Lucy Senters, Department of Medicaid Services, KCHIP

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application rev p01

Children's Health Insurance Program Eligibility

KY.0277.R00.00 - Jan 01, 2014

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Summary

Children's Health Insurance Program Eligibility: Summary Page

State/Territory name: Kentucky

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.

KY-13-0017

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

Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42CFR 457.320(b)(6), (c) and (d)/42CFR.:

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:124 out of 2000

ESTABLISHES ELIGIBILITY STANDARDS FOR RESIDENCY,
CITIZENSHIP/LAWFULLY RESIDING IMMIGRANTS, SSN AND SUBSTITUTION OF
COVERAGE.

Signature of State Agency Official

Submitted By: Lucy Senters

Last Revision Date: Oct 28, 2013

Submit Date: Sep 5, 2013

[FAQs](#) | [Site Map](#) | [Contact](#) | [Medicaid.gov](#) | [CMS.gov](#)



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	195	213	X
+	1	19	159	213	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.

Special Program for Children with Disabilities

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

PRA Disclosure Statement



CHIP Eligibility

OMB Control Number: 0938-1148

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:

- 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.

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.20131007

SPA # KY-13-0013

Approval Date: **NOV 14 2013**

Effective Date: January 1, 2014

Page 1 of 1



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

2012 Hardship Calculation for Children of Kentucky State Employees

No. Recipients Utilizing Services	Service Utilized	Average visits Per Year for Children of State Employees	Average Cost of Billed Charges per Claim per Child Enrolled in Separate Program	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Optimum PPO	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Maximum Choice	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Capital Choice	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Standard PPO
14	Inpatient Hospital	1	\$ 12,179.90	\$ 1,826.99	\$ 1,217.99	\$ 100.00	\$ 3,044.98
5	Mental Hospital	2	\$ 6,504.36	\$ 1,951.31	\$ 1,300.87	\$ 200.00	\$ 3,252.18
411	Outpatient Hospital	3	\$ 1,013.04	\$ 455.87	\$ 101.30	\$ 202.61	\$ 253.26
	Ambulatory Surgical						
10	Center	1	\$ 3,086.70	\$ 463.01	\$ 308.67	\$ 50.00	\$ 771.68
346	Preventive	6	\$ 49.16	\$ 60.00	\$ 4.92	\$ 90.00	\$ 12.29
31	Chiropractor	9	\$ 117.43	\$ 90.00	\$ 11.74	\$ 128.23	\$ 29.36
3	Other Lay/X Ray	1	\$ 374.94	\$ 10.00	\$ 37.49	\$ 74.99	\$ 93.74
66	DME	3	\$ 249.40	\$ 249.40	\$ 24.94	\$ 49.88	\$ 62.35
261	FOHC	9	\$ 91.57	\$ 90.00	\$ 9.16	\$ 135.00	\$ 22.89
91	CMHC	8	\$ 166.65	\$ 80.00	\$ 16.67	\$ 120.00	\$ 41.66
235	Rural Health	12	\$ 105.98	\$ 120.00	\$ 10.60	\$ 180.00	\$ 26.50
136	Laboratory	2	\$ 140.34	\$ 20.00	\$ 14.03	\$ 28.07	\$ 35.09
264	EPSTD Screen	2	\$ 116.39	\$ 20.00	\$ 11.64	\$ 30.00	\$ 29.10
13	Ambulance	1	\$ 1,646.18	\$ 246.93	\$ 164.62	\$ 329.24	\$ 411.55
	Pharmacy	14	\$ 85	\$ 190.00	\$ 8.52	\$ 190.00	\$ 21.30
747	Optometry	2	\$ 163.11	\$ 163.11	\$ 163.11	\$ 163.11	\$ 163.11
335	Dental	3	\$ 259.49	\$ 259.49	\$ 259.49	\$ 259.49	\$ 259.49
479	Physician	13	\$ 190.80	\$ 130.00	\$ 19.08	\$ 195.00	\$ 47.70
131	Nurse Practitioner	4	\$ 118.94	\$ 40.00	\$ 11.89	\$ 60.00	\$ 29.74
1	Hearing	1	\$ 197.54	\$ 15.00	\$ 19.75	\$ 30.00	\$ 49.39
21	Podiatry	2	\$ 186.12	\$ 30.00	\$ 18.61	\$ 30.00	\$ 46.53
6	Physician Assistant	3	\$ 190.80	\$ 60.00	\$ 19.08	\$ 45.00	\$ 47.70
Total Co-Pay and Co-Insurance Once Deductible is Met				\$ 6,571.09	\$ 3,754.18	\$ 2,675.61	\$ 8,751.55
Deductible Per Family				\$ 600.00	\$ 3,000.00	\$ 1,500.00	\$ 1,500.00
Annual Premium per Family				\$ 2,118.24	\$ 1,306.32	\$ 1,728.24	\$ 99.36
Allowance for HRA					\$ 1,500.00	\$ 500.00	
Potential Out-of-Pocket for 1 Child				\$ 9,289.33	\$ 6,560.50	\$ 5,403.85	\$ 10,350.91

SPA # KY-13-0013

Approval Date: **NOV 14 2013**

Effective Date: January 1, 2014

2012 Hardship Calculation for Children of Kentucky State Employees

	Service Utilized	Average visits Per Year for Children of State Employees	Average Cost of Billed Charges per Claim per Child Enrolled in Separate Program	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Optimum PPO	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Maximum Choice	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Choice	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Standard PPO
	Physician	13	\$ 190.80	\$ 130.00	\$ 19.08	\$ 195.00	\$ 47.70
	Pharmacy	14	\$ 85.19	\$ 190.00	\$ 8.52	\$ 190.00	\$ 21.30
	Dental	3	\$ 259.49	\$ 259.49	\$ 259.49	\$ 259.49	\$ 259.49
	Preventive	6	\$ 49.16	\$ 60.00	\$ 4.92	\$ 90.00	\$ 12.29
	Optometry	2	\$ 163.11	\$ 163.11	\$ 163.11	\$ 163.11	\$ 163.11
	EPSTD Screen	2	\$ 116.39	\$ 20.00	\$ 11.64	\$ 30.00	\$ 29.10
Total Co-Pay and Co-Insurance Per Child After Deductible is Met				\$ 822.60	\$ 466.75	\$ 927.60	\$ 532.99
Deductible Per Family				\$ 600.00	\$ 3,000.00	\$ 1,500.00	\$ 1,500.00
Annual Premium per Family				\$ 2,118.24	\$ 1,306.32	\$ 1,728.24	\$ 99.36
Allowance for HRA or Up-Front Benefit Allowance					\$ (1,500.00)	\$ (500.00)	
Total Annual Out-of-Pocket for Family with 1 Child				\$ 3,540.84	\$ 3,273.07	\$ 3,655.84	\$ 2,132.35
Out-of-Pocket for Each Additional Child				\$ 822.60	\$ 466.75	\$ 427.60 (\$927.60-\$500)	\$ 532.99

SPA # KY-13-0013

Approval Date: **NOV 14 2013**

Effective Date: January 1, 2014

Family Size	200% of FPL	5% of annual income (Max out-of-pocket allowed per CHIP)	Average Out-of-Pocket for State Employees Enrolled in Optimum PPO	Average Out-of-Pocket for State Employees Enrolled in Maximum Choice	Average Out-of-Pocket for State Employees Enrolled in Commonwealth Capitol Choice	Average Out-of-Pocket for State Employees Enrolled in Commonwealth Standard	Difference in least	difference in most
2	\$29,140.00	\$1,457.00	\$ 3,540.84	\$ 3,273.07	\$ 3,655.84	\$ 2,132.35	\$ 675.35	\$ 2,083.84
3	\$36,620.00	\$1,831.00	\$ 4,363.44	\$ 3,739.82	\$ 4,083.44	\$ 2,665.34	\$ 834.34	\$ 2,532.44
4	\$44,100.00	\$2,205.00	\$ 5,186.04	\$ 4,206.57	\$ 4,511.04	\$ 3,198.33	\$ 993.33	\$ 2,981.04
5	\$51,580.00	\$2,579.00	\$ 6,008.64	\$ 4,673.32	\$ 4,938.64	\$ 3,731.32	\$ 1,152.32	\$ 3,429.64
6	\$59,060.00	\$2,953.00	\$ 6,831.24	\$ 5,140.07	\$ 5,366.24	\$ 4,264.31	\$ 1,311.31	\$ 3,878.24
7	\$66,540.00	\$3,327.00	\$ 7,653.84	\$ 5,606.82	\$ 5,793.84	\$ 4,797.30	\$ 1,470.30	\$ 4,326.84
8	\$74,020.00	\$3,701.00	\$ 8,476.44	\$ 6,073.57	\$ 6,221.44	\$ 5,330.29	\$ 1,629.29	\$ 4,775.44

SPA # KY-13-0013

Approval Date: **NOV 14 2013**

Effective Date: January 1, 2014

2012 Hardship Calculation for Children of Kentucky State Employees

Service Utilized	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Optimum PPO	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Maximum Choice	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Capitol Choice	Assuming Deductible is Met Member Would be Responsible for This Amount in Commonwealth Standard PPO
Physician	\$ 130.00	\$ 19.08	\$ 195.00	\$ 47.70
Pharmacy	\$ 190.00	\$ 8.52	\$ 190.00	\$ 21.30
Dental	\$ 259.49	\$ 259.49	\$ 259.49	\$ 259.49
Preventive	\$ 60.00	\$ 4.92	\$ 90.00	\$ 12.29
Optometry	\$ 163.11	\$ 163.11	\$ 163.11	\$ 163.11
EPST Screen	\$ 20.00	\$ 11.64	\$ 30.00	\$ 29.10
Total Co-Pay and Co-Insurance Per Child After Deductible is Met	\$ 822.60	\$ 466.75	\$ 927.60	\$ 532.99
Deductible Per Family	\$ 600.00	\$ 3,000.00	\$ 1,500.00	\$ 1,500.00
Annual Premium per Family	\$ 2,118.24	\$ 1,306.32	\$ 1,728.24	\$ 99.36
Allowance for HRA or Up-Front Benefit Allowance		\$ (1,500.00)	\$ (500.00)	
Total Annual Out-of-Pocket Per Family with 1 child	\$ 3,540.84	\$ 3,273.07	\$ 3,655.84	\$ 2,132.35
Out-of-Pocket for Each Additional Child	\$ 822.60	\$ 466.75	\$427.60 (\$927.60-\$500)	\$ 532.99

SPA # KY-13-0013

Approval Date: **NOV 14 2013**

Effective Date: January 1, 2014



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. Yes

- 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

NOV 14 2013



CHIP Eligibility

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CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Non-Financial Eligibility - Residency

CS17

42 CFR 457.320

Residency

- The CHIP Agency provides CHIP to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.

A child is considered to be a resident of the state under the following conditions:

- A non-institutionalized child, if capable of indicating intent and who is emancipated or married, if the child is living in the state and:
 1. Intends to reside in the state, including without a fixed address, or
 2. Has entered the state with a job commitment or seeking employment, whether or not currently employed.
- A non-institutionalized child not described above and a child who is not a ward of the state:
 1. Residing in the state, with or without a fixed address, or
 2. The state of residency of the parent or caretaker, in accordance with 42 CFR.435.403(h)(1), with whom the individual resides.
- An institutionalized child, who is not a ward of the state, if the state is the state of residence of the child's custodial parent or caretaker at the time of placement, or
- A child who is a ward of the state regardless of where the child lives, or
- A child physically located in the state when there is a dispute with one or more states as to the child's actual state of residence.

If the state covers pregnant women, a pregnant woman is considered to be a resident under the following conditions:

- A non-institutionalized pregnant woman who is living in the state and:
 1. Intends to reside in the state, including without a fixed address, or if incapable of indicating intent, is living in the state, or
 2. Entered with a job commitment or seeking employment, whether or not currently employed.
- An institutionalized pregnant woman placed in an out-of-state-institution, as defined in 42 CFR 435.1010, including foster care homes, by an agency of the state, or
- An institutionalized pregnant woman residing in an in-state-institution, as defined in 42 CFR 435.1010, whether or not the individual established residency in the state prior to entering the institution, or
- A pregnant woman physically located in the state when there is a dispute with one or more states as to the pregnant woman's actual state of residence.

The state has in place related to the residency of children and pregnant women (if covered by the state):



CHIP Eligibility

One or more interstate agreement(s). No

A policy related to individuals in the state only for educational purposes. No

PRA Disclosure Statement

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CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Non-Financial Eligibility - Citizenship

CS18

Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)

Citizenship

The CHIP Agency provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens, including the time period during which they are provided with reasonable opportunity to submit verification of their citizenship, national status or satisfactory immigration status.

The CHIP Agency provides eligibility under the Plan to otherwise eligible individuals:

Who are citizens or nationals of the United States; or

Who are qualified non-citizens as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) (8 U.S.C. §1641), or whose eligibility is required by section 402(b) of PRWORA (8 U.S.C. §1612(b)) and is not prohibited by section 403 of PRWORA (8 U.S.C. §1613); or

Who have declared themselves to be citizens or nationals of the United States, or an individual having satisfactory immigration status, during a reasonable opportunity period pending verification of their citizenship, nationality, or satisfactory immigration status consistent with requirements of 1903(x), 1137(d), and 1902(ee) of the Act, and 42 CFR 435.406, 407, 956 and 457.380.

The reasonable opportunity period begins on and extends 90 days from the date the notice of reasonable opportunity is received by the individual.

The agency provides for an extension of the reasonable opportunity period if the individual is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency needs more time to complete the verification process.

Yes

The agency begins to furnish benefits to otherwise eligible individuals during the reasonable opportunity period on a date earlier than the date the notice is received by the individual.

Yes

The date benefits are furnished is:

The date of application containing the declaration of citizenship or immigration status.

The date the reasonable opportunity notice is sent.

Other date, as described:

The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible children up to age 19, lawfully residing in the United States, as provided in Section 2107(e)(1)(J) of the SSA (Section 214 of CHIPRA 2009, P.L. 111-3).

Yes

Otherwise eligible children means children meeting the eligibility requirements of targeted low-income children with the exception of non-citizen status.

The CHIP Agency provides assurance that lawfully residing children are also covered under the state's Medicaid program.



CHIP Eligibility

No

The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible pregnant women, lawfully residing in the United States, as provided in Section 214 of CHIPRA 2009, P.L. 111-3. The state may not select this option unless the state also elects to cover lawfully residing children. A state may not select this option unless the state also covers Targeted Low-Income Pregnant Women.

- An individual is considered to be lawfully residing in the United States if he or she is lawfully present and meets state residency requirements.
- An individual is considered to be lawfully present in the United States if he or she is:
 1. A qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
 2. A non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
 3. A non-citizen who has been paroled into the United States in accordance with 8 U.S.C. 1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
 4. A non-citizen who belongs to one of the following classes:
 - (i) Granted temporary resident status in accordance with 8 U.S.C. 1160 or 1255a, respectively;
 - (ii) Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;
 - (iii) Granted employment authorization under 8 CFR 274a.12(c);
 - (iv) Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
 - (v) Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
 - (vi) Granted Deferred Action status;
 - (vii) Granted an administrative stay of removal under 8 CFR 241;
 - (viii) Beneficiary of approved visa petition who has a pending application for adjustment of status;
 5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C. 1231, or under the Convention Against Torture, who:
 - (i) Has been granted employment authorization; or
 - (ii) Is under the age of 14 and has had an application pending for at least 180 days;
 6. Has been granted withholding of removal under the Convention Against Torture;
 7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C. 1101(a)(27)(J);
 8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
 9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b)).



CHIP Eligibility

10. **Exception:** An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

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.



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Non-Financial Eligibility - Social Security Number

CS19

42 CFR 457.340(b)

Social Security Number

As a condition of eligibility, the CHIP Agency must require individuals who have a social security number or are eligible for one as determined by the Social Security Administration, to furnish their social security number, or numbers if they have more than one number.

- The CHIP Agency requires individuals, as a condition of eligibility, to furnish their social security number(s), with the following exceptions:

Individuals refusing to obtain a social security number (SSN) because of well established religious objections, or

Individuals who are not eligible for an SSN, or

Individuals who are issued an SSN only for a valid non-work purpose.

- The CHIP Agency assists individuals, who are required to provide their SSN, to apply for or obtain an SSN from the Social Security Administration if the individual does not have or forgot their SSN.

- The CHIP Agency informs individuals required to provide their SSN:

By what statutory authority the number is solicited; and

How the state will use the SSN.

- The CHIP Agency provides assurance that it will verify each SSN furnished by an applicant or beneficiary with the Social Security Administration, not deny or delay services to an otherwise eligible applicant pending issuance or verification of the individual's SSN by the Social Security Administration and that the state's utilization of the SSNs is consistent with sections 205 and 1137 of the Social Security Act and the Privacy Act of 1974.

The state may request non-applicant household members to voluntarily provide their SSN, if the state meets the requirements below.

The state requests non-applicant household members to voluntarily provide their SSN.

Yes

- When requesting an SSN for non-applicant household members, the state assures that:

- At the time such SSN is requested, the state informs the non-applicant that this information is voluntary and provides information regarding how the SSN will be used; and

- The state only uses the SSN for determination of eligibility for CHIP or other insurance affordability programs, or for a purpose directly connected with the administration of the state plan.

PRA Disclosure Statement



CHIP Eligibility

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CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Non-Financial Eligibility - Substitution of Coverage CS20

457.310(b)(2) and (b)(3), 457.320(a)(9) and 2110(b)(1)(C) of the SSA

Substitution of Coverage

The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

Substitution of coverage prevention strategy:

	Name of policy	Description	
+	Third Part Liability Verification	The joint Medicaid/HBE application, asks the applicant to report any health insurance coverage. If the family reports creditable coverage (most group health plans and health insurance coverage), the child will be found ineligible. There is no waiting period for children. To be eligible, a child must not be insured by a comparable group health plan. To determine the percent of enrollees who dropped group health insurance without good cause in order to gain eligibility for KCHIP, the Department will generate quarterly reports to compare the number of individuals under age 19 that were denied due to another insurance, reapplied and were approved for KCHIP who no longer report other insurance within a six (6) month time frame. If substitution exceeds ten (10) percent, the department will collaborate with CMS to identify a strategy to reduce substitution.	X

A waiting period during which an individual is ineligible due to having dropped group health coverage. No

If the state covers pregnant women, the waiting period does not apply to pregnant women.

If the state elects to offer dental only supplemental coverage, the following assurances apply:

The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.

The waiting period does not apply to children eligible for dental only supplemental coverage.

PRA Disclosure Statement



CHIP Eligibility

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