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

MAR 1 4 2014

Melanie Norton, Assistant Director Arizona Health Care Cost Containment System (AHCCCS) 801 E. Jefferson MD 2600 Phoenix, AZ 85034

Dear Ms. Norton:

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 AZ-13-0004 submitted on December 17, 2013; and, related Modified Adjusted Gross Income (MAGI) Eligibility with an effective date of January 1, 2014.

The SPA number AZ-13-0004 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. 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.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning these amendments and other CHIP-related issues. Ms. Jordan'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) 786-3413

Telephone: (410) 786-3413 Facsimile: (410) 786-5882

E-mail: Joyce.Jordan@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Jordan and to Ms. Gloria Nagle, Associate Regional Administrator (ARA) in our San Francisco Regional Office. Ms. Nagle's address is:

Page 2 – Ms. Melanie Norton

Centers for Medicare & Medicaid Services 90 7th Street, Suite 5-300 (5W) San Francisco, California 94103-6706

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. Linda Nablo, Director, Division of State Coverage Programs at (410) 786-5143.

Sincerely,

Eliot Fishman Director

Enclosures

cc:

Ms. Gloria Nagle, ARA, CMS Region VIIII, San Francisco



SPA# AZ-13-0004

CHIP Eligibility

					ontrol Number: 0938-1148 Expiration date: 10/31/2014	
Separate Child H Eligibility - Targ		J			CS7	
2102(b)(1)(B)(v) of the	he SSA and 42 C	CFR 457.310, 31	5 and 320			
Targeted Low-In	come Children	- Uninsured chil	dren under age 19 who	se household income is within stan	dards established by the	
▼ The CHIP Ag	ency operates th	nis covered group	in accordance with the	e following provisions:		
Age	`					
Must be under ag	e 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?						
Statewide Income Standards						
Begin with lowest age range first.						
	hat the lower bon for the same ag			nighest standard used for Medicaid	poverty-	
	From Age	To Age	Above (% FPL)	Up to & including (% FPL)		
+ [)	1	147	200	x	
+		6	141	200	×	
+	5	19	133	200	x	
				lanation. Include the age ranges for aving different income standards.	or each	
Special Program for C	Children with Di	sabilities				
			1 with disabilities?	No		
			5.4.4 Fb . 4	1. 6641	**************************************	

Approval Date: MAR 1 4 2014 Effective Date: January 1, 2014



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, Balt imore, Maryland 21244-1850.

V.20130709

Approval Date: MAR 1 4 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

V	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 expect ed 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.
	OProjected 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.

PRA Disclosure Statement

An attachment is submitted.

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CHIP Eligibility

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