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## Table of Contents

**State/Territory Name: Minnesota**

**State Plan Amendment (SPA) #: MN-13-0008**

**(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 Minnesota 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



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**Children and Adults Health Programs Group**

JAN 15 2014

Ms. Pat Callaghan  
MN Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

Dear Ms. Callaghan:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) numbers MN-13-0006, MN-13-0007 and MN-13-0008 submitted on November 7, 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 MN 13-0006 provides assurance on page CS15 that the state will apply methodologies based on MAGI for all separate CHIP covered groups; and, using the approved MAGI conversion plan income thresholds, the state indicates on page CS9 that it will cover children from conception to birth when the mother is not eligible for Medicaid. 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 CS9 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.

**XXI Medicaid Expansion**

SPA number MN-13-0007 converts the state's existing income eligibility standards to modified adjusted gross income (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 attached, and 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.

**Establish 2101(f) Group:**

SPA number MN-13-0008 describes the state's plan to provide coverage in its separate CHIP, 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 state plan page (CS14) is attached, and should be incorporated within a separate subsection under Section 4.1 of Minnesota's approved CHIP state plan.

Your title XXI project officer is Ms. Kathleen 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  
Division of State Coverage Programs  
Mail Stop S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-5913  
Facsimile: (410) 786-5882

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

Centers for Medicare & Medicaid Services  
Division of Medicaid and Children's Health Operations  
Office of the Regional Administrator  
233 North Michigan Avenue, Suite 600  
Chicago, Illinois 60601

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,

A solid black rectangular box redacting the signature of Eliot Fishman.

Eliot Fishman  
Director

Enclosures

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

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## Children's Health Insurance Program Eligibility

MN.0480.R00.00 - Jan 01, 2014

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### Children's Health Insurance Program Eligibility: Summary Page

State/Territory name: Minnesota

**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.*

**Type of SPA:**

- MAGI Eligibility & Methods
- XXI Medicaid Expansion
- Establish 2101(f) Group
- Eligibility Processing
- Non-Financial Eligibility

**Proposed Effective Date**
 (mm/dd/yyyy)
**Federal Statute/Regulation Citation**

**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: 211 out of 2000


**Signature of State Agency Official**

Submitted By: Pat Callaghan

Last Revision Date: Nov 7, 2013

Submit Date: Nov 7, 2013

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# CHIP Eligibility

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

## Separate Child Health Insurance Program Eligibility - Coverage From Conception to Birth CS9

42 CFR 457.10

**Coverage From Conception to Birth** - Coverage from conception to birth when the mother is not eligible for Medicaid.

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

### Age Standard

From conception through birth.

Does the state have an additional age definition or other age-related conditions?  No

### 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 Standard

The statewide income standard is: From zero up to  % FPL

Exempted from requirement of providing or applying for a Social Security Number.

Exempted from requirement of verifying citizenship status.

### 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 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

**JAN 15 2014**



## CHIP Eligibility

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# 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:<br>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        | 2      | 275           | 283                       | X   |

### PRA Disclosure Statement

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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 CS14

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:

- 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:

- 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.

### Other.

The state will identify children protected by Section 2101(f) and enroll such children in a separate CHIP based on the following methodology and procedures as approved by CMS.

Until 1/1/2014, the state covered children age two up to age 19 under the Medicaid State Plan with a net income test up to 150% of the federal poverty level, and children under a Medicaid section 1115 waiver program with family gross income up to 275% of poverty. Because the Medicaid-elected income standard for children under age 19 will be 275 % of the federal poverty level on 1/1/2014, it is anticipated that the elimination of income disregards will affect very few children. At renewal or redetermination of Medicaid eligibility, workers will be instructed before terminating children to evaluate whether family income might have been reduced below 275% by earned income disregards, and other larger amounts such as child support paid or multiple children with child care expenses.



# CHIP Eligibility

Describe the benefits provided to this population:

- 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.
- Other (consistent with Section 2103 of the SSA and 42 CFR 457 Subpart D).

Describe premiums and cost sharing required of this population:

- Cost sharing is the same as for children in the Medicaid program.
- Premiums and cost sharing are the same as for targeted low-income children in the state's separate CHIP.
- No premiums, copayments, deductibles, coinsurance or other cost sharing is required.
- Other premiums and/or cost-sharing requirements (consistent with Section 2103(e) of the SSA and 42 CFR 457 Subpart E).

### PRA Disclosure Statement

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