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State/Territory Name: Alabama

State Plan Amendment (SPA) #: AL-25-0033-NP and AL-25-0033-NPPR

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages



Children and Adults Health Programs Group

August 6, 2025

Wanda Davis
Director, Children's Health Insurance Program
201 Monroe Street
Montgomery, AL 36104

Dear Director Davis:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendments (SPAs) AL-25-0033-NPP and AL-25-0033-NPPR, submitted on June 20, 2025 and June 23, 2025, respectively, have been approved. The effective date for these SPAs is June 3, 2025.

Through SPA AL-25-0033-NPPR, Alabama provides assurance that the state no longer disenrolls children from coverage due to non-payment of premiums, thereby removing the state's premium lock out period. A copy of the approved CS21 is attached and incorporated into section 8.7 of the state's current CHIP state plan. Through SPA AL-25-0033-NPP, Alabama makes corresponding edits to its CHIP state plan to demonstrate that the state no longer disenrolls children from coverage due to non-payment of premiums and no longer implements a premium lock out period.

Your Project Officer is Joshua Bougie. He is available to answer your questions concerning this amendment and other CHIP-related matters. His contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-8117
E-mail: joshua.bougie@cms.hhs.gov

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,

/Signed by Sarah deLone/

Sarah deLone
Director

TEMPLATE FOR CHILD HEALTH PLAN UNDER TITLE XXI OF THE SOCIAL SECURITY ACT
CHILDREN'S HEALTH INSURANCE PROGRAM

(Required under 4901 of the Balanced Budget Act of 1997 (New section 2101(b)))

State/Territory: Alabama
(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b))

Scott Harris, State Health Officer, Alabama Department of Public Health, June 16, 2025
(Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Wanda J. Davis

Position/Title: CHIP Director

Name: Shaundra B. Morris

Position/Title: Director, ADPH Financial Services

Name: _____

Position/Title: _____

Disclosure Statement This information is being collected to pursuant to 42 U.S.C. 1397aa, which requires states to submit a State Child Health Plan in order to receive federal funding. This mandatory information collection will be used to demonstrate compliance with all requirements of title XXI of the Act and implementing regulations at 42 CFR part 457. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #34). Public burden for all of the collection of information requirements under this control number is estimated to average 80 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: February 1, 1998

Implementation Date: February 1, 1998

Amendment 1	Establishment of ALL Kids Effective Date: February 1, 1998 Implementation Date: October 1, 1998
Amendment 2	Establishment of ALL Kids PLUS Effective/Implementation Date: October 1, 1999
Amendment 3	Disregards Effective/Implementation Date: June 1, 2001
Amendment 4	Compliance Effective/Implementation Date: August 24, 2001
Amendment 5	Waiting List, Cost Sharing, Benefit Changes Effective/Implementation Date: October 1, 2003
Amendment 6	Discontinuance of the Waiting List and other Clean-Up changes Effective/Implementation Date: November 23, 2004
Amendment 7	Raise the upper income eligibility limit to 300% of FPL and other minor changes Effective/Implementation Date: October 1, 2009
Amendment 8	Include a private foundation grant as an additional source of state funding Effective/Implementation Date: October 27, 2009
Amendment 9	Establishment of a Prospective Payment System for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) Effective/Implementation Date: October 1, 2009; Addendum on Dental Benefits Under Title XXI: Effective/Implementation Date: October 1, 1998

- Amendment 10 Eligibility for children of employees of a public agency (state employees and public education employees)
Effective/Implementation Date: January 1, 2011
- Amendment 11 Provisions for Implementing Temporary Adjustments to Enrollment Determination and/or Redetermination Policies and Cost Sharing Requirements for Applicants/Renewals living in and/or working in FEMA or Governor declared disaster areas at the time of a disaster event. In the event of a disaster, the State will notify CMS of the intent to provide temporary adjustments to its enrollment and/or redetermination policies, the effective dates of such adjustments and the counties/areas impacted by the disaster.
Effective/Implementation Date: April 15, 2011
- Amendment 12 Increase premiums, increase co-pays and revise the methodology for determining annual aggregate cost-sharing
Effective/Implementation Date: May 1, 2012
- Amendment 13 Establishment of copayments for therapy services (physical, occupational, and speech), vision services and chiropractic services; and cleanup changes
Effective/Implementation Date: August 1, 2013
- Amendment 14 Alignment of ALL Kids fee groups with provisions of the Affordable Care Act (ACA) and other editorial changes to comply with previously approved ACA SPAs.
Effective/Implementation Date: January 1, 2014
- Amendment 15 AL-16-0015-MEXP – CHIP Medicaid expansion to cover Medicaid enrollees ages 14 years to 19 years with incomes above 18% FPL through 141% FPL.
Effective Date: October 1, 2015
Implementation Date: January 1, 2016
- Amendment 16 AL-18-0016-PAR - Attestation and documentation of Mental Health Parity and Addiction Equity.
Submission Date: July 10, 2018
Effective Date: October 1, 2017*
Implementation Date: October 1, 2017*
*Note: Benefits were adjusted in October 2010 to be compliant with mental health parity; this amendment did not require any benefit changes
- Amendment 17 AL-19-0017-RIM
Reducing Infant Mortality (RIM) Health Service Initiative
Submission Date: July 17, 2019

- Effective Date: July 1, 2019
Implementation Date: July 1, 2019
- Amendment 18 AL-19-0018-RIM
CS9 Eligibility – Coverage from Conception to Birth
Submission Date: July 17, 2019
Effective Date: July 1, 2019
Implementation Date: July 1, 2019
- Amendment 19 AL-20-0019-CEN
CS15 MAGI-Based Income Methodologies – Temporary Income
Submission Date: February 26, 2020
Effective Date: July 1, 2020
Implementation Date July 1, 2020
- Amendment 20 AL-20-0020-COVI
Allowing for Temporary Waiving of cost sharing requirements for enrollees who reside and/or work in a State or Federally declared disaster area.
Submission Date: July 29, 2020
Effective Date: March 1, 2020
Implementation Date: March 1, 2020
- Amendment 21 AL-20-0021-BH
Documentation of AL CHIP compliance with the SUPPORT Act
Documentation of AL CHIP compliance with the SUPPORT
Submission Date: July 29, 2020
Effective Date: October 1, 2019
Implementation Date: October 24, 2018
- Amendment 22 AL-21-0022-PP
Postpartum coverage Health Services Initiative for ALL Babies
Submission Date: May 13, 2021
Effective Date: July 1, 2021
Implementation Date: July 1, 2021
- Amendment 23 AL-22-0023-OBJ
Edits to align Strategic Objectives and Performance Goals with CARTS
Submission Date: March 30, 2022
Effective Date: October 1, 2021
Implementation Date: October 1, 2021

- Amendment 24 AL-22-0024-ARP
Coverage of COVID-19 vaccine, testing, and treatment under American Rescue Plan Act
Submission Date: March 30, 2022
Effective Date: March 11, 2021
Implementation Date: March 11, 2021
- Amendment 25 AL-22-0025-CE
12-Month Postpartum Period Continuous Eligibility
Submission Date: August 25, 2022
Effective Date: October 1, 2022
Implementation Date: October 1, 2022
- Amendment 26 AL-23-0026-RIM2
CS9 Eligibility - Expanding Coverage from Conception to Birth
Submission Date: January 9, 2023
Effective Date: May 1, 2023
Implementation Date: May 1, 2023
- Amendment 27 AL-23-0027-CC
Amending AL-19-0017-RIM to discontinue HSI
Submission Date: January 9, 2023
Effective Date: October 1, 2023
Implementation Date: September 30, 2023
- Amendment 28 AL-23-0028-ROR
Reach Out and Read HSI
Submission Date: February 1, 2023
Effective Date: June 1, 2023
Implementation Date: June 1, 2023
- Amendment 29 AL-23-0029-MH
Project clean up ECHO Model for IECMH
Submission Date: February 1, 2023
Effective Date: June 1, 2023
Implementation Date: June 1, 2023
- Amendment 30 AL-24-0030-VCTE
Purpose of SPA: Transition the current approved State Plan into the new Title XXI Template; Assure Compliance with SHO #23-003 re: Mandatory Coverage of Adult Vaccinations; updating and relocating the Grievance Policy description from Attachment A to Section 12; and other minor technical edits
Submission Date: January 10, 2024
Effective date: October 1, 2023

Implementation date: October 1, 2023

Amendment 31 AL-24-0031-ABSC
Expand FCEP and the HSI Postpartum Coverage from 36 counties to statewide
Submission Date: January 18, 2024
Effective date: October 1, 2024
Implementation date: October 1, 2024

Amendment 32 AL-24-0032-CEEC
Demonstrate compliance with Section 5112 of the Consolidated Appropriations Act 2023 to provide 12 months of continuous eligibility (CS27 MMDL submission)
Submission Date: July 1, 2024
Effective date: January 1, 2024
Implementation date: January 1, 2024

Amendment 33 AL-25-0033-NPP
Demonstrate compliance with prohibition of implementing premium lock out periods and collection of past due premiums as a condition of eligibility.
Submission Date: June 20, 2025
Effective Date: June 3, 2025
Implementation Date: June 3, 2025

ACA SPA Group	PDF #	Transmittal Number and Dates	Description	Superseded Plan Section(s)
MAGI Eligibility and Methods	CS7	AL-14-0016 Effective Date and Implementation Date: January 1, 2014	Eligibility – Targeted Low Income Children	Supersedes the current sections Geographic Area 4.1.1; Age 4.1.2; and Income 4.1.3
	CS9	AL-24-0031-FCEP Effective Date: October 1, 2024 AL-23-0026-RIM2 Effective Date and Implementation Date: May 1, 2023	Coverage from Conception to Birth	Supersedes previously approved CS9 Supersedes previously approved CS9

ACA SPA Group	PDF #	Transmittal Number and Dates	Description	Superseded Plan Section(s)
		AL-19-0018-RIM Effective Date and Implementation Date: July 1, 2019		
	CS10	AL-14-0016 Effective Date and Implementation Date: January 1, 2014	Children With Access to Public Employee Coverage	Section 4.4.1 Supersedes the information on dependents of public employees in this section; supporting documentation should be incorporated as an appendix to the current state plan
	CS15	AL-20-0019-CEN Effective Date and Implementation Date: July 1, 2020 AL-14-0016 Effective Date and Implementation Date: January 1, 2014	MAGI-Based Income Methodologies	Supersedes previously approved CS15 Incorporate within a separate subsection under section 4.3
Title XXI – Medicaid Expansion	CS3	AL-16-0015-MEXP Effective Date and Implementation Date: October 1, 2015	CHIP Medicaid expansion to also cover Medicaid enrollees ages 14 years to 19 years with incomes above 18% FPL through 141% FPL	Supersedes previously approved CS3

ACA SPA Group	PDF #	Transmittal Number and Dates	Description	Superseded Plan Section(s)
		AL-14-0014 Effective Date and Implementation Date: January 1, 2014	Eligibility for CHIP Medicaid Expansion	Supersedes the current Medicaid expansion section 4.0
Establish 2101(f) Group	CS14	AL-14-0015 Effective Date and Implementation Date: January 1, 2014	Children Ineligible for Medicaid as a Result of the Elimination of Income Disregards	Incorporate within a separate subsection under section 4.1
Eligibility Process	CS24	AL-14-0018 Effective Date and Implementation Date: January 1, 2014	Single, Streamlined Application Screen and Enroll Process Renewals	Supersedes the current sections 4.3 and 4.4
Non-Financial Eligibility	CS17	AL-14-0017 Effective Date and Implementation Date: January 1, 2014	Non-Financial Eligibility – Residency	Supersedes the current section 4.1.5
	CS18	AL-14-0017 Effective Date and Implementation Date: January 1, 2014	Non-Financial – Citizenship	Supersedes the current sections 4.1.0; 4.1.1-LR; 4.1.1-LR
	CS19	AL-14-0017 Effective Date and Implementation Date: January 1, 2014	Non-Financial – Social Security Number	Supersedes the current section 4.1.9.1
	CS20	AL-14-0017 Effective Date and Implementation Date: January 1, 2014	Substitution of Coverage	Supersedes the current section 4.4.4
	CS21	AL-25-0033-NPPR Effective Date and Implementation Date: June 3, 2025 AL-14-0017 Effective Date and Implementation Date:	Renewal/reenrollment is not contingent upon payment of premiums Non-Payment of Premiums	Supersedes the previously approved CS21 Supersedes the current section 8.7

ACA SPA Group	PDF #	Transmittal Number and Dates	Description	Superseded Plan Section(s)
		January 1, 2014		
	CS27	AL-24-0032-CEEC Effective Date and Implementation Date: January 1, 2024	Continuous Eligibility	Supersedes previously approved CS27
		AL-22-0025-CE Effective Date and Implementation Date: October 1, 2022	12-Month Postpartum Period Continuous Eligibility	Supersedes previously approved CS27
		AL-14-0017 Effective Date and Implementation Date: January 1, 2014	Continuous Eligibility	Supersedes the current section 4.1.8

1.4- TC Tribal Consultation (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

In accordance with approved policies, on April 7, 2025, a certified letter explaining the changes proposed in AL-25-0033-NPP and AL-25-0033-NPPR was mailed to the Tribal Chairman of the one federally recognized Native American tribe in Alabama, the Poarch Band of Creek Indians. The letter included the purpose for the proposed changes and a description of the changes. In the letter, the Tribal Chairman was also reminded that she had the opportunity to respond to the proposed changes within 30 days and was given contact information for any such response. The certified letter was signed by the CHIP Director. No comments were received as of May 7, 2025.

TN No: Approval Date Effective Date: May 7, 2025

4.3.1. Limitation on Enrollment Describe the processes, if any, that a State will use for instituting enrollment caps, establishing waiting lists, and deciding which children will be given priority for enrollment. If this section does not apply to your state, check the box below. (Section 2102(b)(2)) (42CFR, 457.305(b))

There are no public notice state laws regarding enrollment caps and waiting lists in CHIP. Due to insufficient state funds, ALL Kids initiated a waiting list beginning with all new enrollees who would have had an effective date October 1, 2003. Public and enrollee notices about the waiting list

were issued during the month of September 2003 prior to the impact of the waiting list. On August 23, 2004, ALL Kids reopened enrollment and discontinued use of the waiting list.

If during the year funds are not available at sufficient levels for coverage of children and funding is projected to be depleted before the end of the fiscal year, it is the State's intent to place eligible children on a waiting list until adequate funding becomes available to resume enrollment. Alabama will provide public notice through press releases, written communication with stakeholders and stakeholder groups, presentations, and written communication from the program to all applicant families whose child(ren) is/are placed on the waiting list.

When a waiting list is implemented, the program has and will continue to receive new applications. These applications will be screened for Medicaid eligibility and then reviewed for ALL Kids eligibility. If a child is eligible for Medicaid, the child will be enrolled in Medicaid. Each family whose child is placed on the ALL Kids waiting list will be notified, by letter, of this placement. The notification letter will also contain information stating that the parent may wish to contact Medicaid if his situation changes and he believes that his child may be eligible for Medicaid. If the child remains on the waiting list for longer than three (3) months, the family will be periodically notified via letter that the child's name is still on the waiting list.

If the State is using a waiting list, children will be enrolled on ALL Kids from the waiting list on a first on-first off basis as funding permits. When attrition has lowered program enrollment to a level at which there are sufficient state funds to re-open enrollment, children will be removed from the waiting list (on a first on first off basis) and enrolled in ALL Kids. Children who are removed from the waiting list whose application information is greater than 90 days old will be asked to complete a form updating changes in information on their family size, income, and other points of eligibility. Upon receipt of the form, ALL Kids enrollment staff will evaluate the child's eligibility for ALL Kids. Then, if eligible, either the child will be enrolled in ALL Kids or Medicaid and the family will be notified.

Children who have current enrollment in ALL Kids will be allowed to continue to renew their enrollment as long as they continue to meet all points of eligibility and have their renewal forms submitted within 90 days after the date of termination.

☐ Check here if this section does not apply to your State.

- 8.7.** Provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42CFR 457.570 and 457.505(c))

See CS21

ALL Kids has an annual premium for those in cost sharing categories. Enrollees have the entire 12

month coverage period to pay premium balances and receipt of benefits is not contingent upon payment of premiums. Current enrollees are not terminated for non-payment of premiums during the 12-month coverage period.

Renewal of coverage is not contingent upon payment of premium balances. If a renewal application is received prior to the end of the coverage period, eligible applicants will be renewed regardless of any outstanding premium balance. If a renewal application is not received by the end of the coverage period, enrollees will be disenrolled. However, if a renewal application is received within 90 days following the coverage end date, otherwise eligible applicants will be renewed with no lapse in coverage and no requirement to pay past due premiums.

Upon enrollment, families receive an award notice which includes the premium amount due. During the enrollment period, families receive premium invoice notices at four months, six months, and eight months. Additionally, at 10 months, notice of premium amounts due is included in the award notice for those who are successfully auto-renewed, and those receiving renewal application packets are also provided with premium amounts due. In an effort to collect past due premiums, families with a balance will receive a final notice after the end of the coverage period.

Guidance: Section 8.7.1 is based on Section 2101(a) of the Act provides that the purpose of title XXI is to provide funds to States to enable them to initiate and expand the provision of child health assistance to uninsured, low-income children in an effective and efficient manner that is coordinated with other sources of health benefits coverage for children.

8.7.1. Provide an assurance that the following disenrollment protections are being applied:

Guidance: Provide a description below of the State's premium grace period process and how the State notifies families of their rights and responsibilities with respect to payment of premiums. (Section 2103(e)(3)(C))

- 8.7.1.1.** ☐ State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums, copayments, coinsurance, deductibles or similar fees prior to disenrollment. (42CFR 457.570(a))
- 8.7.1.2.** ☐ The disenrollment process affords the enrollee an opportunity to show that the enrollee's family income has declined prior to disenrollment for non-payment of cost-sharing charges. (42CFR 457.570(b))
- 8.7.1.3.** ☐ In the instance mentioned above, that the State will facilitate enrolling the child in Medicaid or adjust the child's cost-sharing category as

appropriate. (42CFR 457.570(b))

- 8.7.1.4 ☐ The State provides the enrollee with an opportunity for an impartial review to address disenrollment from the program. (42CFR 457.570(c))

Section 12. **Applicant and Enrollee Protections (Sections 2101(a))**

- ☐ Check here if the State elects to use funds provided under Title XXI only to provide expanded eligibility under the State's Medicaid plan.**12.1. Eligibility and Enrollment Matters-** Describe the review process for eligibility and enrollment matters that complies with 42 CFR 457.1120. Describe any special processes and procedures that are unique to the applicant's rights when the State is using the Express Lane option when determining eligibility.

Alabama's review process meets the requirements of the Program Specific Review as outlined in CFR.457.1120 – 457.1180. The review process for children enrolled in a CHIP Medicaid expansion is the same as the review process for children enrolled in other Medicaid full service children's programs.

Applicants and enrollees of Alabama's CHIP, ALL Kids, have a right to discuss and question how eligibility for enrollment is determined. They have the right to request review of program decisions concerning:

- Denial of eligibility
- Failure to make a timely determination of eligibility
- Suspension or termination of enrollment, ~~including disenrollment for failure to pay premiums~~

The ALL Kids Review Process has three levels of review—Informal Review, Administrative Review and Formal Review. Requests for an Administrative Review and Formal Review must be submitted in writing. All correspondence with the applicant /enrollee concerning Administrative Review or Formal Review will be in writing.

Informal Review

In many cases, problems can be handled informally without the need for an Administrative or Formal Review. The applicant can initiate an Informal Review by contacting the ALL Kids office by telephone, e-mail, or letter. This request must be made to ALL Kids within 60 days of the date of the decision with which the applicant is dissatisfied. Once the request has been received, the appropriate staff will review the situation and initiate immediate action to resolve the problem and communicate the decision or resolution. If additional information is needed, the applicant will be given the opportunity to provide clarification or submit additional information. Summation of the inquiry, review, and resolution will be

maintained on file and noted with the appropriate applicant information. An informal review must be conducted before a request can be made for an administrative review.

If the problem remains unresolved to the satisfaction of the applicant, he/she will be provided detailed information regarding his/her right to an Administrative Review and his/her right to continued enrollment during the review process if appropriate. Appropriate notation will be kept in the applicant's electronic file noting the initial request, any information gathered during the Informal Review, the decision reached through the Informal Review, the date of such decision, and the applicants' intent to go forward with the Administrative Review Process.

Administrative Review

A written request for Administrative Review must be received within ten days of the final decision from the Informal Review. An ALL Kids designee will assist in gathering information that may clarify the request. All information on file from the Informal Review and any information gathered by the ALL Kids designee will be circulated to a three (3) person Administrative Review Committee. This committee will be three ALL Kids staff members who were not involved in the Informal Review and/or the original determination process.

The Committee's decision and the Program Director's review of the decision must be completed within 30 days of receiving the Administrative Review Request. The applicant/enrollees will be notified in writing of the Administrative Review Committee's decision within three working days of the decision. Additionally, this notification will include the applicant's rights to continued review and the policy regarding a request for Formal Review by the State Health Officer or designee. If the grievance remains unresolved to the satisfaction of the applicant, then he/she may file a request for a Formal Review by the State Health Officer or designee.

Formal Review

To be considered by the State Health Officer or designee, a written request for a Formal Review must be submitted to the ALL Kids office within ten days of the final decision of the Administrative Review Committee.

The applicant will be notified in advance of the date and time that the State Health Officer or designee will be hearing information regarding their case. The applicant may appear in person or have a representative present information to the State Health Officer or designee. He/she may also submit additional information.

A decision will be issued within 30 days following the receipt of the request for Formal Review. The applicant will be notified of the decision made by the State Health Officer or designee within three working days of the decision. The decision made by the State Health Officer or designee is the final step in the administrative proceedings and will exhaust all administrative remedies.

Expedited Review

If a delay in the review of the enrollment or eligibility matter would result in worsening health conditions of the applicant, an expedited ALL Kids review may be provided. An Expedited Review will be made within 72 hours.

Right for Continued Benefits During the Review Process

When the eligibility decision under review is regarding renewal or re-determination of coverage, and the enrollee files a request for Administrative Review, CHIP staff may continue coverage for that enrollee if requested until the review process is complete. The enrollee may be responsible for any health services costs incurred if the resulting review decision supports termination of coverage.

ALL Kids Plus Services

Requests for review of decisions made regarding eligibility for the ALL Kids Plus services must first be made to the ALL Kids Plus participating agency's appropriate appeals process. This is necessary since eligibility for ALL Kids Plus is dependent on the participating agency's eligibility criteria for services. Once the appeals process through the ALL Kids Plus participating agency has been exhausted, an appeal request may be made to the ALL Kid's as described in the ALL Kids Review Process.



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: AL - 25 - 0033

Separate Child Health Insurance Program	CS21
Non-Financial Eligibility - Non-Payment of Premiums	
42 CFR 457.570	
Non-Payment of Premiums	
Does the state impose premiums or enrollment fees?	<input type="text" value="Yes"/>
Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility?	<input type="text" value="No"/>

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.

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