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State/Territory Name: Arizona

State Plan Amendment (SPA) #: AZ-13-0004

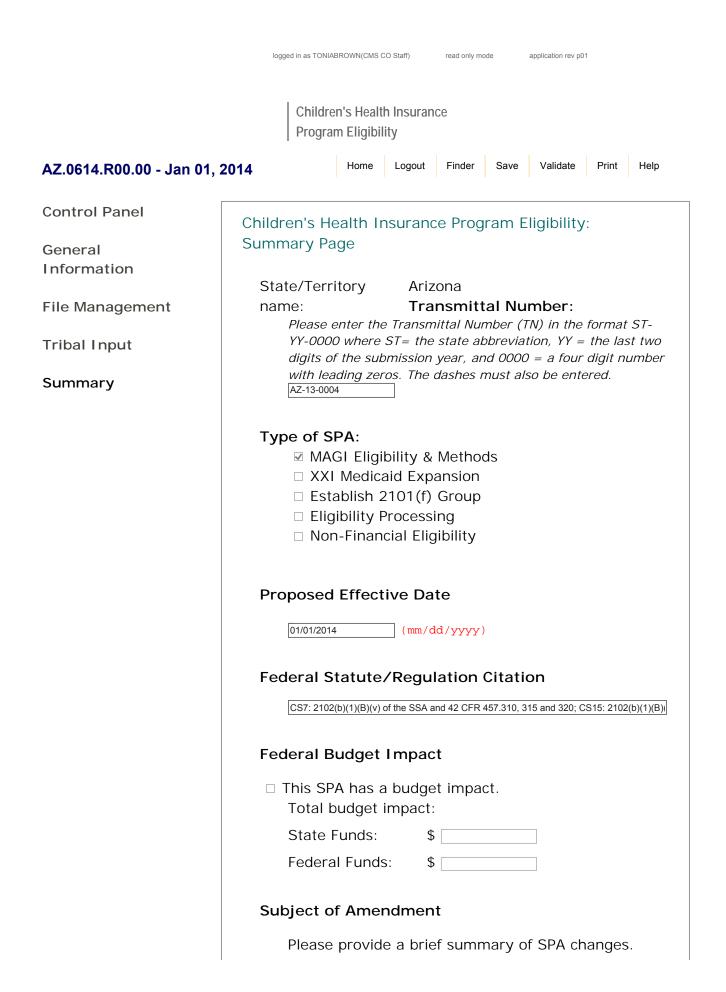
This file contains the following documents in the order listed:

Approval Letter
SPA Summary Form
Approved SPA Pages

The complete title XXI state plan for Arizona 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: XXI state plans and amendments: http://medicaid.gov/chip/state-program-information/chipstateprogram-information.html

Children's Health Insurance Program Eligibility: Summary Page Page 1 of 2



in accordance with the	Character Count:183 out of 20 Plan to reflect MAGI Eligiblity & Methods Affordable Care Act for Targeted Low and MAGI Income Methodology (CS15).							
Signature of State Agency Official								
Submitted By:	Theresa Gonzales							
Last Revision Date:	Mar 6, 2014							
Submit Date:	Dec 17, 2013							
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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 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



					OM	IB Control Number: 0938-1148				
Separate	Child	Tealth Insura	nce Program			Expiration date: 10/31/2014				
· · · · · · · · · · · · · · · · · · ·			come Childre	O management of the statement		CS7				
2102(b)(1)(I	B)(v) of 1	the SSA and 42 (CFR 457.310, 315	and 320						
Targetee	d Low-II	ncome Children	- Uninsured child	dren under age 19 who	se household income is within	standards established by the				
The	CHIP A	gency operates th	is covered group	in accordance with th	e following provisions:					
Age		· ·								
Must be under ag e 19.										
Income Standard s										
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?										
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 (% FP	L)				
	+	0	1	147	200	×				
	+	1	6	141	200	×				
	+	6	19	133	200	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										

Approval Date: MAR 1 4 2014



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.20130709



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

CS15

Separate Child Health Insurance Program MAGI-Based Income Methodologies

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, MAGIbased 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.

O The pregnant woman is counted just as herself, plus one.

C 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.

O 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.

X Account for a reasonably predictable decrease in future income and/or family size.

Approval Date:

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 $\frac{435.603(f)(2)(i)}{1000}$ 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 MAR 1 4 2014



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