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State/Territory Name: Florida

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

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages

The complete title XXI state plan for Florida 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

JAN 0 7 2014

Mr. Justin Senior Acting Deputy Secretary Agency for Health Care Administration 2727 Mahan Drive, MS #20 Tallahassee, FL 32308-5403

Dear Mr. Senior:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number FL-13-0004 submitted on December 6, 2013 and related to Modified Adjusted Gross Income (MAGI) Eligibility has been approved with an effective date of January 1, 2014.

SPA number FL-13-0004 is approved to clarify the state's non-financial eligibility policies on residency, citizenship, social security numbers, substitution of coverage, non-payment of premiums, and continuous eligibility. Copies of the approved state plan pages are attached and these approved pages supersede sections of Florida's current state plan as detailed 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; 4.1.1-LR |
| CS19: Non-Financial Eligibility – Social Security | Section 4.1.9.1 |
| Number | |
| CS20: Non-Financial Eligibility – Substitution of | Section 4.4.4 |
| Coverage | |
| CS21: Non-Payment of Premiums | Section 8.7 |
| CS27: General Eligibility – Continuous Eligibility | Section 4.1.8 |

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

Page 2 – Mr. Justin Senior

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, Centers for Medicare & Medicaid Services, Region 4, Division of Medicaid and Children's Health Operations. 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

Gail Hansen, MediKids Program, Agency for Health Care Administration

logged in as TONIABROWN(CMS CO Staff) read only mode application rev p01 Children's Health Insurance **Program Eligibility** Home Finder Save Print Help FL.0566.R00.00 - Jan 01, 2014 Logout Control Panel Children's Health Insurance Program Eligibility: Summary **General Information** Page **File Management** State/Territory name: Florida **Transmittal Number: Tribal Input** 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 Summary digit number with leading zeros. The dashes must also be entered. FL-13-0004 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 **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: 685 CS17, CS18, CS19, CS20, CS21 and CS27 establish non-financial eligibility for all covered groups in the separate CHIP program. CS17 establishes our residency requirements, CS18 establishes our citizenship requirements, CS19 establishes our social security number requirements, CS20 establishes our substitution of coverage **Signature of State Agency Official** Submitted By: Gail Hansen Dec 31, 2013 Last Revision Date: Submit Date: Dec 6, 2013



FAQs | Site Map | Contact | Medicaid.gov | CMS.gov



SPA# FL-13-0004

CHIP Eligibility

OMB Control Number: 0938-1148

| Expiration date: 10/31/20 |
|--|
| Separate Child Health Insurance Program Non-Financial Eligibility - Residency |
| 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 of 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' actual state of residence. |

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

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| One or more interstate agreement(s). No | |
|---|----|
| A policy related to individuals in the state only for educational purposes. | 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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| nancial Eligibility - Citizenship |
|--|
| 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d) |
| hip |
| CHIP Agency provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens, ding the time period during which they are provided with reasonable opportunity to submit verification of their citizenship, nal 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. |
| 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. |
| CHIP Agency elects the option to provide CHIP coverage to otherwise eligible children up to age 19, lawfully residing ne United States, as provided in Section 2107(e)(1)(J) of the SSA (Section 214 of CHIPRA 2009, P.L. 111-3). |
| CHIP Agency elects the option to provide CHIP coverage to otherwise eligible pregnant women, lawfully residing in the ted States, as provided in Section 214 of CHIPRA 2009, P.L. 111-3. The state may not select this option unless the state elects to cover lawfully residing children. A state may not select this option unless the state also covers Targeted Lowome Pregnant Women. |

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OMB Control Number: 0938-1148

| 4346610000000000000000000000000000000000 | rate Child Health Insurance Program -Financial Eligibility - Social Security Number |
|--|--|
| 42 CF | R 457.340(b) |
| Socia | I Security Number |
| d | as a condition of eligibility, the CHIP Agency must require individuals who have a social security number or are eligible for one as etermined by the Social Security Administration, to furnish their social security number, or numbers if they have more than one umber. |
| G | 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. |
| [i | 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. |
| Œ | 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. |
| G | 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. |
| Т | he 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. |
| | ✓ 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

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| | | dealth Insurance Program ligibility - Substitution of Cove | rage | CS2 |
|--|--------|--|---|----------------|
| 457.310(b)(2) a | and (b |)(3), 457.320(a)(9) and 2110(b)(1)(C) o | of the SSA | |
| Substitution | of (| Coverage | | |
| covera covera | ge or | gency provides assurance that it has me other commercial health insurance with tion of coverage prevention strategy: | ethods and policies in place to prevent the substitution of g public funded coverage. These policies include: | group health |
| | | Name of policy | Description | |
| | | Waiting Period | A child is not eligible for CHIP coverage when employer-sponsored or private health care coverage has been voluntarily canceled within 60 days prior to the date of application, unless the cancellation meets an acceptable good cause reason. | X |
| | ow lo | eriod during which an individual is inel ng is the waiting period? e month ro months | igible due to having dropped group health coverage. Yes | |
| C | | days | | |
| | Otl | ner | | |
| | Th | e state allows exemptions from the wait | ing period for the following reasons: | |
| | | The premium paid by the family for cohousehold income. | overage of the child under the group health plan exceeded | 5 percent of |
| | | | ole for advance payment of the premium tax credit for enreESI in which the family was enrolled is determined unaffor 3)(v). | |
| | | The cost of family coverage that inclu | des the child exceeded 9.5 percent of the household incon | ne. |
| | | The employer stopped offering covera insurance plan. | age of dependents (or any coverage) under an employer-sp | onsored health |

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A change in employment, including involuntary separation, resulted in the child's loss of employer-sponsored insurance (other than through full payment of the premium by the parent under COBRA).

The child has special health care needs.

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The child lost coverage due to the death or divorce of a parent.



| Does the state allow other exemptions in addition to those listed above? Yes | | | | | |
|--|--|---|---|--|----|
| | | Describe | | | |
| | | Domestic violence led to the loss of coverage. The health benefits coverage does not cover the child's health care needs The child has exhausted coverage under COBRA continuation provision. | X | | ν. |
| 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. | | | | | |

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| CONTRACTOR AND AND AND ASSESSMENT OF THE PARTY OF THE PAR | Child Health Insurance Program Icial Eligibility - Non-Payment of Premiums | CS21 |
|--|--|----------|
| 42 CFR 457.5 | 570 | |
| Non-Paymen | nt of Premiums | 19 |
| Does the state | e impose premiums or enrollment fees? | Yes |
| Can non- | -payment of premiums or enrollment fees result in loss of CHIP eligibility? | Yes |
| Doe | s the state have a premium lock out period? | Yes |
| | Please describe the lock-out period: | |
| | Florida has a one month lock-out period due to premium non-payment. Florida does not require the payment of pass due premiums nor does Florida charge enrollment fees. A CHIP eligible child's coverage is reinstated beginning or the first day of the month after the advance premium for that upcoming month has been paid. | |
| | What is the length of the time premium lock-out period? | |
| | Select a length of time: | |
| | • One month | |
| | C Two months | |
| | C 90 days | |
| | C Other (not to exceed 90 days) | |
| Are | there exceptions to the required lock-out period? | No |
| I | The state assures that: | |
| | It does not require the collection of past due premiums or enrollment fees as a condition of eligibility for enrollment lock-out period has expired; and | once the |
| | It provides enrollees with an opportunity for an impartial review to address disenrollment from the program in accord with section 457.1130(a)(3); and | lance |
| | The child will be reenrolled in CHIP during the lock-out period upon payment of past due premiums or enrollment fe | es. |
| | | |

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| Separate Child Health Insurance Program General Eligibility - Continuous Eligibility |
|--|
| 2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926 |
| The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier. |
| The CHIP Agency elects to provide continuous eligibility to children under this provision. Yes |
| For children up to age 19 |
| For children up to age |
| The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends: |
| At the end of the 12 months continuous eligibility period. |
| Exceptions to the continuous eligibility period: |
| ■ The child attains the age specified by the state Agency or age 19. |
| ■ The child or child's representative requests voluntary disenrollment. |
| ■ The child is no longer a resident of the state. |
| The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative. |
| ■ The child dies. |
| ■ There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan. |
| ☐ Other |
| |

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