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State/Territory Name: Kentucky

State Plan Amendment (SPA) #: KY-13-0014

(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 Kentucky 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



Children and Adults Health Programs Group

OCT 08 2013

Ms. Lisa Lee, Director
Children's Health Insurance
Department for Medicaid Services
275 E. Main Street, 6W-D
Frankfort, KY 40621-0001

Dear Ms. Lee:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) numbers KY-13-0014 and KY-13-0015, submitted on September 4, 2013, and related to Modified Adjusted Gross Income (MAGI) Eligibility have been approved with an effective date of January 1, 2014.

Title XXI Medicaid Expansion:

SPA number KY-13-0014 converts the state's existing income eligibility standard to a modified adjusted gross income (MAGI)-equivalent standard, 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 Kentucky'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 KY-13-0015 provides coverage in a 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 Kentucky's approved CHIP state plan.

Your Title XXI project officer is Ms. LaVern Baty. She is available to answer questions concerning these amendments and other CHIP-related issues. Ms. Baty's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
7500 Security Blvd. Mail Stop S2-01-16

Baltimore, MD 21244-1850
Telephone: (410) 786-5480
Facsimile: (410) 786-5943

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E-mail: Lavern.Baty@cms.hhs.gov

If you have questions or wish to discuss this determination further, please contact Jackie Glaze, Associate Regional Administrator in our Atlanta Regional Office. 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

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 Linda Nablo, Director, of the Division of Children's Health Insurance Programs, at 410- 786-5143.

Sincerely,



Eliot Fishman
Director

cc: Jackie Glaze, ARA, CMS Region IV, Atlanta
Lucy Senters, Department of Medicaid Services, KCHIP



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:

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) | |
|---|----------|--------|---------------|---------------------------|---|
| + | 1 | 6 | 142 | 159 | X |
| + | 6 | 19 | 109 | 159 | X |

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.

OCT 08 2013