## **Table of Contents**

## **State/Territory Name: North Carolina**

## State Plan Amendment (SPA) #: NC-13-0008

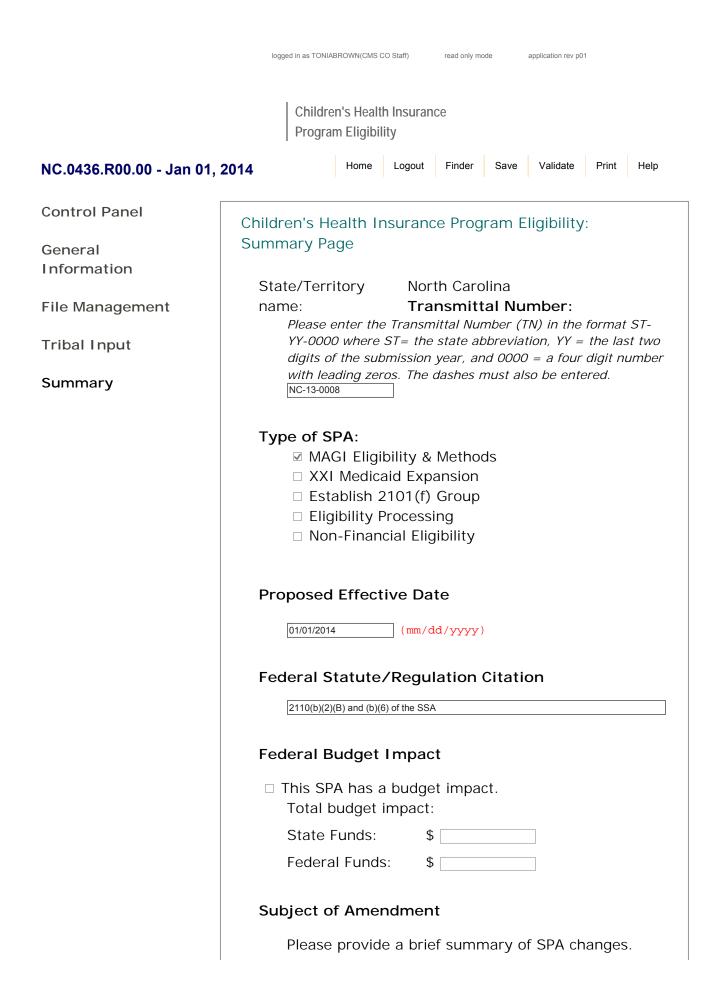
This file contains the following documents in the order listed:

- 1) SPA Summary Form
- 2) Approval Letter
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

The complete title XXI state plan for North Carolina 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





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

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** 

## JAN 1 5 2014

Sandra Terrell, MS, RN North Carolina Department of Health and Human Services Acting Chief Operating Officer, Division of Medical Assistance 1985 Umstead Drive Raleigh, NC 27603

Dear Ms. Terrell:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendments (SPAs) numbered NC-13-0008, NC-13-0009 and NC-13-0012 submitted on October 18, 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 NC-13-0008 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 CS7 that it 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.

#### XXI Medicaid Expansion:

SPA number NC-13-0009 converts the state's existing income eligibility standards to MAGIequivalent 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.

#### **Non-Financial Eligibility:**

SPA number NC-13-0012 is approved to clarify the state's non-financial eligibility policies on residency, citizenship, social security numbers, non-payment of premiums, and continuous eligibility. Copies of the approved state plan pages are attached and these approved pages supersede sections of North Carolina's current state plan as detailed below:

, *r*\*

Page 2 – Ms. Sandra Terrell

| 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   |                                      |  |  |
| 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 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 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, 4<sup>th</sup> 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

Teresa Smith, Administrative Service Manager, Division of Medical Assistance



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

### Separate Child Health Insurance Program CS7 Eligibility - Targeted Low-Income Children 2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320 Targeted Low-Income Children - Uninsured children under age 19 whose household income is within standards established by the state. The CHIP Agency operates this covered group in accordance with the following provisions: Age Must be under age 19. 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 No standard or a county 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 povertylevel children for the same age group or groups entered here. Up to & including (% FPL) Above (% FPL) From Age To Age X 211 -19 133 6 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 PRA Disclosure Statement

Approval Date:

JAN 1 5 2014



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V.20130709



# **CHIP Eligibility**

## 0000 1140

| OMB Control Number: 0938-1148<br>Expiration date: 10/31/2014  |
|---|
| Separate Child Health Insurance Program CS15<br>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, MAGI-<br>based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility,<br>whichever is later. |
| If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted<br>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 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.   |
| C 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 No 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.   |



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### OMB Control Number: 0938-1148

Expiration date: 10/31/2014

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.

**Eligibility for Medicaid Expansion Program** 

Age and Household Income Ranges

|   | From Age | To Age | Above (% FPL) | Up to & including (% FPL) |   |
|---|----------|--------|---------------|---------------------------|---|
|   | 0        | 1      | 194           | 210                       | X |
| ÷ | 1        | 6      | 141           | 210                       | X |
|   | 6        | 19     | 107           | 133                       | X |

### PRA Disclosure Statement

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

## Separate Child Health Insurance Program. Non-Einancial 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 o 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,  |
| 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 |
| <ul> <li>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.</li> </ul>                                       |
| The state has in place related to the residency of children and pregnant women (if covered by the state):  |
| JAN 1 5 2014   |



| One or more interstate agreement(s).                                 | Ves   |   |  |  |  |
|--|---|---|--|--|--|
| The state has interstate agree                                       | L   | other states:   |  |  |  |
| i ine state has interstate agree                                     | sments whit life following  | oursi suuss.  |  |  |  |
| Alabama  | Illinois  | Montana   | Rhode Island                                     |  |  |
| []] Alaska   | 🔲 Indiana   | 🗌 Nebraska  | South Carolina                                   |  |  |
| Arizona  | 🔲 Iowa  | 🗌 Nevada  | South Dakota                                     |  |  |
| Arkansas   | Kansas  | New Hampshire   | Tennessee  |  |  |
| California   | Kentucky  | New Jersey  | Texas  |  |  |
| Colorado   | 🔲 Louisiana   | New Mexico  | Utah Utah  |  |  |
| Connecticut  | Maine   | New York  | Vermont  |  |  |
| Delaware   | Maryland  | North Carolina  | 🔲 Virginia                                       |  |  |
| District of Columbia   | Massachusetts   | North Dakota  | Washington                                       |  |  |
| 🔲 Florida  | Michigan  | Dhio  | West Virginia                                    |  |  |
| 🔲 Georgia  | Minnesota   | Oklahoma  | Wisconsin  |  |  |
| 🔲 Hawaii   | Mississippi   | Oregon  | Wyoming  |  |  |
| Idaho  | Missouri  | Pennsylvania  |  |  |  |
| The interstate agreement constant status and criteria for resolution | ontains a procedure for proving disputed residency of   | oviding CHIP to individuals per<br>f individuals who: (Select all the | nding resolution of their residency<br>at apply) |  |  |
| Are in the state only for  | or the purpose of attending   | g school.   |  |  |  |
| Are out of the state on  | ly for the purpose of atten   | ding school.  |  |  |  |
| Retain addresses in bo   | th states.  |   |  |  |  |
| Other type of individu   | al:   |   |  |  |  |
| A policy related to individuals<br>Provide a description of t        |   | ational purposes. Yes   |  |  |  |
| An individual is a resider   | An individual is a resident lives in NC independently from his parent(s) for his total financial support and care, including tuition and living expenses, does not intend to live with a parent that is a resident of another state, and is not claimed as a tax dependent by an individual who is a resident of another state. |   |  |  |  |
|  | PRA Disclos   | ure Statement   |  |  |  |

JAN 1 5 2014

Approval Date:\_

Effective Date: January 1, 2014 Page 2 of 3



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Effective Date: January 1, 2014 Page 3 of 3



## OMB Control Number: 0938-1148

| Expiration date: 10/31/2014  |
|--|
| Separate Child Health Insurance Program<br>Non-Financial Eligibility - Citizenship   |
| Sections 2105(c)(9) and 2107(e)(1)(J) of the SSA and 42 CFR 457.320(b)(6), (c) and (d)   |
| Citizenship  |
| The CHIP Agency provides CHIP eligibility to otherwise eligible citizens and nationals of the United States and certain non-citizens,<br>including the time period during which they are provided with reasonable opportunity to submit verification of their citizenship,<br>national 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 reasonable opportunity period opportunity |
| The date benefits are furnished is:  |
| C The date of application containing the declaration of citizenship or immigration status.   |
| ( The date the reasonable opportunity notice is sent.  |
| ( Other date, as described:  |
| The first day of the month of application if otherwise eligible.   |
| The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible children up to age 19, lawfully residing in the United States, as provided in Section 2107(e)(1)(J) of the SSA (Section 214 of CHIPRA 2009, P.L. 111-3).  |
| Otherwise eligible children means children meeting the eligibility requirements of targeted low-income children with the exception of non-citizen status.  |

The CHIP Agency provides assurance that lawfully residing children are also covered under the state's Medicaid program.



The CHIP Agency elects the option to provide CHIP coverage to otherwise eligible pregnant women, lawfully residing in the United States, as provided in Section 214 of CHIPRA 2009, P.L. 111-3. The state may not select this option unless the state also elects to cover lawfully residing children. A state may not select this option unless the state also covers Targeted Low-Income Pregnant Women.

- An individual is considered to be lawfully residing in the United States if he or she is lawfully present and meets state residency requirements.
- An individual is considered to be lawfully present in the United States if he or she is:
- 1. A qualified non-citizen as defined in 8 U.S.C. 1641(b) and (c);
- 2. A non-citizen in a valid nonimmigrant status, as defined in 8 U.S.C. 1101(a)(15) or otherwise under the immigration laws (as defined in 8 U.S.C. 1101(a)(17));
- 3. A non-citizen who has been paroled into the United States in accordance with 8 U.S.C.1182(d)(5) for less than 1 year, except for an individual paroled for prosecution, for deferred inspection or pending removal proceedings;
- 4. A non-citizen who belongs to one of the following classes:

(i) Granted temporary resident status in accordance with 8 U.S.C.1160 or 1255a, respectively;

(ii) Granted Temporary Protected Status (TPS) in accordance with 8 U.S.C. §1254a, and individuals with pending applications for TPS who have been granted employment authorization;

- (iii) Granted employment authorization under 8 CFR 274a.12(c);
- (iv) Family Unity beneficiaries in accordance with section 301 of Pub. L. 101-649, as amended;
- (v) Under Deferred Enforced Departure (DED) in accordance with a decision made by the President;
- (vi) Granted Deferred Action status;
- (vii) Granted an administrative stay of removal under 8 CFR 241;
- (viii) Beneficiary of approved visa petition who has a pending application for adjustment of status;
- 5. Is an individual with a pending application for asylum under 8 U.S.C. 1158, or for withholding of removal under 8 U.S.C.1231, or under the Convention Against Torture, who:
  - (i) Has been granted employment authorization; or
  - (ii) Is under the age of 14 and has had an application pending for at least 180 days;
- 6. Has been granted withholding of removal under the Convention Against Torture;
- 7. Is a child who has a pending application for Special Immigrant Juvenile status as described in 8 U.S.C.1101(a)(27)(J);
- 8. Is lawfully present in American Samoa under the immigration laws of American Samoa; or
- 9. Is a victim of severe trafficking in persons, in accordance with the Victims of Trafficking and Violence Protection Act of 2000, Pub. L. 106-386, as amended (22 U.S.C. 7105(b)).

Approval Date: JAN 1 5 2014

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No



10. <u>Exception</u>: An individual with deferred action under the Department of Homeland Security's deferred action for the childhood arrivals process, as described in the Secretary of Homeland Security's June 15, 2012 memorandum, shall not be considered to be lawfully present with respect to any of the above categories in paragraphs (1) through (9) of this definition.

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

| parate Child Health Insurance Program<br>on-Financial Eligibility - Social Security Number  |
|---|
| CFR 457.340(b)  |
| cial Security Number  |
| As a condition of eligibility, the CHIP Agency must require individuals who have a social security number or are eligible for one as determined by the Social Security Administration, to furnish their social security number, or numbers if they have more than one number.   |
| 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.  |
| 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.  |
| 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.   |
| 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 20 and 1137 of the Social Security Act and the Privacy Act of 1974. |
| The 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, o for a purpose directly connected with the administration of the state plan.  |

PRA Disclosure Statement

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### OMB Control Number: 0938-1148

Expiration date: 10/31/2014

| Separate Child Health Insurance Program<br>Non-Financial Eligibility - Non-Payment of Premiums  | CS21        |
|---|-------------|
| 42 CFR 457.570  |             |
| Non-Payment of Premiums   |             |
| Does the state impose premiums or enrollment fees?  | Yes         |
| Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility?  | Yes         |
| Does the state have a premium lock out period?  | No          |
| The state assures that it provides enrollees with an opportunity for an impartial review to address disenrollme program in accordance with section $457.1130(a)(3)$ . | nt from the |

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V.20130709

JAN 1 5 2014



### OMB Control Number: 0938-1148

| Expiration | date: | 10/31 | /2014 |
|------------|-------|-------|-------|
|------------|-------|-------|-------|

| Separate Child Health I<br>General Eligibility - Cor |   |   | CS27  |
|--|---|---|---|
| 2105(a)(4)(A) of the SSA and                         | 42 CFR 457.342 and 435.926  |   |   |
| any changes in the family's cir                      | e that children who have been determined eligible under the stat<br>cumstances, during a continuous eligibility period up to 12 mon<br>to exceed age 19), whichever is earlier. | e plan shall remain<br>ths, or until the time | eligible, regardless of<br>e the child reaches an |
| The CHIP Agency elects to pr                         | ovide continuous eligibility to children under this provision. Ye   | es  |   |
| For children up to age                               | 19  |   |   |
| C For children up to age                             |   |   |   |
| The continuous eligibility and ends:                 | period begins on the effective date of the child's most recent det  | termination or redet                          | ermination of eligibility,                        |
| At the end of the                                    | 12 months continuous eligibility period.  |   |   |
| Exceptions to the continue                           | ous eligibility period:   |   |   |
| The child attains                                    | the age specified by the state Agency or age 19.  |   |   |
| 🔳 The child or child                                 | l's representative requests voluntary disenrollment.  |   |   |
| The child is no lo                                   | nger a resident of the state.   |   |   |
| The Agency dete because of Agenc                     | rmines that eligibility was erroneously granted at the most recen<br>cy error or fraud, abuse, or perjury attributed to child or child's re                                     | t determination or re<br>epresentative.       | enewal of eligibility                             |
| 🔳 The child dies.                                    |   |   |   |
| There is a failure                                   | to pay required premiums or enrollment fees on behalf of a chil   | d, as provided for in                         | the state plan.                                   |
| 🔀 Other  |   |   |   |
|  | Describe  |   |   |
|  | The child becomes eligible for SSI.   | X   |   |
| +  | The child obtains comprehensive health insurance.   | X   |   |
|  | The child becomes incarcerated.   | X   |   |
| - đen  | The child become eligible for WFFA/TANF.  | X   |   |
|  | The child becomes eligible for HSF/IAS.   | x   |   |
|  | JAN 1 5 2014  | Effect  | tive Date: January 1, 2014                        |



| a fa | The child becomes pregnant. | X |  |
|------|-----------------------------|---|--|
| ÷    | The child enters LTC/CAP    | X |  |

#### PRA Disclosure Statement

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V.20130717

JAN 1 5 2014