MAY 20 2015

Ms. Sheila Alexander
Program Director, Peach Care for Kids
Georgia Department Community Health
2 Peachtree, N.W., 37th Floor
Atlanta, GA 30303

Dear Ms. Alexander:

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 GA-13-0016 submitted on November 14, 2013, with additional information provided on May 19, 2015. This SPA relates to Modified Adjusted Gross Income (MAGI) Eligibility and has an effective date of January 1, 2014.

In SPA number GA-13-0016, page CS15 provides assurance 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. Page CS10 allows the state to cover children who have access to public employee coverage and updates the supporting documentation. The first CS10 page uses the maintenance of agency contribution criteria to allow CHIP coverage for children of State Health Benefit Plan employees, and the second CS10 page uses the hardship exception criteria to allow CHIP coverage for children of the Board of Regents employees. Page CS13 indicates that the state elects to cover as deemed newborns children born to mothers enrolled as targeted low-income children in CHIP and children deemed eligible in another state. These approved pages are attached to this letter and should be incorporated into the current CHIP state plan according to the table below. Where the current CHIP state plan contains relevant information, the new pages should replace and supersede the corresponding information throughout the current state plan.

<table>
<thead>
<tr>
<th>New State Plan Page</th>
<th>Impact on Current State Plan Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>CS15: MAGI-Based Income Methodologies</td>
<td>Section 4.3: Add new subsection and supersede information on income counting</td>
</tr>
<tr>
<td>CS7: Targeted Low-Income Children</td>
<td>Sections 4.1.1, 4.1.2, 4.1.3: Supersede all</td>
</tr>
<tr>
<td>CS10: Children Who Have Access to Public Employee Coverage</td>
<td>Section 4.4.1: Supersede information on dependents of employees of a public agency</td>
</tr>
<tr>
<td>CS10: Maintenance of Agency Contribution (State Health Benefit Plan Employees)</td>
<td>Appendix: Supersede current documentation</td>
</tr>
<tr>
<td>CS10: Children Who Have Access to Public Employee Coverage</td>
<td>Section 4.4.1: Supersede information on dependents of employees of a public agency</td>
</tr>
</tbody>
</table>
Your title XXI project officer is Ms. Cassie Lagorio. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Lagorio’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) 786-4554  
Facsimile: (410) 786-5882  
E-mail: Cassandra.Lagorio@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Lagorio and to Ms. Jackie Glaze, Associate Regional Administrator (ARA) 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

If you have additional questions, please contact Ms. Kelly Whitener, Director, Division of State Coverage Programs, at (410) 786-0719.

We look forward to continuing to work with you and your staff.

Sincerely,

[Signature]

Eliot Fishman  
Director

Enclosures

cc:  
Ms. Jackie Glaze, ARA, CMS Region IV, Atlanta
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, MAGI-based 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 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 just as herself, plus one.
- 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.
- 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 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.

PRA Disclosure Statement
SPA# GA-13-0016
Approval Date: MAY 20 2015
Effective Date: January 1, 2014
Page 1 of 2
CHIP Eligibility

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.
CHIP Eligibility

Separate Child Health Insurance Program
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 standard or a county income standard?  No

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.

<table>
<thead>
<tr>
<th>From Age</th>
<th>To Age</th>
<th>Above (% FPL)</th>
<th>Up to &amp; including (% FPL)</th>
</tr>
</thead>
<tbody>
<tr>
<td>+</td>
<td>0</td>
<td>1</td>
<td>205</td>
</tr>
<tr>
<td>+</td>
<td>1</td>
<td>6</td>
<td>149</td>
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<tr>
<td>+</td>
<td>6</td>
<td>19</td>
<td>133</td>
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</table>

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.

For children ages 1, 6, 19, eligibility ends at the end of the month in which the child's birthday occurs.

Special Program for Children with Disabilities

Does the state have a special program for children with disabilities?  No

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

SPA# GA-13-0016
Approval Date: MAY 20 2015
Effective Date: January 1, 2014
Page 1 of 2
CHIP Eligibility

PRA Disclosure Statement
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V.20130709
CHIP Eligibility

State Name: Georgia

Transmittal Number: GA - 13 - 0016

Separate Child Health Insurance Program
Eligibility - Children Who Have Access to Public Employee Coverage

Sec. 2110(b)(2)(B) and (b)(6) of the SSA

☐ Children Who Have Access to Public Employee Coverage - Otherwise eligible targeted low-income children who have access to public employee coverage on the basis of a family member's employment.

☐ The CHIP Agency operates this covered group in accordance with the following provisions:

Select one of the following conditions as described in Section 2110(b)(6) of the Social Security Act:

☐ Maintenance of agency contribution as provided in 2110(b)(6)(B) of the SSA.

☐ Hardship criteria as provided in section 2110(b)(6)(C) of the Social Security Act.

Coverage under this option is extended to children whose household income is:

Select one of the options for the income standard when compared to Targeted Low Income Children:

☐ The same as the standards for Targeted Low-Income Children

☐ Lower than the income standards for Targeted Low-Income Children

Indicate whether coverage under this option is extended to all children who have access to public employee coverage, or only certain children:

☐ All children who have access to public employee coverage

☐ Certain children who have access to public employee coverage:

☐ Employees of certain public agencies.

☐ Certain types of public employees.

☐ Attach methodology the state has used to calculate maintenance of agency contribution.

An attachment is submitted.

☐ The state provides assurance that the state will, on an annual basis, recalculate expenditures for each participating public agency to determine if the maintenance effort condition continues to be met.

☐ Children who are eligible for public employee health benefits coverage who are not described above are excluded from eligibility under the plan.

☐ Children considered to have access to public employee coverage, and therefore not excluded from CHIP through this option, otherwise meet the definition of targeted low-income child provided at 42 CFR 457.310.

SPA# GA-13-0016

Approval Date: MAY 20 2015

Effective Date: January 1, 2014

Page 1 of 2
CHIP Eligibility

PRA Disclosure Statement
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State Health Benefit Plan  
Employee/Employer Contributions  
Fiscal Years 1997 - 2010

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Employee Contribution</th>
<th>Employer Contribution</th>
<th>DOE Allocation</th>
<th>Fiscal Allotment</th>
<th>Add-back Merit Allotment Reduction</th>
<th>TOTAL</th>
<th>State Contribution</th>
<th>CPI for FY (1982: State Cont in 84=100)</th>
<th>1982-84 Dollars</th>
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<td>631,485.245.28</td>
<td>99,047.862.00</td>
<td>48,330.387.58</td>
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<td>778,853.505</td>
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<td>810,285.119</td>
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<td>$340,455,932</td>
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An offset to revenue indicated a Merit Allotment reduction, not included in totals.

1997: (48,330.387.58)  1998: (48,231.808.90)  1999: (54,824.119.05)

(151,386,295.53)

Note: Interest income not included

Approval Date: MAY 20 2015
Effective Date: January 1, 2014
### Consumer Price Index - All Urban Consumers

**Series Id:** CUUR0000SAM  
**Not Seasonally Adjusted**  
**Area:** U.S. city average  
**Item:** Medical care  
**Base Period:** 1982-84=100  
**Years:** 1996 to 2010

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**Half 1**  
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FY98 235.8 240.2 236.0  
FY99 244.1 248.6 246.4  
FY00 252.6 258.2 255.4  
FY01 263.3 270.1 266.7  
FY02 275.4 282.4 278.9  
FY03 288.8 294.5 291.7  
FY04 299.7 307.4 303.6  
FY05 312.9 320.6 316.8  
FY06 325.9 333.6 329.8  
FY07 338.8 347.3 343.1  
FY08 354.8 362.6 358.7  
FY09 365.5 373.3 369.4  
FY10 377.9 386.6 382.3  
FY11 397.732 402.784 400.3  
FY12 411.917 417.931 414.9  

Source: Bureau of Labor Statistics

MAY 20 2015

SPA# GA-13-0016

Approval Date:  
Effective Date: January 1, 2014
### Consumer Price Index - All Urban Consumers

#### Original Data Value

**Series Id:** CUUR0000SAM, CUUS0000SAM

**Not Seasonally Adjusted**

**Area:** U.S. city average

**Item:** Medical care

**Base Period:** 1982-84=100

**Years:** 2003 to 2013

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Source: Bureau of Labor Statistics

Generated on: December 3, 2010 (04:10:14 PM)

**Approval Date:** MAY 20 2015

Effective Date: January 1, 2014
CHP Eligibility

State Name: Georgia

Transmittal Number: GA - 13 - 0016

Separate Child Health Insurance Program
Eligibility - Children Who Have Access to Public Employee Coverage

Sec. 2110(b)(2)(B) and (b)(6) of the SSA

Children Who Have Access to Public Employee Coverage - Otherwise eligible targeted low-income children who have access to public employee coverage on the basis of a family member's employment.

☑ The CHIP Agency operates this covered group in accordance with the following provisions:

Select one of the following conditions as described in Section 2110(b)(6) of the Social Security Act:

☐ Maintenance of agency contribution as provided in 2110(b)(6)(B) of the SSA.

☒ Hardship criteria as provided in section 2110(b)(6)(C) of the Social Security Act.

Coverage under this option is extended to children whose household income is:

Select one of the options for the income standard when compared to Targeted Low Income Children

☒ The same as the standards for Targeted Low-Income Children

☐ Lower than the income standards for Targeted Low-Income Children

Indicate whether coverage under this option is extended to all children who have access to public employee coverage, or only certain children:

☐ All children who have access to public employee coverage

☒ Certain children who have access to public employee coverage:

☒ Employees of certain public agencies.

☐ Certain types of public employees.

☐ Attach methodology the state has used to calculate financial hardship.

An attachment is submitted.

☑ The state provides assurance that the state will, on an annual basis, recalculate the financial status to determine if the hardship condition continues to be met.

☑ Children who are eligible for public employee health benefits coverage who are not described above are excluded from eligibility under the plan.

☑ Children considered to have access to public employee coverage, and therefore not excluded from CHIP through this option, otherwise meet the definition of targeted low-income child provided at 42 CFR 457.310.

MAY 20 2015
CHIP Eligibility

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.20140415

SPA# GA-13-0016

Approval Date: MAY 20 2015

Effective Date: January 1, 2014

Page 2 of 2
Georgia Department of Community Health
Hardship Exception for Children of
Georgia Board of Regents Employees

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<tr>
<td>Premium of Board of</td>
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<td>$2,311.23</td>
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<td>Regents Employee</td>
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<td>with Children in</td>
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<td>Health Care Plan*</td>
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<tr>
<td><strong>Cost Sharing</strong></td>
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<tr>
<td>Total Annual Cost</td>
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<td>Sharing per Client</td>
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<table>
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<th>Family Size</th>
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<td>235% Annual</td>
<td>Annual</td>
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<td></td>
<td>Income FPL**</td>
<td>Premium +</td>
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* - Georgia used the average premium of the different health plans offered based on membership in each plan.

** - 2012 and 2013 FPL calculations were used.

# - Because Georgia used the average premium amounts, Georgia wanted to be more conservative in the calculation to ensure that the hardship criterion was met. Therefore, the calculation of annual total premium and cost sharing paid for a family of 2 did not include any cost sharing. The calculation of the annual total premium and cost sharing paid for a family of 3 included only 1 annual cost per client. For example, in 2012 for a family size of 3, the average premium was $2,284.33 + $707.15*1 = $2,991.49

MAY 20 2015

Approval Date: ____________________
Effective Date: January 1, 2014
CHIP Eligibility

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

Separate Child Health Insurance Program
Eligibility - Deemed Newborns

Section 2112(e) of the SSA and 42 CFR 457.360

☐ Deemed Newborns - Children born to targeted low-income pregnant women are deemed to have applied for and be eligible for CHIP or Medicaid until the child turns one.

☑ The state operates this covered group in accordance with the following provisions:

☐ The child was born to an eligible targeted low-income pregnant woman under section 2112 of the SSA.

☐ The child is deemed to have applied for and been found eligible for CHIP or Medicaid, as appropriate, as of the date of the child's birth, and remains eligible without regard to changes in circumstances until the child's first birthday.

The state elects the following option(s):

☑ The state elects to cover as a deemed newborn a child born to a mother who is covered as a targeted low-income child under the state's separate CHIP on the date of the newborn's birth.

☑ The state elects to recognize a child's deemed newborn status from another state and provides benefits in accordance with the requirements of section 2112(e) of the SSA.

☐ The state elects to cover as a deemed newborn a child born to a mother who is covered under Medicaid or CHIP through the authority of the state's section 1115 demonstration on the date of the newborn's birth.

PRA Disclosure Statement

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MAY 20 2015

Approval Date: ____________________________ Effective Date: January 1, 2014