



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Eligibility - Dental Only Supplemental Coverage

CS12

Section 2110(b)(5) of the SSA

Dental Only Supplemental Coverage - Coverage to targeted low-income children who are otherwise eligible for CHIP but for the fact that they are enrolled in a group health plan or health insurance offered through an employer.

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

Income Standards

The state uses the same income standards for Dental only supplemental coverage as are used for other targeted low income children.

No

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.

The upper end of the income range may not exceed the highest income level for targeted low-income children of the same age.

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	
+	1	19	167	302	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.

The state provides assurance that the state has the highest income eligibility standard permitted under Title XXI (or a waiver) as of January 1, 2009, in order to be able to provide Dental only supplemental coverage.

The state provides assurance that the state does not limit the acceptance of applications for children or impose any numerical limitation, waiting list, or similar limitation on the eligibility of such children for child health assistance under the state plan.

PRA Disclosure Statement

MAR 14 2014



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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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