

CHIP Eligibility

| Eligibility for Medicaid Expansion Program | | | | | | | CS3 |
|--|-------------|---------------------|-------------------|--------------------------|-------------------------------------|-----------|-----|
| 42 CFR 457.32 | 20(a)(2) a | nd (3) | | | | | |
| Income eligibi | lity for ch | nildren under the M | Iedicaid Expansio | on is determined in acco | ordance with the following income s | tandards: | |
| There should b | e no over | laps or gaps for th | e ages entered. | | | | |
| Age and H | Iousehold | Income Ranges | | | | | |
| | | From Age | To Age | Above (% FPL) | Up to & including (% FPL) | | |
| | + | 0 | 1 | 162 | 213 | x | |
| | + | 1 | 6 | 145 | 213 | X | |
| | + | 6 | 19 | 109 | 213 | 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.