



DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Center for Medicaid and State Operations
Family and Children's Health Programs Group
7500 Security Boulevard
Baltimore, MD 21244-1850

MAR 15 2000

Mr. David Parrella, Director
Medical Care Administration
Department of Social Services
25 Sigourney Street
Hartford, Connecticut 06106-5033

Dear Mr. Parrella:

As you are aware, your proposed State Children's Health Insurance Program (SCHIP) amendment has been undergoing review by the Department of Health and Human Services. In order to proceed with our review, we find it necessary to seek further information. The enclosure explains more fully the areas that require additional information and clarification. From that listing, our major concerns relate to the following areas:

- Section 4, regarding the eligibility of children of municipal employees. We would like clarification on the definition of municipal employees, their relationship to coverage under the State Health Benefits Plan, and the level of premium contribution made by the municipality in accordance with the definition of targeted low-income children in Section 2110(b)(2)(B).
- Section 8, relating to the elimination of cost-sharing for AN/AI children. We would like further clarification regarding how this will be implemented in accordance with the requirements of Section 2102(b)(3)(D).
- Section 9, relating to the planned use of funds and sources of the non-Federal share of Title XXI expenditures. We would like a revised 3-year projected budget submission in accordance with the requirements of Section 2107(d).

Under Section 2106(c) of the Social Security Act, HCFA must either approve, disapprove, or request additional information on a proposed Title XXI State plan amendment within ninety days. This letter constitutes our notification that specified additional information is needed in order to fully assess your plan. The 90-day review period has been stopped by this request and will resume as soon as a substantive response to all of the enclosed questions is received. The members of the review team would be happy to answer any questions you may have in regard to this letter and to assist your staff in formulating a response.

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Please send your response, either on disk or electronically, as well as in hard copy to Pamela Forton, Project Officer for Connecticut's Title XXI proposal, with a copy to Ronald Preston, Associate Regional Administrator for the HCFA Region I Division of Medicaid and State Operations. Ms. Forton's Internet address is: PForton@hcfa.gov. Her mailing address is:

Division of Integrated Health Systems
Family and Children's Health Programs Group
Center for Medicaid and State Operations
Health Care Financing Administration
Mail Stop S2-01-16
7500 Security Boulevard
Baltimore, Maryland 21244-1850

We appreciate the efforts of your staff and share your goal of providing health care to low income, uninsured children through Title XXI. If you have questions or concerns regarding the matters raised in this letter, your staff may contact either Ms. Forton at (410) 786-1410 or Mr. Preston, at (617) 565-1223. **They** will provide or arrange for any technical assistance you may require in preparing your response. Your cooperation is greatly appreciated.

Sincerely,

Cindy Mann
Director

Enclosure

cc: Linda Mead, Husky B Program Manager
HCFA Region I, Boston

Questions and Comments on the Connecticut Title XXI State Plan Amendment

Section 4. Eligibility Standards and Methodology

Section 4.1.7

1. Please clarify eligibility of municipal employees in accordance with the definition of targeted low-income children in Section 2110(b)(2)(B). We would like clarification on the definition of municipal employees, their relationship to coverage under the State Health Benefits Plan, and the level of premium contribution made by the municipality.

Section 8. Cost Sharing and Payment

Section 8.1

2. Regarding the elimination of cost-sharing for AN/AI children, please explain the following: how the tribes will be notified of the policy change; the process the State will implement to identify members of federal tribes; and how the State will avoid billing for premiums and assure that providers do not collect copayments.

Section 9. Strategic Objectives and Performance Goals For the Plan Administration

Section 9.10

3. How will the proposed changes in cost-sharing and eligibility requirements affect the budget for this program? Please submit a revised 3-year projected budget.

4. Does the State expect enrollment to increase as a result of the eligibility changes? If so, please provide projected enrollment figures.