**Draft SPA Template**

**Addendum on Supplemental Dental Benefits Under Title XXI**

**Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)**

**1.1-DS** [ ]  **The State will provide dental-only supplemental coverage. Only States**

**operating a separate SCHIP program are eligible for this option. States choosing**

**this option must also complete sections 1.4-DS, 4.1-DS, 4.2-DS, 4.3.1, 6.2–DS, 8.2-**

**DS, and 9.10.1-DS of this SPA template.**

**1.4-DS For dental-only supplemental coverage, please provide the effective (date costs**

 **begin to be incurred) and implementation (date services begin to be provided)**

 **dates for this plan or plan amendment (42 CFR 457.65):**

**Effective date:**

**Implementation date:**

**Section 4. Eligibility Standards and Methodology**. **(Section 2102(b))**

**4.1-DS** [ ]  **A child who is eligible to enroll in dental-only supplemental coverage,**

 **effective January 1, 2009. Eligibility is limited to only 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 a employer. The State’s CHIP plan income eligibility level is at least the highest income eligibility standard under its approved State child health plan (or under a waiver) as of January 1, 2009. All who meet the eligibility standards**

**and apply for dental-only supplemental coverage shall be provided benefits. States choosing this option must report these children separately in SEDS.**

**4.2-DS For dental-only supplemental coverage, the State assures that it has made the following**

 **findings with respect to the eligibility standards in its plan: (Section 2102)(b)(1)(B)) (42CFR**

 **457.320(b))**

**4.2.1-DS** [ ]  **These standards do not discriminate on the basis of diagnosis.**

**4.2.2-DS** [ ]   **Within a defined group of covered targeted low-income children, these**

 **standards do not cover children of higher income families without**

 **covering children with a lower family income.**

**4.2.3-DS** [ ]  **These standards do not deny eligibility based on a child having a pre- existing medical condition.**

4.3.1 Describe the State’s policies governing enrollment caps and waiting lists (if any). **(Section 2106(b)(7)) (42 CFR 457.305(b))**

[ ]  Check here if this section does not apply to your State. **A State providing dental-only supplemental coverage may not have a waiting list or limit eligibility in any way.**

**Section 6. Coverage Requirements for Children’s Health Insurance (Section 2103)**

**6.2.-DS** [ ]  **The State will provide dental coverage to children eligible for dental-only supplemental services. Children eligible for this option must receive the same dental services as provided to otherwise eligible CHIP children (Section 2103(a)(5):**

**Section 8. Cost Sharing and Payment (Section 2103(e))**

**8.2- DS For children enrolled in the dental-only supplemental coverage, please describe the amount of cost-sharing, specifying any sliding scale based on income. Please also describe how the State will track that the cost sharing does not exceed 5 percent of gross family income. The 5 percent of income calculation shall include all cost-sharing for health insurance and dental insurance (Section 2103(e)(1)(A)) (42 CFR 457.505(a), 457.510(b), and (c), 457.515(a) and (c), and 457.560(a))**

**8.2.1.-D Premiums:**

**8.2.2.-D Deductibles:**

**8.2.3.-D Coinsurance or copayments:**

**8.2.4.-D Other:**

**Section 9. Strategic Objectives and Performance Goals and Plan Administration**

**9.10.1-DS Please include a separate budget line to indicate the cost of providing dental-**

 **only supplemental coverage.**

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