

Template CA2 – Designation and Authority

Statute:

Regulation: 42 CFR 457.40

INTRODUCTION

Template CA2 must be completed by all States with a CHIP program.

In this template, the State names the State agency authorized to administer and submit the State Plan for the child health assistance program, and agrees to administer the program in accordance with the provisions of the State Plan, the requirements of title XXI and XIX (as appropriate) of the Act, and all applicable Federal regulations and other official issuances.

BACKGROUND

A State must implement its program in accordance with the approved State plan, any approved State plan amendments, the requirements of title XXI and title XIX (as appropriate), and all applicable Federal regulations. CMS monitors the operation of the approved State plan and plan amendments to ensure compliance.

The responsibility for the administration of child health assistance through an expansion of Medicaid falls to the State agency having responsibility for the administration of the Medicaid program. For the separate CHIP program, administrative responsibility may also rest with the State’s Medicaid agency or with a different State agency.

TECHNICAL GUIDANCE

Following the introductory statement, this template contains the following sections:

- Agency Type
- Administrative Responsibility
- Responsibility for Eligibility Determinations

Agency Type

PREREQUISITE: Template CA1 (Program Type Designation) must have been completed before completing this section.

What gets displayed in this section of the template varies depending on the type of program offered by the State (i.e. program type selected in CA1).

States with only a separate child health program

The name of the CHIP Agency is displayed at the top of this section and the State must then select the agency type that corresponds to the Agency named above. Only one option may be selected from the list provided.

If 'Other' is selected, the State must then enter the agency type in the text box provided.

This is followed by a statement that the named agency (the CHIP agency name will be prefilled here) is the State agency designated to administer or supervise the administration of the Separate Children's Health Insurance Program (CHIP) under title XXI of the Social Security Act. (All references in this plan to 'the CHIP agency' mean the agency named as the State Agency administering CHIP.)

States with only a Medicaid expansion program

The name of the Medicaid Agency is displayed at the top of this section and the State must then select the agency type that corresponds to the Agency named above. Only one option may be selected from the list provided.

If 'Other' is selected, the State must then enter the agency type in the text box provided.

This is followed by a statement that the named agency (the Medicaid agency name will be prefilled here) is the State agency designated to administer or supervise the administration of Expanded coverage under the State's Medicaid plan under Titles XIX and XXI of the Social Security Act. (All references in this plan to 'the Medicaid agency' mean the agency named as the State Agency administering Medicaid Expansion utilizing Title XXI funds.)

States with both a separate child health program and a Medicaid expansion program

The State is asked to select one of the following options:

- The Medicaid Agency for both the Medicaid Expansion and Separate CHIP
- The CHIP Agency for the Separate CHIP and the Medicaid Agency for the Medicaid Expansion

If the State selects 'The Medicaid Agency for both the Medicaid Expansion and Separate CHIP', the name of the Medicaid Agency is displayed and the State must then select the agency type that corresponds to the agency named. Only one option may be selected from the list provided.

If 'Other' is selected, the State must then enter the agency type in the text box provided.

This is followed by a statement that the named agency (Medicaid agency name will be prefilled here) is the State agency designated to administer or supervise the administration of both the Expanded coverage under the State’s Medicaid plan and the Separate CHIP program under Titles XIX and XXI of the Social Security Act. (All references in this plan to 'the Medicaid Agency' mean the agency named as the State Agency administering CHIP.)

If the State selects ‘The CHIP Agency for the Separate CHIP and the Medicaid Agency for the Medicaid Expansion’, the name of the CHIP Agency is displayed and the State must then select the agency type that corresponds to the agency named. Only one option may be selected from the list provided.

If ‘Other’ is selected, the State must then enter the agency type in the text box provided.

This is followed by a statement that the named agency (the CHIP Agency name will be prefilled here) is the State agency designated to administer or supervise the administration of the Separate Children's Health Insurance Program (CHIP) under title XXI of the Social Security Act. (All references in this plan to 'the CHIP agency' mean the agency named as the State Agency administering CHIP.)

Note: In this circumstance, it is not necessary to name the type of agency responsible for the administration of the Medicaid Expansion program because the State Plan submitted by the CHIP agency must also include completion of the plan sections required of Medicaid expansion programs.

Administrative Responsibility

The state must select one of the two following options:

- Administering the plan
- Supervising the administration of the plan by local political subdivisions

If ‘Administering the plan’ is selected, the State must then enter the statutory citation for the legal authority under which the agency administers the plan on a statewide basis, in the text box provided.

If ‘Supervising the administration of the plan by local political subdivisions’ is selected, the State must then enter the statutory citations for both the legal authority under which the agency administers the plan on a statewide basis and under which the CHIP agency has legal authority to make rules and regulations that are binding on the political subdivisions administrating the plan in the text boxes provided.

PREREQUISITE: Template CA1 (Program Type Designation) and the Agency Type section (above) must have been completed before completing the remainder of this section.

The following question is displayed only for Separate CHIP or Combination States and pertains to the separate CHIP program only:

A Y/N question is displayed for the State to indicate if the CHIP agency administers the entire Separate CHIP program under title XXI. The name of the CHIP agency is prefilled with the name of the agency entered in the Agency Type section above.

If the response is no, the State must name the agency which has responsibility for administering a portion of the separate CHIP program and which will be submitting a separate CHIP plan for that portion of the program. After entering the name of the agency in the text box provided, the State must also indicate the type of agency by selecting one of the options from the list provided.

The following subsection is displayed only for Medicaid Expansion and Combination States and pertains only to Medicaid Expansion:

A Y/N question is displayed for the State to indicate if the Medicaid agency administers the entire Medicaid Expansion program under title XXI. The name of the Medicaid agency is prefilled with the name of the agency entered in the Agency Type section above.

If the response is no, the State must name the agency which has responsibility for administering a portion of the Medicaid Expansion program and which will be submitting a separate CHIP plan for that portion of the program. After entering the name of the agency in the text box provided, the State must also indicate the type of agency by selecting one of the options from the list provided.

Responsibility for Eligibility Determinations

PREREQUISITE: Template CA1 (Program Type Designation) must have been completed before completing this section. This section displays only for Separate CHIP and Combination States and pertains to the separate CHIP program.

The state is asked to select the entity or entities that make determinations of eligibility for the Separate CHIP program from the list of options provided.

If 'A non-governmental organization' is selected, the State must then enter the type of organization and the name and address of the organization in the text boxes provided.