

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 13-041

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) HCFA 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

MAR 06 2014

Dear Mr. Douglas:

Enclosed is an approved copy of California's State Plan Amendment (SPA) 13-041, which was submitted to CMS on December 9, 2013. SPA 13-041 disregards all household income for non-Title IV-E adoption assistance children and 2101(f)-like children who are covered as reasonable classifications of children under 42 CFR 435.222. This SPA also disregards all household income for individuals under age 21 receiving non-Title IV-E adoption assistance. The effective date of the SPA is December 31, 2013.

Enclosed is a copy of the new pages to be incorporated into California's State Plan

- **Supplement 8a to Attachment 2.6-A, page 15**
- **Attachment 2.2-A, pages 13 & 13a**
- **Supplement 1 to Attachment 2.2-A, page 1**

If you have any questions, please contact Tom Schenck by phone at (415)744-3589, or tom.schenck@cms.hhs.gov.

Sincerely,

/s/

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Tara Naisbitt, California Department of Health Care Services
Wendy Ly, California Department of Health Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-041	2. STATE California
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE December 31, 2013

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 435.222, 42 CFR 435.227 Title 42, U.S.C., Section 1396a(r)(2)	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$0 b. FFY 2015 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.2-A, page 13, 13a Supplement 8a to Attachment 2.6-A, page 14- 15 Supplement 1 to Attachment 2.2-A, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.2-A, page 13, 13a Supplement 8a to Attachment 2.6-A, page 14- Supplement 1 to Attachment 2.2-A, page 1

10. SUBJECT OF AMENDMENT:
Inclusion in the Reasonable Classification of Individuals Under 21 for non-Title-IV-E beneficiaries falling under 42 CFR 435.222 ^{and 42 CFR 435.227}
Less Restrictive Methodology – Exemption of Income and 2101 (f)-like children

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i>	16. RETURN TO: Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417
13. TYPED NAME: Toby Douglas	
14. TITLE: Director	
15. DATE SUBMITTED: DEC 09 2013	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 12/09/2013	18. DATE APPROVED: MAR 06 2014
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 12/31/13	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>
21. TYPED NAME: Gloria Nagle, Ph.D, MPA	22. TITLE: Associate Regional Administrator
23. REMARKS: The State made 'Pen and Ink' changes to boxes 8,9 & 10	

Agency*	Citation(s)	B. <u>Optional Groups Other Than the Medically Needy</u> (continued)
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42 CFR 435.222

b. Reasonable classifications of individuals described in (a) above, as follows:

 X (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

 X (a) In foster homes (and are under the age of 21).

 (b) In private institutions (and are under the age of).

 (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of).

 (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age).

 (3) Individuals in NFs (who are under the age of). NF services are provided by this plan.

 (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of).

TN No. 13-041
Supersedes
TN No. 92-09

Approval Date MAR 06 2014

Effective Date 12-31-2013

Revision:

Attachment 2.2-A

Page 13a

OMB NO.:

State: California

Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (cont.)

X (5) Individuals receiving active treatment as Inpatients in psychiatric facilities or programs (who are under the age of 22). Inpatient psychiatric services for individuals under 21 are provided under this plan.

X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A

TN No. 13-041
Supersedes
TN No. 94-011

Approval Date MAR 06 2014

Effective Date 12-31-2013
HCFA ID: _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

Reasonable Classifications of Individuals
Under the Age of 21, 20, 19, and 18

42 CFR 435.222

2101(f)-Like Children: Children under age 19 who were enrolled in Medicaid on 12/31/2013 and would otherwise become ineligible for Medicaid at their first redetermination using MAGI methodologies solely due to the loss of income disregards will remain Medicaid eligible until their next redetermination using MAGI methodologies.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory: California

**METHODOLOGIES FOR TREATMENT OF INCOME THAT DIFFERS FROM
THOSE OF THE SSI AND AFDC PROGRAM**
(Less Restrictive Than SSI and AFDC)

42 C.F.R. 435.222 and 42 CFR 435.227

Disregard all household income for non-Title IV-E foster care children covered under 42 CFR 435.222, 2101(f)-like children covered under 42 CFR 435.222 as defined on Supplement 1 to Attachment 2.2-A, and non-Title IV-E adoption assistance children covered under 42 CFR 435.227.

TN No. 13-041 Approval Date MAR 06 2014 Effective Date December 31, 2013
Supersedes
TN No. None