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State/Territory Name: California

State Plan Amendment (SPA) #: 14-015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

JUN 06 2014

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 14-015. SPA 14-015 was submitted to my office on March 28, 2014 to authorize the utilization of presumptive eligibility for certain eligibility groups for the period of January 1, 2014 through January 21, 2014. Presumptive eligibility was utilized to enroll individuals who were pending during the initial launch of the electronic Health Information Transfer (eHIT) interface between CalHEERS and SAWS.

The effective date of this SPA is January 1, 2014. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- T1, page 1

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

Sincerely,

A black rectangular box redacting the signature of Gloria Nagle.

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

Enclosure

cc: Tara Naisbitt, California Department of Health Care Services
Clarissa Wade, California Department of Health Care Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
14-015

2. STATE
CA

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
FEDERAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2014

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 435.1102 and 1103

Presumptive Eligibility for Children and Others

7. FEDERAL BUDGET IMPACT:

a. FFY 2013 - 2014 \$16,664,000 GF \$16,664,000 FF

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Presumptive Eligibility T1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

10. SUBJECT OF AMENDMENT:

Granting Presumptive Eligibility to individuals with pending applications prior to the functioning of the electronic-
Health Information Transfer interface between the California Healthcare Eligibility, Enrollment, and Retention System
and the Statewide Automated Welfare System.

11. GOVERNOR'S REVIEW (Check One):

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: **Toby Douglas**

Toby Douglas

14. TITLE:

Director

15. DATE SUBMITTED:

MAR 28 2014

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **March 28, 2014**

18. DATE APPROVED: **June 6, 2014**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Gloria Nagle, Ph.D., MPA**

22. TITLE: **Associate Regional Administrator**

23. REMARKS:

Medicaid Eligibility

Presumptive Eligibility		T1
State: <u>California</u>	Transmittal Number: 14-015	
<p>The state provides Medicaid coverage to the following groups when determined presumptively eligible consistent with 42 CFR 435.1102 and 1103:</p> <ul style="list-style-type: none"><input checked="" type="checkbox"/> Children under age 19<input checked="" type="checkbox"/> Parents and other caretaker relatives described in 42 CFR 435.110<input checked="" type="checkbox"/> Individuals who meet the categorical requirements of 42 CFR 435.119<input checked="" type="checkbox"/> Former foster care children described in 42 CFR 435.150<input checked="" type="checkbox"/> Pregnant women described in 42 CFR 435.116 (coverage for pregnant women is limited to ambulatory prenatal care as described in 42 CFR 435.1103) <ul style="list-style-type: none">■ The state Medicaid agency is the qualified entity authorized to determine eligibility presumptively for these groups.■ This state plan amendment is for presumptive eligibility determinations for coverage effective on or after January 1, 2014 and prior to January 21, 2014.■ The presumptive period begins on the date the presumptive eligibility determination is made.■ The end date of the presumptive period is the earlier of:<ul style="list-style-type: none">The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; orThe last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.■ The presumptive eligibility determination is based on the following factors:<ul style="list-style-type: none">■ The individual must meet the categorical requirements of 42 CFR 435.110, 435.116, 435.118, 435.119 or 435.150■ Gross income or a reasonable estimate of household income must not exceed the applicable income standard for the categorical group<input checked="" type="checkbox"/> Attested state residency<input checked="" type="checkbox"/> Attested citizenship, status as a national, or satisfactory immigration status		