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State/Territory Name: California

State Plan Amendment (SPA) #: 22-0027

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

CA - Submission Package - CA2021MS00080 - (CA-22-0007) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th Street, Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

April 19, 2024

Tyler Sadwith
State Medicaid Director
California Department of Health Care Services
1501 Capitol Avenue
Sacramento, CA 95814

Re: Approval of State Plan Amendment CA-22-0007

Dear Director Sadwith,

On March 14, 2022, the Centers for Medicare and Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-22-0007 to approve the paper and online single streamlined applications used to apply for insurance affordability programs.

We approve California State Plan Amendment (SPA) CA-22-0007 with an effective date(s) of January 01, 2022.

Please note that this approval is being issued along with a companion letter as attached.

Additionally, CMS may issue future guidance on the collection of sexual orientation and gender identity (SOGI) information. The approval of this SPA does not exempt the state from future Transformed Medicaid Statistical Information System (T-MSIS) SOGI requirements.

If you have any questions regarding this amendment, please contact Cheryl Young at Cheryl.Young@cms.hhs.gov or via phone at 415-744-3598.

Sincerely,

Nicole McKnight

Acting Director, Division of Program Operations

Center for Medicaid & CHIP Services

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

April 16, 2024

Tyler Sadwith
State Medicaid Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 22-0007

Dear Director Sadwith:

This letter is being sent as a companion to the Centers for Medicare and Medicaid Services (CMS) approval of state plan amendment (SPA) CA-22-0007, which was submitted to CMS on March 14, 2022. This approval will be effective as of January 1, 2022.

Until April 2025, California will use interim alternative single, streamlined paper and online applications. The state will revise the paper application as described below.

	Necessary Change	Date by which the changes will be completed:
1	CA will add instructions explaining who should be included in the application to avoid omitting any members who may be part of the Medicaid household.	April 2025
2	CA will revise the application to ask for an <i>estimated</i> pregnancy due date.	April 2025
3	CA will modify the application such that non-applying household members are not asked about US military service, Medicare enrollment, or questions about temporary absence (residency).	April 2025
4	CA will update the language in the application to include the exception to obtaining a Social Security Number outlined in 42 CFR 435.910(h)(1)(ii).	April 2025
5	CA will modify the application to ensure that applicants who indicate they are naturalized or derived citizens are prompted to provide an alien number.	April 2025
6	CA will modify the application to collect an alien number from those who attest to not having eligible immigration status.	April 2025
7	CA will remove “document issue date” from the immigration	April 2025

	status section of the application.	
8	CA will modify the application so that adult applicants who are also applying for health coverage on behalf of a child attest to a willingness to cooperate with medical support enforcement, including establishing the identity of a child’s non-custodial parent(s) and pursuing liable third parties, per 42 CFR 433.145.	April 2025

The state will revise the online application as described below.

	Necessary Change	Date by which the changes will be completed:
1	CA will add instructions explaining who should be included in the application to avoid omitting any members who may be part of the Medicaid household.	April 2025
2	CA will update the language in the application to include the exception to obtaining a Social Security Number outlined in at 42 CFR 435.910(h)(1)(ii).	April 2025
3	CA will not require a residential address as a condition of eligibility for Medicaid and CHIP applicants.	April 2025
4	CA will modify the application so that non-applying household members will not be asked questions about enrollment in Medicare or eligibility for free Medicare Part A.	April 2025
5	CA will ensure that applicants who indicate they are naturalized or derived citizens are prompted to include their alien number.	April 2025
6	The application will ensure that adult applicants who are also applying for health coverage on behalf of a child attest to a willingness to cooperate with medical support enforcement, including establishing the identity of a child’s non-custodial parent(s) and pursuing liable third parties, per 42 CFR 433.145.	April 2025

Please submit the revised changes to CMS for review no later than April 2025. We continue to be available to provide technical assistance. Should you have any questions about this letter, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,



Digitally signed by James G. Scott -S
Date: 2024.04.16 13:40:31 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Lindy Harrington, California Department of Health Care Services (DHCS)

Rene Mollow, DHCS

Yingjia Huang, DHCS

Theresa Hasbrouck, DHCS

Angeli Lee, DHCS

Farrah Samimi, DHCS

CA - Submission Package - CA2021MS00080 - (CA-22-0007) - Eligibility

[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Analyst Notes](#) [Approval Letter](#) [RAI](#) [Transaction Logs](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00080 | CA-22-0007

Package Header

Package ID	CA2021MS00080	SPA ID	CA-22-0007
Submission Type	Official	Initial Submission Date	3/14/2022
Approval Date	04/19/2024	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name: California

Medicaid Agency Name: California Department of Health Care Services

Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00080 | CA-22-0007

Package Header

Package ID CA2021MS00080
Submission Type Official
Approval Date 04/19/2024
Superseded SPA ID N/A

SPA ID CA-22-0007
Initial Submission Date 3/14/2022
Effective Date N/A

SPA ID and Effective Date

SPA ID CA-22-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	1/1/2022	CA-13-0022

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00080 | CA-22-0007

Package Header

Package ID CA2021MS00080
Submission Type Official
Approval Date 04/19/2024
Superseded SPA ID N/A

SPA ID CA-22-0007
Initial Submission Date 3/14/2022
Effective Date N/A

Executive Summary

Summary Description Including Goals and Objectives This SPA requests approval of the Paper and Online Alternative Single, Streamlined Applications used to apply for insurance affordability programs.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

Federal Statute / Regulation Citation

Title 42 of the Code of Federal Regulations section 435.907

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00080 | CA-22-0007

Package Header

Package ID CA2021MS00080
Submission Type Official
Approval Date 04/19/2024
Superseded SPA ID N/A

SPA ID CA-22-0007
Initial Submission Date 3/14/2022
Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor's Office does not wish to review the State Plan Amendment.

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 4/22/2024 2:27 PM EDT

CA - Submission Package - CA2021MS00080 - (CA-22-0007) - Eligibility

Summary Reviewable Units Versions Correspondence Log Analyst Notes Approval Letter RAI Transaction Logs News Related Actions

CMS-10434 OMB 0938-1188

Medicaid State Plan Eligibility

General Eligibility Requirements

Application

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00080 | CA-22-0007

Package Header

Package ID	CA2021MS00080	SPA ID	CA-22-0007
Submission Type	Official	Initial Submission Date	3/14/2022
Approval Date	04/19/2024	Effective Date	1/1/2022
Superseded SPA ID	CA-13-0022		
	System-Derived		

A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

Single Streamlined Application

The paper application(s) has been uploaded.

Document Name	Date Created
CASSA-2020 Application v36hm 022422	2/28/2022 11:28 AM EST

- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Name

SAWS 2 Plus

The alternative multi-program paper application(s) has been uploaded.

Document Name	Date Created
SAWS2PLUS	2/10/2022 7:20 PM EST

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00080 | CA-22-0007

Package Header

Package ID CA2021MS00080
Submission Type Official
Approval Date 04/19/2024
Superseded SPA ID CA-13-0022
System-Derived

SPA ID CA-22-0007
Initial Submission Date 3/14/2022
Effective Date 1/1/2022

B. MAGI Online Application

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

Name

CalHEERS Screenshots

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
WPS UI 08.01 – Review & Submit	2/10/2022 7:25 PM EST	
WPS UI 07.01 – Individual Info	2/10/2022 7:25 PM EST	
WPS UI 06.01 – Household Income	2/10/2022 7:25 PM EST	
WPS UI 05.02 – Tax Information	2/10/2022 7:25 PM EST	
WPS UI 05.01 – Basic Information	2/10/2022 7:25 PM EST	

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Name

Online Alternative Single Streamlined Application

Screenshots or other documentation of the online application(s) has been uploaded.

Document Name	Date Created	
MAGI Medi-Cal Case_CMS Request	4/29/2022 2:58 PM EDT	

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs

Name

BenefitsCal AFB Application Flow and CalWIN Screenshots

Screenshots or other documentation of the multi-program online application(s) have been uploaded.

Document Name	Date Created	
CalWIN Screenshots	2/10/2022 7:28 PM EST	
BenefitsCal AFB Application flow	2/10/2022 7:28 PM EST	

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

Application

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00080 | CA-22-0007

Package Header

Package ID CA2021MS00080
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System-Derived

SPA ID CA-22-0007
Initial Submission Date 3/14/2022
Effective Date 1/1/2022

C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
MC_604_IPS	3/1/2022 6:30 PM EST	

- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more applications used to apply for multiple human service programs

Name

SAWS 2 Plus

This application for multiple human service programs is the same one used for applicants on the basis of the applicable MAGI standard.

- Yes
- No
- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00080 | CA-22-0007

Package Header

Package ID CA2021MS00080
Submission Type Official
Approval Date 04/19/2024
Superseded SPA ID CA-13-0022
System-Derived

SPA ID CA-22-0007
Initial Submission Date 3/14/2022
Effective Date 1/1/2022

D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to the collect additional information have been uploaded

Name	Date Created	
WPS UI 01.01 – Account Creation	2/11/2022 2:37 PM EST	
WPS UI 02.01 – Introduction & Menus	2/11/2022 2:37 PM EST	
WPS UI 03.01 – Build Household	2/11/2022 2:37 PM EST	
WPS UI 05.01 – Basic Information	2/11/2022 2:37 PM EST	
WPS UI 05.02 – Tax Information	2/11/2022 2:37 PM EST	
WPS UI 06.01 – Household Income	2/11/2022 2:37 PM EST	
WPS UI 07.01 – Individual Info	2/11/2022 2:37 PM EST	
WPS UI 08.01 – Review & Submit	2/11/2022 2:37 PM EST	
MC_604_IPS_ENG_0514	2/11/2022 2:37 PM EST	

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- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary

- 3. One or more application used to apply for multiple human service programs

Name

BenefitsCal AFB Application Flow and CalWIN Screenshots

This application for multiple human service programs is the same one used for applicants on the basis of the applicable MAGI standard.

- Yes
- No

- 4. Other alternative applications

Application

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00080 | CA-22-0007

Package Header

Package ID CA2021MS00080
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SPA ID CA-22-0007
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E. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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