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State/Territory Name: California

State Plan Amendment (SPA) #: 22-0034

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 8, 2022

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 22-0034

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) California 22-0034. This SPA will reduce premiums to \$0 for the Working Disabled Program, which covers eligible working disabled individuals with a family income up to 250 percent of the Federal Poverty Level. The effective date of the SPA is July 1, 2022.

We conducted our review of your submittal according to statutory requirements in Title XIX and Section 1916A of the Social Security Act and implementing regulations at 42 Code of Federal Regulations (CFR) 447.50 – 57. This letter is to inform you that California Medicaid SPA 22-0034 was approved on September 8, 2022, with an effective date of July 1, 2022.

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

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2022.09.08
15:59:00 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Yingjia Huang, DHCS
Sandra Williams, DHCS
Aaron Toyama, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 3 4

2. STATE

CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

1902(a)(10)(A)(ii)(XIII) ; 1916A and 42 CFR 447.50 - 57

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6-A page 12c

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 2.6-A page 12c

9. SUBJECT OF AMENDMENT

This amendment proposes to reduce the premiums for the 250 Percent Working Disabled Program to \$0.

10. 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:

Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
June 28, 2022

15. RETURN TO

Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED
June 28, 2022

17. DATE APPROVED
September 8, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2022.09.08 16:00:42 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Box 5: CMS pen & ink change to add other statutory and regulatory citations made on 8/12/22 per email with CA DHCS.

OMB No:

State/Territory: CALIFORNIA

Citation	Condition or Requirement
1902(a)(10)(A) (ii)(XIII) of the Act	<p data-bbox="678 430 1258 462">(i) Working Disabled Who Buy In to Medicaid</p> <p data-bbox="711 504 1383 619">In determining countable income and resources for working disabled individuals who buy into Medicaid, the following methodologies are applied:</p> <p data-bbox="711 661 1282 693">____ The methodologies of the SSI program.</p> <p data-bbox="711 735 1383 924">____ The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.</p> <p data-bbox="711 966 1383 1239"><u>X</u> The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6A pgs 5 and 5a. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6A pgs 6, 7 and 14.</p> <p data-bbox="711 1281 1383 1507"><u>X</u> The agency requires individuals to pay premiums or other cost-sharing charges. Each individual eligible for the 250 Percent Working Disabled Program will pay a monthly sliding-scale premium based on countable income. Effective July 1, 2022, a minimum payment of \$0 is required.</p>

Tn No. 22-0034

Supersedes

Tn No. 11-016Approval Date: September 8, 2022 Effective Date July 1, 2022