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State/Territory Name: California

State Plan Amendment (SPA) #: 23-0033

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

November 6, 2023

Michelle Baass
Director and Interim 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) 23-0033

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0033. This amendment will allow for facilitated enrollment of California Work Opportunity and Responsibility to Kids (CalWORKs) beneficiaries into the Medicaid program without a separate financial eligibility determination effective July 1, 2023.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 Code of Federal Regulations (CFR) 435. This letter is to inform you that California Medicaid SPA 23-0033 was approved on November 6, 2023, with an effective date of July 1, 2023.

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 redaction box covers the signature of James G. Scott. A blue ink scribble is visible at the bottom left corner of the redaction box.

Digitally signed by James
G. Scott -S
Date: 2023.11.06
12:19:29 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER 2 3 — 0 0 3 3 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, 2023

5. FEDERAL STATUTE/REGULATION CITATION
~~§1902(e)(14)(A)~~ 42 CFR 435

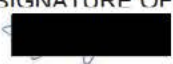
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 2.1 pages 11c, 11d, 11e, 11f, 11g, 11h, 11i, 11j, 11k, 11l, 11m, 11n, 11o (11c-11o are new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
None

9. SUBJECT OF AMENDMENT
Public Benefit Program to Support Medicaid Determinations

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
August 11, 2023

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
August 11, 2023

17. DATE APPROVED
November 6, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL
 Digitally signed by James G. Scott -S
Date: 2023.11.06 12:33:20 -06'00'

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 and ink change to strike out statutory reference and add regulatory reference made per email from CA DHCS dated 11/2/23.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF CALIFORNIA**

SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

✓ (f) Using the Income Determination from another Means-Tested Public Benefit Program to Support Medicaid Determinations

- (1) **The state elects the option to use income determined by the following means-tested public benefits program(s) to support Medicaid eligibility determinations:**

SNAP
 TANF
 Other Means-Tested Program: _____

In electing this option, the state assures that it:

- (a) Verifies citizenship and non-citizen status consistent with Medicaid statutory and regulatory requirements in Section 1137 of the Social Security Act, 42 CFR 435.406, and 435.407.
- (b) Complies with Medicaid reporting requirements with respect to participants enrolled through this strategy.
- (c) Provides applicants with program information required under 42 CFR 435.905, such as information about available services and the rights and responsibilities of applicants and beneficiaries.
- (d) Has procedures to ensure that eligible individuals are enrolled in the appropriate Medicaid eligibility group. Description:

County based eligibility workers responsible for determining CalWORKs eligibility will enter household size, income, citizenship, non-citizen immigration status, and other eligibility information into the Statewide Automated Welfare System utilized to determine eligibility for California's public benefit programs, including CalWORKs and Medi-Cal. The alignment of CalWORKs and Medi-Cal eligibility requirements allows for the same level of benefits and the correct claiming of federal financial participation rates for eligible individuals.

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SECTION 2- COVERAGE AND ELIGIBILITY

- (e) Has procedures to ensure that eligible American Indians or Alaska Natives enrolled through this strategy are exempt from cost sharing/and or premiums, consistent with section 1916A(b)(3) of the Social Security Act. Description:

California Department of Health Care Services accepts attestation of American Indian or Alaska Natives (AI/AN) without requiring electronic verification of this data element and exempts from cost sharing (nominal co-pays) those individuals attesting to AI/AN heritage. California does not impose premiums for lower income children or adults. For those TANF recipients who attest to AI/AN heritage, DHCS will exempt from cost sharing.

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (f) Has post-enrollment procedures to ensure assignment of rights to third party benefits and to secure cooperation in establishing medical support as appropriate, per 42 CFR 435.610.

(2) SNAP-Specific Criteria

- ___ (i) The state will use gross income determined by SNAP to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

___ Initial application
___ Renewal of Medicaid eligibility

In applying this option, all of the following conditions are met:

- (a) All members of the SNAP household are eligible for SNAP, other than for SNAP transitional benefits.
- (b) No one in the SNAP household has any type of income that is excluded in determining gross income for purposes of eligibility for SNAP, but would be included in MAGI-based income.
- (c) No one in the SNAP household is part of a tax household that includes an individual who lives outside the home.
- (d) The SNAP household consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
- There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
 - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.
- (e) Households with self-employment income are excluded from this option if the state uses a state-specific methodology for treating self-employment income in SNAP.

Does the state use a methodology for treating self-employment income that differs from the standard SNAP methodology?

___ Yes
___ No

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (f) None of the household’s income is excluded from gross income as payment of child support for children living outside of the household.

Does the state exclude payment of child support for children from gross income when determining eligibility for SNAP?

- Yes, the state adds the amount of child support excluded to the household’s SNAP gross income.
- Yes, these families will be excluded from the method.
- No

- (g) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for SNAP. If available, electronic data sources are consulted before paper documentation is requested.

- (ii) Collection of Information to Determine Eligibility

- (a) The state collects information to ensure that no one in the SNAP household is part of a tax household that includes an individual who lives outside the home through the following:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.
- Other. Description:

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(b) The state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in SNAP gross income. This includes, but may not be limited to income received through an AmeriCorps Education Award not used for educational expenses, or income from a minor dependent child above the applicable tax filing threshold. The status uses the following processes:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
- Other. Description:

(c) The state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).

- The household applies for Medicaid by requesting a Medicaid determination through the application for SNAP.
- The household applies for Medicaid at its SNAP recertification by requesting a Medicaid determination on the SNAP recertification form.
- Individuals are sent a separate form for signature and return. The state allows the form to be completed:
 - On paper
 - By telephone
 - Online
 - Through other means. Description:

- Not applicable. State has only elected option to use strategy at Medicaid renewal.
- Other. Description:

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(3) TANF-Specific Criteria

- ✓ (i) The state will use gross income determined by TANF to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- ✓ Initial application
- ✓ Renewal of Medicaid eligibility

In applying this option, all of the following conditions are met:

- (a) The state has completed or obtained a study indicating that the state's gross income determination under TANF rules is equal to a MAGI-based determination under the circumstances set forth in the SPA.
- (b) All members of the TANF assistance unit are eligible for TANF.
- (c) No one in the TANF assistance unit has any type of income that is excluded in determining income for purposes of TANF, but would be included in MAGI-based income.
- (d) No one in the TANF assistance unit is part of a tax household that includes an individual who lives outside the home.
- (e) The TANF assistance unit consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
 - There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
 - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (f) Households with income from stepparents are excluded from this option if the state uses state-specific methodology to exclude any income from stepparents living the in TANF assistance unit.

Does the state exclude any portion of stepparents' income from the household income?

Yes
 No

- (g) The criteria described under this strategy are applied statewide in states with TANF eligibility requirements that vary by region.

Does the state have TANF eligibility requirements that vary by region?

Yes. Description:

California does have two TANF regions, each has its own income threshold. This is due to the difference in cost of living expenses between the two regions.

No

- (h) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for TANF. If available, electronic data sources are consulted before paper documentation is requested.

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(ii) Collection of Information to Determine Eligibility

The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for TANF. If available, electronic data sources are consulted before paper documentation is requested.

(a) Describe how the state collects information to ensure that no one in the TANF household is part of a tax household that includes an individual who lives outside the home:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for TANF.
- The state agency provides a form to the individual to complete and return.
- The state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.
- Other. Description:

(b) Describe how the state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in TANF income:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the Means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency provides a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.

Other. Description:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(c) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).

- The household applies for Medicaid by requesting a Medicaid determination through the application for TANF.
- The household applies for Medicaid at its TANF recertification by requesting a Medicaid determination on the TANF recertification form.
- Individuals are sent a separate form for signature and return. The state allows the form to be completed:
 - On paper
 - By telephone
 - Online
 - Through other means. Description: _____
- Not applicable. State has only elected option to use strategy at Medicaid renewal.
- Other. Description: _____

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(4) Criteria for Other Public Means-Tested Benefit Program

___ (i) The state will use gross income determined by _____ to support Medicaid eligibility determinations for all MAGI-based Medicaid eligibility groups at:

- ___ Initial application
- ___ Renewal of Medicaid eligibility

In applying this option, the following conditions are met:

- (a) The state has completed or obtained a study indicating that the state’s gross income determination for the means-tested benefit program described above is equal to a MAGI-based determination under the circumstances set forth in the SPA.
- (b) All members of the household for the [means-tested benefit program name] _____ are eligible for that program.

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SECTION 2- COVERAGE AND ELIGIBILITY

- (c) No one in the household for the [means tested benefit program] has any type of income that is excluded in determining gross income for purposes of the program, but would be included in MAGI-based income.
- (d) No one in the household for the [means tested benefit program] is part of a tax household that includes an individual who lives outside the home.
- (e) The household for the means-tested benefit program consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
 - There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
 - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

- (f) The household for the means-tested benefit program consists of individuals who live alone, parents living with their children, or married couples (with or without children), with the result that they will also be considered a household under Medicaid rules and either:
 - There are no other members present who would not be considered to be part of the household used for purposes of determining MAGI-based Medicaid eligibility; or
 - Other members are present in the household, but the total household income is below the applicable Medicaid standard for a household of one.

- (g) The criteria described under this strategy are applied statewide in states with eligibility requirements for the means-tested program described above that vary by region.

Do the eligibility requirements for the means-tested program vary by region?

Yes. Description:

No

- (h) The state obtains all information necessary for a Medicaid eligibility determination that is not contained in the case record for the means-tested program. If available, electronic data sources are consulted before paper documentation is requested.

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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(iii) Collection of Information to Determine Eligibility

(a) Describe how the state collects information to ensure that no one in the [means-tested benefit program] household is part of a tax household that includes an individual who lives outside the home:

- Information is available through electronic data sources.
 - Information is collected on the application or renewal form for the means-tested program.
 - The state agency provides a form to the individual to complete and return.
 - The state agency provides a renewal notice requesting that the beneficiary notify the agency if household information has changed.
- Other. Description:

(b) Describe how the state identifies individuals who have income which is counted in determining household income using MAGI-based methodologies but is not included in total income for the means-tested benefit program:

- Information is available through electronic data sources.
- Information is collected on the application or renewal form for the means-tested program.
- The state agency provides a form to the individual to complete and return.
- For renewals only, the state agency p a renewal notice requesting that the beneficiary notify the agency if anyone in the household has a new type of income.
- Other. Description:

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SECTION 2- COVERAGE AND ELIGIBILITY

2.1 Application, Determination of Eligibility and Furnishing Medicaid (continued)

(c) Describe how the state obtains a signature authorizing a determination of Medicaid eligibility as required under 42 CFR 435.907(f).

- The household applies for Medicaid by requesting a Medicaid determination through the application for the means-tested benefit program.
- The household applies for Medicaid at recertification for the means-tested benefit program by requesting a Medicaid determination on the recertification form for the means tested benefit program.
- Individuals are sent a separate form for signature and return. . The state allows the form to be completed:
 - On paper
 - By telephone
 - Online
 - Through other means. Description:

Not applicable. State has only elected option to use strategy at Medicaid renewal.

Other. Description: