

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 25-0041**

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 Page

**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

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March 5, 2026

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

Re: California State Plan Amendment (SPA) 25-0041

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0041. This amendment was submitted to resume the electronic Asset Verification System.

We conducted our review of your submittal according to statutory requirements at Section 1940 of the Social Security Act. This letter is to inform you that California Medicaid SPA 25-0041 was approved on March 5, 2026, with an effective date of January 1, 2026.

Enclosed are copies of CMS Form 179 and approved SPA pages to be incorporated into the California State Plan.

If you have any questions, please contact Nikki Lemmon at [Nicole.Lemmon@cms.hhs.gov](mailto:Nicole.Lemmon@cms.hhs.gov).

Sincerely,

Wendy E. Hill Petras  
Acting Director, Division of Program Operations

Enclosures

cc: Lindy Harrington  
Angeli Lee, DHCS  
Shanna Haysbert, DHCS

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

1. TRANSMITTAL NUMBER <u>2 5 — 0 0 4 1</u>	2. STATE <u>CA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

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

4. PROPOSED EFFECTIVE DATE  
**January 1, 2026**

5. FEDERAL STATUTE/REGULATION CITATION  
**Section 1940 of the Social Security Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2026 \$ 2,284,170  
b. FFY 2027 \$ 3,131,535

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Supplement 16 to Attachment 2.6-A page 3**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
**Supplement 16 to Attachment 2.6-A page 3**

9. SUBJECT OF AMENDMENT  
**This SPA proposes to re-enter Supplement 16 to Attachment 2.6-A into the California State Plan to align with the reinstatement of asset limits for all impacted Non-Modified Adjusted Gross Income (Non-MAGI) Medi-Cal programs, effective January 1, 2026. See: Assembly Bill (AB) 116 - 25-26 Health Omnibus Bill**

10. GOVERNOR'S REVIEW (Check One)

<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT	<input checked="" type="radio"/> OTHER, AS SPECIFIED: The Governor's Office does not wish to review the State Plan Amendment.
<input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	
<input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME  
**Tyler Sadwith**

13. TITLE  
**State Medicaid Director**

14. DATE SUBMITTED  
**December 30, 2025**

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 <b>December 30, 2025</b>	17. DATE APPROVED <b>March 5, 2026</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 1, 2026</b>	19. SIGNATURE OF APPROVING OFFICIAL <b>[Redacted]</b>
20. TYPED NAME OF APPROVING OFFICIAL <b>Wendy E. Hill Petras</b>	21. TITLE OF APPROVING OFFICIAL <b>Acting Director, Division of Program Operations</b>

22. REMARKS

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

ASSET VERIFICATION SYSTEM

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

TN No. 25-0041

Supersedes

TN No. 23-0030

Approval Date: March 5, 2026

Effective Date: January 1, 2026