



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

March 28, 2014

Ms. Gloria Nagle, PhD, MPA
Associate Regional Administrator
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT (SPA) 14-015

Dear Ms. Nagle:

The Department of Health Care Services (DHCS) submits the enclosed SPA 14-015 to grant presumptive eligibility (PE) during January 1, 2014 through January 21, 2014, to individuals with pending Medicaid applications during the initial launch of the electronic Health Information Transfer interface between the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) and the Statewide Automated Welfare System. SPA 14-015 is a temporary measure that does not supersede the current State Plan.

The individuals affected are:

- Children under age 19 as described in 42 CFR 435.1102
- Parents and other caretaker relatives described in 42 CFR 435.110
- Individuals who meet the categorical requirements under 42 CFR 435.119
- Former Foster Care children described in 42 CFR 435.150, and
- Pregnant women described in 435.116 (coverage for pregnant women is limited to ambulatory prenatal care as described in 42 CFR 435.1103)

This SPA allows DHCS to provide PE and accelerated enrollment of individuals who applied for coverage through Covered California and determined by CalHEERS to be income eligible for Medicaid coverage pending a final eligibility determination by the counties.

Ms. Gloria Nagle, PhD, MPA
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If you have any questions or if we can provide further information, please contact Ms. Tara Naisbitt, Chief, Medi-Cal Eligibility Division, at (916) 552-9450 or by email at tara.naisbitt@dhcs.ca.gov.

Sincerely,

Originally signed by Mari Cantwell for Toby Douglas

Toby Douglas
Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-015	2. STATE CA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE FEDERAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
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 (<i>If Applicable</i>):

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 OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: Originally signed by Mari Cantwell for Toby Douglas	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
13. TYPED NAME: Toby Douglas	
14. TITLE: Director	
15. DATE SUBMITTED: March 28, 2014	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:
23. REMARKS:	

Medicaid Eligibility

Presumptive Eligibility

T1

State: California

Transmittal Number: 14-015

The state provides Medicaid coverage to the following groups when determined presumptively eligible consistent with 42 CFR 435.1102 and 1103:

- Children under age 19
- Parents and other caretaker relatives described in 42 CFR 435.110
- Individuals who meet the categorical requirements of 42 CFR 435.119
- Former foster care children described in 42 CFR 435.150
- 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)
- 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:
 - 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; or
 - The 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:
 - 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
 - Attested state residency
 - Attested citizenship, status as a national, or satisfactory immigration status