



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

MAR 29 2016

Ms. Kristin Dillon
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Dear Ms. Kristin Dillon,

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 16-002 to correct a typo in the State Plan on page 4b of Title XIX, Section 1924(d)(3)(A)(i) of the Social Security Act to reflect policy previously implemented, allowing for an amount that is greater than what is pre-printed. The proposed effective date is January 1, 2016.

DHCS is formally requesting the Centers for Medicare and Medicaid Services approval to not complete the tribal/designee notification process because the amendment is only to correct a typo of the amount of the family member allocation. It does not directly impact applicants or beneficiaries in the Tribal and Urban Indian health care programs.

If you have any questions regarding the information provided, please contact Sandra Williams, Chief of the Medi-Cal Eligibility Division, at (916) 445-6938.

Sincerely,

ORIGINAL SIGNED BY MARI CANTWELL

Chief Deputy Director
Health Care Programs
State Medicaid Director

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

1. TRANSMITTAL NUMBER

1 6 — 0 0 2

2. STATE

California

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2016

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

Social Security Act, Section 1924 (d)(3)(A)(i)

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ 0
b. FFY _____ \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 2.6A, page 4b, 4c, and 4d

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 2.6A, page 4b and 4c

10. SUBJECT OF AMENDMENT

Family Member Allocation

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

ORIGINAL SIGNED

16. RETURN TO

Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.316, MS 4506
P.O. Box 997417
Sacramento, CA 95899-7417

13. TYPED NAME

Mari Cantwell

14. TITLE

Chief Deputy Director

15. DATE SUBMITTED

MAR 29 2016

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

State: California

Citation	Condition or Requirement
1924 of the act	<p>3. In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:</p> <p>a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which a maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924(d)(3)(c). The maintenance needs standard consists of a poverty level component plus any excess shelter allowance.</p> <p>___ The poverty level component is calculated using the applicable percentage (set out in §1924(d)(3)(B) of the Act) of the official poverty level.</p> <p>___ The poverty level component is calculated using a percentage greater than the applicable percentage, equal to___%, of the official poverty level (still subject to the maximum maintenance needs standard)</p>

State: California

Citation	Condition or Requirement
	<p data-bbox="857 520 1409 640">_X_ The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C).</p> <p data-bbox="857 674 1425 961">Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.</p> <p data-bbox="857 995 1333 1115">In determining any excess shelter allowance, utility expenses are calculated using:</p> <p data-bbox="857 1148 1414 1268">_*_ the standard utility allowance under §5 (E) of the Food Stamp Act of 1977, or</p> <p data-bbox="857 1302 1425 1501">_*_ the actual reimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.</p>

**Not applicable under California's Section 1924 (d)(3)(c) election for the community spouse's monthly income allocation.

State: California

Citation	Condition or Requirement
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b. The monthly income allowance for other dependent family members living with the community spouse is:

___ one-third of the amount by which the poverty level component (calculated under §1924 (d)(3)(A)(i) of the Act using the applicable percentage specified in §1924(d)(3)(B) exceeds the dependent family member's monthly income.

X a greater amount calculated as follows:

The amount by which the poverty level component (Calculated under §1924 (d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924 (d)(3)(B) exceeds the dependent family member's monthly income.

The following definition is used in Lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):

California adheres to the definition of dependency provided by the Secretary.

