ENCLOSURE

Revised Pages for:

CALIFORNIA MEDICAID STATE PLAN

Under Transmittal of

STATE PLAN AMENDMENT (SPA)

11-001*

All new pages will have this SPA* number identified as the new TN No., so it will not be repeated for each new insert pages.

Remove Page(s)	**Insert New Page (s)**
Attachment 1.2-D, pages 1-2 (TN 87-07)	Attachment 1.2-D, pages 1-2
Section 1.1, page 2	Section 1.1, page 2
Attachment 1.1-A (TN 84-07)	Attachment 1.1-A

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services

Region IX
Division of Medicaid & Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

JUN 2 0 2011

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 11-001. This SPA was submitted to my office on March 29, 2011 requesting an update the State Plan to name the Department of Health Care Services (DHCS) as the single state agency for administration of Title XIX of the Social Security Act. The SPA also incorporates language detailing that DHCS has the authority to either make eligibility determinations itself, or provide administrative guidance to the California Department of Social Services, which oversees the county welfare departments' eligibility determination processes. The SPA also updates the Attorney General's Certification naming DHCS as the single state agency.

This effective date of this SPA is January 1, 2011. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Section 1, Page 2
- Attachment 1.1A, Attorney General's Certification
- Attachment 1.2-D, Pages 1-2

If you have any questions, please contact Kristin Curran Dillon by phone at (415) 744-3579 or by email at Kristin.Dillon@cms.hhs.gov.

Sincerely,

for

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Rene Mollow, California Department of Health Care Services
Kathyryn Waje, California Department of Health Care Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **11-001**

2. STATE: California

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

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE: JAN 01 2011

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 1902(a) (5)

7. FEDERAL BUDGET IMPACT: NONE
a. FFY $ NONE
b. FFY $ NONE

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 1.2-D Page 1, page 2
Section 1, Page 2
Attachment 1.1A Attorney General's Certification

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 1.2-D Page 1, page 2
Section 1, Page 2
Attachment 1.1A Attorney General's Certification

10. SUBJECT OF AMENDMENT:
Description of ~~State~~ Performing Eligibility Determinations
Staff

11. 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:
The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Toby Douglas

14. TITLE:
Director

15. DATE SUBMITTED: MAR 29 2011

16. RETURN TO:

Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.3.26
P.O. Box 997417
Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 3/29/11

18. DATE APPROVED: JUN 20 2011

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/11

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Gloria Nagle

22. TITLE: Associate Regional Administrator

23. REMARKS:

Section 1, Page 2 of the State Plan did not have an approval date or Tn/SPA reference.

Pen and ink changes made to Boxes 7-10 were confirmed by the State via emails dated 5/24/11 and 6/10/11.

State: California

DESCRIPTION OF STAFF PERFORMING ELIGIBILITY DETERMINATIONS

Single State Agency

The Department of Health Care Services is the single state agency, which supervises the administration of the Title XIX (Medicaid) program.

The California Department of Social Services is the single state agency, which supervises the administration of the Title IV-A (AFDC) and the Title IV-E (Foster/Care/Adoption Assistance) programs.

Determination of Eligibility

The Department of Health Care Services is the single state agency for administration of Title XIX and may make eligibility determinations for programs under the Title XIX State plan and waivers.

Under the administrative guidance of the Department of Health Care Services and the supervision of the California Department of Social Services, county welfare departments make Title XIX eligibility determinations for the following groups:

1. Persons approved for Title IV-A and IV-E cash assistance;

2. Persons who would be approved for Title IV-A cash assistance if the IV-A payment level in California were as high as the Minimum Basic Standard of Adequate Care set by California statute;

3. Persons deemed recipients of AFDC pursuant to 42 CFR 435.115;

4. Families eligible under 42 CFR 435.112;

5. Qualified pregnant women under Section 1902 (a)(10)(A)(2)(III) of the Act who receive a State-only funded AFDC payment;

6. Persons whose Title IV-A cash assistance has been suspended for administrative reasons only;

State: California

7. Persons under 21 who meet all of the Title IVA or IVE requirements except for deprivation or court ordered foster care placement. (These persons receive a State-only funded payment.)

In accordance with the state-federal agreement created under Section 1634 of Title XVI of the social Security Act, the Social Security Administration certifies Medicaid eligibility for California residents based on eligibility for cash assistance under Title XVI of the Act. Persons so certified are:

1. Persons receiving supplementary Security Income (SSI), 42 CFR 435.120;

2. Persons receiving a California State Supplemental Payment (SSP), (this includes those receiving a mandatory SSP made pursuant to Section 212 of Public Law 93-66) 42 CFR, 435.130;

3. Persons whose SSI and/or SSP has been suspended for administrative reasons only; and

4. Persons eligible under 1619(b) of the Act.

All other Medicaid eligibility determinations are made by either the Department of Health Care Services or the local County welfare departments under the supervision of the Department of Health Care Services.

Revision: HCFA-AT-80-38 (BPP)
MAY 22, 1980

State: California

SECTION 1 SINGLE STATE AGENCY ORGANIZATION

Citation
42 CFR 431.10
AT-79-29

1.1 Designation and Authority

(a) The Department of Health Care Services is the single State agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named in this paragraph.) ATTACHMENT 1.1-A is a certification signed by the State Attorney General identifying the single State agency and citing the legal authority under which it administers or supervises administration of the program.

ATTACHMENT 1.1A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

State of California

ATTORNEY GENERAL'S CERTIFICATION

I certify that:

the Department of Health Care Services, State of California is the single State agency responsible for:

[X] administering the plan

The legal authority under which the agency administers the plan on a Statewide basis is Welfare and Institutions Code Sections 10722, 10740, 14100.1, and California Senate Bill No. 162 (Chapter 241, Statutes of 2006), Section 35, (regulatory Authority: 10725, 14105, 14124.5)
(statutory citations)

[ ] supervising the administration of the plan by local political subdivisions.

The legal authority under which the agency supervises the administration of the plan on a Statewide basis is contained in

_____
(statutory citation)

The agency's legal authority to make rules and regulations that are binding on the political subdivision administering the plan is

_____
(statutory citation)

5/23/11
DATE

Signature

Senior Assist. Atty Gen.
Title

TN # 11-001 Approval Date JUN 2 0 2011 Effective Date January 1, 2011

SUPERSEDES

TN # 84-07