DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

June 9, 2016

Mari Cantwell
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 16-002. This SPA was submitted to my office on March 29, 2016 and makes a technical change to the Section 1924 Family Allocation.

The effective date of this SPA is January 1, 2016. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 2.6-A, pages 4b, 4c, and 4d

If you have any questions, please contact Cheryl Young by phone at 415-744-3598 or by email at Cheryl.Young@cms.hhs.gov.

ORIGINAL SIGNED

Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Sandra Williams, California Department of Health Care Services (DHCS)
Karen Chang, DHCS
Quanita Channel, DHCS
Nathaniel Emery, DHCS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

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 2016 $ 0
b. FFY 2017 $ 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*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
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED

ORIGINAL SIGNED

14. TITLE
Chief Deputy Director

15. DATE SUBMITTED

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
March 29, 2016

18. DATE APPROVED
June 9, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Henrietta Sam-Louie

22. TITLE Associate Regional Administrator,
Medicaid & Children's Health Operations Division

23. REMARKS
Box 7: Pen & ink change made by CMS to add FFY per email dated 5/6/16.

State: California

Citation	Condition or Requirement
1924 of the Act	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: 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. ___ 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. ___ 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)

State: California

Citation	Condition or Requirement
	_X_ The maintenance needs standard for all community spouses is set at the maximum permitted by §1924(d)(3)(C). 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. In determining any excess shelter allowance, utility expenses are calculated using: _*_ the standard utility allowance under §5 (E) of the Food Stamp Act of 1977, or _*_ the actual reimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.

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

Citation	Condition or Requirement
	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.