

CA - Submission Package - CA2023MS00030 - (CA-23-0002) - Eligibility

Summary Reviewable Units Versions Correspondence Log **Approval Letter** RAI News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Medicaid and CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106



Center for Medicaid & CHIP Services

May 15, 2026

Tyler Sadwith
State Medicaid Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: Approval of State Plan Amendment CA-23-0002

Dear Director Sadwith,

On March 16, 2023, the Centers for Medicare & Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-23-0002. California expanded Hospital Presumptive Eligibility coverage to a new coverage group of individuals aged 65 or older and whose income is at or below 138 percent of the Federal Poverty Level. With this SPA, the state seeks to permanently memorialize this expansion in the State Plan to allow the population 'Aged 65 or older' to be covered by Hospital Presumptive Eligibility.

We approve California State Plan Amendment (SPA) CA-23-0002 with an effective date of January 01, 2023.

Please note the attached companion letter CMS is issuing alongside this approval.

Name	Date Created	
5.15.26 CA-23-0002 Companion Letter	5/15/2026 11:43 AM EDT	

If you have any questions regarding this amendment, please contact Nikki Lemmon at 303-844-2641 or nicole.lemmon@cms.hhs.gov.

Sincerely,
Nicole M. McKnight
Acting Director, Division of Program
Operations
Center for Medicaid & CHIP Services

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[Summary](#) [Reviewable Units](#) [Versions](#) [Correspondence Log](#) [Approval Letter](#) [RAI](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	CA2023MS00030	Submission Type	Official
Program Name	N/A	State	CA
SPA ID	CA-23-0002	Region	San Francisco, CA
Version Number	5	Package Status	Approved
Submitted By	Angeli Susan Lee	Submission Date	3/16/2023
Package Disposition		Approval Date	5/15/2026 11:44 AM EDT

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00030 | CA-23-0002

Package Header

Package ID CA2023MS00030
Submission Type Official
Approval Date 05/15/2026
Superseded SPA ID N/A

SPA ID CA-23-0002
Initial Submission Date 3/16/2023
Effective Date N/A

State Information

State/Territory Name: California

Medicaid Agency Name: California Department of Health Care Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00030 | CA-23-0002

Package Header

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Submission Type	Official	Initial Submission Date	3/16/2023
Approval Date	05/15/2026	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID CA-23-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	1/1/2023	CA-13-0027
Presumptive Eligibility by Hospitals	1/1/2023	CA-13-0027

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS0003O | CA-23-0002

Package Header

Package ID	CA2023MS0003O	SPA ID	CA-23-0002
Submission Type	Official	Initial Submission Date	3/16/2023
Approval Date	05/15/2026	Effective Date	N/A
Superseded SPA ID	N/A		

Executive Summary

- Summary Description Including Goals and Objectives** The state is electing to cover these non-MAGI groups in HPE:
- Individuals eligible for but not receiving cash assistance- section 1902(a)(10)(A)(ii)(I)
 - Age and Disability Poverty Level-section 1902(a)(10)(A)(ii)(X)

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$44995
Second	2024	\$44211

Federal Statute / Regulation Citation

42 CFR 435.1110

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00030 | CA-23-0002

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Submission Type Official
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SPA ID CA-23-0002
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Effective Date N/A

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor's Office does not wish to review the SPA.

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS0003O | CA-23-0002

CMS-10434 OMB 0938-1188

The submission includes the following:

- Administration
- Eligibility
 - Income/Resource Methodologies
 - Income/Resource Standards
 - Mandatory Eligibility Groups
 - Optional Eligibility Groups
 - Non-Financial Eligibility
 - Eligibility and Enrollment Processes

- Eligibility Process
- Application
- Presumptive Eligibility

Reviewable Unit Name	Included in Another Source Type Submission Package
Presumptive Eligibility	APPROVED

- Continuous Eligibility for Children
- Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

- Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00030 | CA-23-0002

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Superseded SPA ID	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS0003O | CA-23-0002

Package Header

Package ID CA2023MS0003O
Submission Type Official
Approval Date 05/15/2026
Superseded SPA ID N/A

SPA ID CA-23-0002
Initial Submission Date 3/16/2023
Effective Date N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- Yes
 No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- Yes
 No

Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations: DHCS does not believe a tribal/designee notification is required as:

1. The extension only affects HPE, which is temporary eligibility.
2. The extension does not impact rates reimbursed to Indian Health programs, affect eligibility, restrict access, or update the tribal consultation policy in any way.
3. SPA does not meet the definition of direct impact requiring consultation.

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00030 | CA-23-0002

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	User-Entered		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Adult Group - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="radio"/>	APPROVED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00030 | CA-23-0002

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Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00030 | CA-23-0002

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	User-Entered		

The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.

The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

A qualified hospital is a hospital that:

1. Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
2. Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
3. Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00030 | CA-23-0002

Package Header

Package ID	CA2023MS00030	SPA ID	CA-23-0002
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	User-Entered		

B. Eligibility Groups or Populations Included

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes No

9. Other Medicaid state plan eligibility groups:

Name of eligibility group	Description
Individuals eligible for but not receiving cash assistance- section 1902(a)(10)(A)(ii)(I)	PE is not a standard eligibility screen in which simplified income or resource methods are used. Under this method, the state has elected to include specific populations, such as individuals age 65+ without implicating comparability.
Age and Disability Poverty Level-section 1902(a)(10)(A)(ii)(X)	PE is not a standard eligibility screen in which simplified income or resource methods are used. Under this method, the state has elected to include specific populations, such as individuals age 65+ without implicating comparability.

10. Demonstration populations covered under section 1115

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00030 | CA-23-0002

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C. Standards for Participating Hospitals

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

Yes No

D. Presumptive Eligibility Period

- The presumptive period begins on the date the 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.
- Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Name of limitation	Description
Adults PE Period	Adults, receive no more than One PE period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
Pregnant Women PE Period	Pregnant Women, receive no more than One PE period, per pregnancy.
Former Foster Care PE Period	Former Foster Care individuals, receive no more than One PE period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
Children Under 19 Years Old PE Periods	Children under the age 19 years old, receive no more than Two PE periods within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
Parents and Caretaker Relatives PE Period	Parents and Caretaker Relatives, receive no more than One PE period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00030 | CA-23-0002

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E. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application form for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is included.
- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created	
20260220 SPA 23-0002 HPE Medi-Cal Application (DHCS 7022 revised 12.2025)	3/17/2026 12:13 PM EDT	

Name	Date Created	
1. HPE Service Location Screen	3/17/2026 12:14 PM EDT	
2. HPE Applicant Information Screen	3/17/2026 12:14 PM EDT	
3. HPE Medi-Cal Information Screen	3/17/2026 12:14 PM EDT	
4. HPE Household and Income Details Screen	3/17/2026 12:14 PM EDT	
5. HPE Signature and Declaration Screen	3/17/2026 12:14 PM EDT	
6. HPE Application Summary Screen	3/17/2026 12:14 PM EDT	
2001 Denial- Not a California Resident	3/17/2026 12:20 PM EDT	
2002 Denial- Already received PE for current pregnancy	3/17/2026 12:20 PM EDT	
2100 Denial- 1 PE enrollment	3/17/2026 12:20 PM EDT	
2101 Denial- Existing eligibility, has BIC	3/17/2026 12:20 PM EDT	
2102 Denial- Existing eligibility, no BIC	3/17/2026 12:20 PM EDT	
2104 Denial- over income	3/17/2026 12:20 PM EDT	
2106 Denial- Medicare	3/17/2026 12:20 PM EDT	
2107 Denial- 2 PE enrollments	3/17/2026 12:20 PM EDT	
2200 Approval- HPE, has BIC	3/17/2026 12:20 PM EDT	
2201 Approval- HPE, no BIC	3/17/2026 12:20 PM EDT	

Name	Date Created	
2202 Approval- HPE for pregnancy, has BIC	3/17/2026 12:20 PM EDT	
2203 Approval- HPE for pregnancy, no BIC	3/17/2026 12:20 PM EDT	
8888 Denial- Duplicate eligibility response (transaction denied due to same-day transaction)	3/17/2026 12:20 PM EDT	
1 – 19 of 19		

5. Describe the presumptive eligibility screening process:

Qualified Providers screen for eligibility through the online portal by collecting age, residency, and income information. If eligibility is approved, the patient is provided a temporary identification card.

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
2. Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
 - c. Other income methodology
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS00030 | CA-23-0002

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	User-Entered		

G. Qualified Entity Requirements

- 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- 2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
20260220 SPA 23-0002 Hospital Presumptive Eligibility Program Provider-Training v_2.13.2026	3/17/2026 12:15 PM EDT	

H. Additional Information (optional)

Continuation from section B9: From an eligibility perspective, California's process is to determine hospital presumptively eligibility for a specific non-MAGI population (65+).

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

This view was generated on 5/19/2026 3:42 PM EDT