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) 17-044. This SPA was submitted to my office on December 22, 2017 to

The effective date of this SPA is October 1, 2017. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- Attachment 4.18-F, page 5

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

Sincerely,

/s/

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

Enclosure

cc: Rene Mollow, California Department of Health Care Services (DHCS)  
Sandra Williams, DHCS  
Daryl Hightower, DHCS  
Marlene Ricigliano, DHCS
### Transmittal and Notice of Approval of State Plan Material

#### 1. Transmittal Number
17 04 4

#### 2. State
CA

#### 3. Program Identification: Title XIX of the Social Security Act (Medicaid)

#### 4. Proposed Effective Date
10/1/17

#### 5. Type of Plan Material (Check One)
- [ ] New State Plan
- [ ] Amendment to be considered as New Plan
- [x] Amendment

#### 6. Federal Statute/Regulation Citation
42 CFR 447.55(b)(4)

#### 7. Federal Budget Impact

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#### 8. Page Number of the Plan Section or Attachment
Attachment 4.18-F, page 5

#### 9. Page Number of the Superseded Plan Section or Attachment (If Applicable)
Attachment 4.18-F, page 5

### 10. Subject of Amendment

SPA 17-044 allows the State to waive premium charges for OTLICP beneficiaries affected by recent wildfires in California. This SPA requests that the State be allowed to waive premium charges on a case-by-case basis if payment would create undue hardship for the individual.

### 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

### 12. Signature of State Agency Official

Original signed

#### 13. Typed Name
Mari Cantwell

#### 14. Title
State Medicaid Director

#### 15. Date Submitted
12/22/2017

### For Regional Office Use Only

#### 17. Date Received
December 22, 2017

#### 18. Date Approved
February 27, 2018

#### 19. Effective Date of Approved Material
October 1, 2017

#### 20. Signature of Regional Official
/s/

#### 21. Typed Name
Henrietta Sam-Louie

#### 22. Title
Associate Regional Administrator

Division of Medicaid & Children’s Health Operations

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*Form CMS-179 (07/92)*

*Instructions on Back*
c. Enforcement
   i. __/ Prepayment is required for the following groups of applicants when they apply for Medicaid:
   ii. __/ Prepayment is required for the following groups of beneficiaries as a condition for receiving Medicaid services for the premium period:
   iii. X/ Eligibility is terminated for failure to pay premiums after a grace period of 90/120 days after the premium due date (at least 60 days) for the following groups of Medicaid beneficiaries:

   • 1-6 years of age, with family income above 160 percent of the FPL and up to and including 261 percent of the FPL will terminate after 90 days from age 1-6 years of age.
   • 6-19 years of age, with family income above 160 percent of the FPL and up to and including 261 percent of the FPL will terminate after 90 days from age 6-19 years of age.

   iv. X/ Payment will be waived by the state on a case-by case basis, if payment would create undue hardship for the individual.

D. Period of determining 5 percent aggregate family limit for premiums and cost sharing:

Specify the period for which the 5 percent maximum will be applied.

__/ Quarterly
X/ Monthly

E. Method for tracking beneficiaries’ liability for premiums and cost sharing:

1. Describe the methodology used by the State to identify beneficiaries, who are subject to premiums or to cost sharing for specific items or services.

   RESPONSE: California will use aid codes to identify beneficiaries with family incomes above 160 percent FPL. These individuals will have premium payments and will require cost sharing tracking. Family incomes at or below 160 percent of the FPL do not require premiums tracking. The cost sharing tracking process is outlined in the response below.