DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-01-16

Baltimore, MD 21244-1850

CENTERS FOR MEDICARE & MEDICAID SERVICES CENTER FOR MEDICAID & CHIP SERVICES

Children and Adults Health Programs Group

Mari Cantwell Chief Deputy Director Department of Health Care Scrvices 1501 Capitol Avenue, MS 0000 Sacramento, CA 95899-7413

APR 1 1 2018

Dear Ms. Cantwell:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number CA-17-0043, submitted on December 19, 2017, has been approved. This SPA has a retroactive effective date of October 1, 2017.

Through this SPA, the state provides temporary policy adjustments for children in families impacted by disaster events. Specifically, this SPA permits California to:

- Continue coverage for children in families when premiums have not been paid, and to waive such premiums or extend the premium due date,
- Permit self-attestation when eligibility related documentation has been lost or destroyed, and
- Provide families with additional time to complete the renewal process.

California has requested these flexibilities for individuals impacted by the fires in eight FEMA-declared disaster counties in Northern California from October 1, 2017 to March 31, 2018. The provisions would apply from October 1, 2017 through December 31, 2017. All delayed renewals were completed by March 31, 2018. In addition, the state has requested these flexibilities in four FEMA-declared disaster counties in Southern California from December 1, 2017 to May 30, 2018. The provisions would apply from December 1, 2017 through February 28, 2018. All delayed renewals will be completed by May 30, 2018.

In the event of a future natural disaster, this SPA provides California with the authority to implement the aforementioned temporary policy adjustments by simply notifying CMS of that intention. The notification to CMS must contain the effective date and duration of the disaster provisions, and a list of the relevant FEMA or Governor declared disaster areas. While the state must provide notice to CMS, this option provides an administratively streamlined pathway for the state to effectively respond to any future natural disasters as they are evolving.

Your title XXI project officer is Ms. Jasmine Aplin. Her contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850

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Telephone: (410) 786-8102

E-mail: Jasmine.Aplin@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Aplin and Ms. Henrietta Sam-Louie, Associate Regional Administrator (ARA) in our San Francisco Regional Office. Ms. Sam-Louie's address is:

Centers for Medicare and Medicaid Services Division of Medicaid and Children's Health Operations 90-7th Street, Suite 5-300 San Francisco, CA 94103-6706

If you have additional questions, please contact Ms. Amy Lutzky, Director, Division of State Coverage Programs, at (410) 786-0721.

We look forward to continuing to work with you and your staff.

ORIGINAL SIGNED

cc:

Henrietta Sam-Louie, ARA, CMS Region IX, San Francisco

1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: July 1, 1998

Implementation Date: July 1, 1998

SPA #17-0043

Purpose of SPA:

To implement provisions for temporary adjustments to enrollment, eligibility determination and redetermination policies, and premium and cost-sharing requirements for children in families living and/or working in Governor or FEMA declared disaster areas. In the event of a declared disaster, the State will notify CMS that it intends to provide temporary adjustments to its enrollment, eligibility determination and/or redetermination policies, and premium and/or cost-sharing requirements, the effective and duration date of such adjustments, and the applicable Governor or FEMA declared disaster areas.

CA RESPONSE:

Some or all of the temporary adjustments would apply to the following populations:

Population 1 (County Children's Health Initiative Program - CCHIP)

Population 2 (Unborn Option)

Population 3 (Medi-Cal Access Program - MCAP)

Population 4 (Medi-Cal Access Infant Program - MCAJP)

Proposed effective date: October 1, 2017

Proposed implementation date: October 1, 2017

4.3. Methodology. Describe the methods of establishing and continuing eligibility and enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102(b)(2)) (42 CFR 457.350)

In the event of a FEMA or Governor declared disaster, the State will notify CMS of its intent to provide temporary adjustments to its enrollment, eligibility determination and/or redetermination policies, and premium and/or cost-sharing

requirements, the effective dates of such adjustments, and the counties/arcas impacted by the disaster.

CA RESPONSE:

In the event of a FEMA or Governor declared disaster and at the State's discretion, the State may waive premium balances and/or cost-sharing for applicants and/or beneficiaries living in, working in, and/or displaced from FEMA or Governor declared disaster areas at the time of a disaster event in accordance with Sections 8.2.1 and 8.2.2. These temporary waivers would apply to:

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Population 1 (CCHIP)
Population 3 (MCAP)
Population 4 (MCAIP)
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In the event of a FEMA or Governor declared disaster and at the State's discretion, applicants and/or enrollces may be granted eligibility and receive services beyond their certification period and may be provided additional time to submit a renewal or verification. These temporary waivers would apply to:

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Population 1 (CCHIP)
Population 4 (MCAIP)
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In the event of a FEMA or Governor declared disaster and at the State's discretion, eligibility verification requirements may be waived at application and/or renewal. The State may allow self-attestation to complete the eligibility determination, in accordance with 42 CFR 457.380. These temporary waivers would apply to:

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Population 1 (CCHIP)
Population 2 (Unborn Option)
Population 3 (MCAP)
Population 4 (MCAIP)
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8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge by age and income (if applicable) and the service for which the charge is imposed or time period for the charge, as appropriate. (Section 2103(c)(1)(A)) (42 CFR 457.505(a), 457.510(b) and (c), 457.515(a) and (c))

8.2.1. \boxtimes Premiums:

In the event of a FEMA or Governor declared disaster, the State has the discretion to waive premiums for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas, for a specified period of time.

CA RESPONSE:

These temporary waivers would apply to: Population 1 (CCHIP) Population 3 (MCAP)

Population 4 (MCAIP)

8.2.2. Deductibles:

8.2.3. Coinsurance or copayments:

In the event of a FEMA or Governor declared disaster, at the State's discretion, copayments may be waived for CHIP applicants and/or heneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas, for a specified period of time.

8.2.4. Other:

8.7. Provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42 CFR 457.570 and 457.505(c))

CA RESPONSE:

Exception to Discorrollment for Failure to Pay Premiums—At State discretion, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements and who reside and/or work in Governor or FEMA declared disaster areas, for a specified period of time. The premium balance will be waived if the family is determined to have been living or working in FEMA or Governor declared disaster areas based on self-declared application information or other documentation provided by the family.

9.10. Provide a 1-year projected budget. A suggested financial form for the budget is below. The budget must describe: (Section 2107(d)) (42 CFR 457.140).

In the event of a FEMA or Governor declared disaster, the State will provide an updated budget outlining significant budgetary impacts, if there are any.

CA RESPONSE:

There is $n \bullet$ budgetary impact for the changes related to SPA#17-0043.