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## Medicaid State Plan Amendment 17-044 Public Notice

NOTE: Tribal and Designee Notices Must Be Distributed 35 calendar days prior to submission to CMS.

## Please submit draft notice to PRIHD 72 hours prior to deadline to ensure dissemination of this notice.

### **PURPOSE:**

SPA 17-044 allows the State to waive financial responsibility for beneficiaries enrolled in the Optional Targeted Low Income Children's Program (OTLICP) affected by recent wildfires in California. This SPA will allow the State to waive premium charges for these beneficiaries during the months of October through December 2017. It will also allow the State to waive monthly premiums for OTLICP beneficiaries during future declared disasters on a case-by-case basis if payment would create undue hardship for the individual.

## **BACKGROUND ON REASON FOR SPA:**

It is important for children in California, affected by declared disasters, to have access to medical care. This SPA ensures health coverage is not lost due to the effects of declared disasters.

#### **SUMMARY OF PROPOSED CHANGES:**

California is requesting it be allowed to waive the monthly premiums associated with OTLICP on a case-by-case basis if payment would create undue hardship for the individual. This SPA will allow the State to waive these contributions for the months of October through December 2017 for children living in the federally recognized disaster areas in Butte, Lake, Mendocino, Napa, Nevada, Orange, Sonoma, and Yuba counties. California is also asking that it be allowed to waive monthly premiums during future declared disasters on a case-by-case basis if payment would create undue hardship for the individual.

## **IMPACT TO TRIBAL HEALTH PROGRAMS:**

DHCS does not expect any impact to Tribal Health Programs.

# IMPACT TO FEDERALLY QUALIFED HEALTH CENTERS (FQHCs):

DHCS does not expect any impact to FQHCs. This SPA is not restrictive.

## **IMPACT to INDIAN MEDI-CAL BENEFICIARIES:**

DHCS does not expect any impact to Indian beneficiaries. This population is excluded from premiums and cost sharing charges.<sup>1</sup>

#### **CONTACT INFORMATION:**

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<sup>&</sup>lt;sup>1</sup> (42 CFR Section 457.535)