

CA - Submission Package - CA2022MS00020 - (CA-22-0036) - Eligibility

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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

December 17, 2025

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-22-0036

Dear Director Sadwith,

On November 09, 2022, the Centers for Medicare & Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-22-0036 that proposes to rebrand the online presumptive portal (CHDP Gateway) as Children's Presumptive Eligibility (CPE). Presumptive eligibility services will expand to include all qualified Medi-Cal providers enrolled in Medi-Cal; thereby permitting more providers to make presumptive eligibility determinations and expanding access to Medi-Cal services for more children/youth under the age 19.

We approve California State Plan Amendment (SPA) CA-22-0036 with an effective date(s) of July 01, 2024.

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

Sincerely,

Wendy E. Hill Petras

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

CA - Submission Package - CA2022MS0002O - (CA-22-0036) - Eligibility

- Summary
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CMS-10434 OMB 0938-1188

Package Information

| | | | |
|---------------------|---|-----------------|------------------------|
| Package ID | CA2022MS0002O | Submission Type | Official |
| Program Name | N/A | State | CA |
| SPA ID | CA-22-0036 | Region | San Francisco, CA |
| Version Number | 6 | Package Status | Approved |
| Submitted By | Angeli Susan Lee | Submission Date | 11/9/2022 |
| Package Disposition |  | Approval Date | 12/17/2025 3:56 PM EST |

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS0002O | CA-22-0036

Package Header

Package ID CA2022MS0002O
Submission Type Official
Approval Date 12/17/2025
Superseded SPA ID N/A

SPA ID CA-22-0036
Initial Submission Date 11/9/2022
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

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| Approval Date | 12/17/2025 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

SPA ID and Effective Date

SPA ID CA-22-0036

| Reviewable Unit | Proposed Effective Date | Superseded SPA ID |
|---|-------------------------|-------------------|
| Presumptive Eligibility | 7/1/2024 | CA-13-0021 |
| Presumptive Eligibility for Children under Age 19 | 7/1/2024 | CA-13-0021 |

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

MMDL S-30

Submission - Summary

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| Approval Date | 12/17/2025 | Effective Date | N/A |
| Superseded SPA ID | N/A | | |

Executive Summary

Summary Description Including Goals and Objectives This proposed amendment rebrands the online presumptive portal (CHDP Gateway) as Children's Presumptive Eligibility (CPE). Presumptive eligibility services will expand to include all qualified Medi-Cal providers enrolled in Medi-Cal; thereby permitting more providers to make presumptive eligibility determinations and expanding access to Medi-Cal services for more children/youth under the age 19. As part of this proposal, DHCS will develop a CPE training module (similar to hospital presumptive eligibility) as part of the applicable state requirements for presumptive eligibility qualified entities.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|--------|---------------------|--------|
| First | 2022 | \$0 |
| Second | 2023 | \$0 |

Federal Statute / Regulation Citation

Health & Safety Code §§ 104395, 120475, 124024; W&I Code § 14011.7

Supporting documentation of budget impact is uploaded (optional).

| Name | Date Created | |
|--------------------|--------------|--|
| No items available | | |

Submission - Summary

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Governor's Office Review

| | | |
|--|-----------------|---|
| <input type="radio"/> No comment | Describe | The Governor's Office does not wish to review the State Plan Amendment. |
| <input type="radio"/> Comments received | | |
| <input type="radio"/> No response within 45 days | | |
| <input checked="" type="radio"/> Other | | |

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS00020 | CA-22-0036

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 | CA2022MS0002O | CA-22-0036

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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 | CA2022MS0002O | CA-22-0036

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SPA ID CA-22-0036
Initial Submission Date 11/9/2022
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 notice is required because rebranding of CHDP Gateway does not impact rates reimbursed to Indian Health programs, affect eligibility, restrict access, or update the tribal consultation policy in any way. This SPA is to make administrative changes to the presumptive eligibility program and to expand its provider network.

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS0002O | CA-22-0036

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| Approval Date | 12/17/2025 | Effective Date | 7/1/2024 |
| Superseded SPA ID | CA-13-0021 | | |
| | 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 checked="" type="checkbox"/> | <input type="radio"/> | APPROVED |
| Parents and Other Caretaker Relatives - Presumptive Eligibility | <input 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 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 type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Former Foster Care Children - Presumptive Eligibility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="radio"/> | NEW |
| Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility | <input 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 type="checkbox"/> | <input checked="" type="radio"/> | CONVERTED |

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS0002O | CA-22-0036

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| User-Entered | | | |

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 for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS0002O | CA-22-0036

The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity.

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| | System-Derived | | |

Presumptive eligibility for children is determined under the following provisions:

A. Presumptive Eligibility Income Standard

2. The income standard for presumptive eligibility is the higher of the standard used for Targeted Low-Income Children (42 CFR 435.229) or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

B. Presumptive Eligibility Age Limit

Children under the following age may be determined presumptively eligible:

Under age:

19

Presumptive Eligibility for Children under Age 19

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| | System-Derived | | |

C. 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:
 - a. 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
 - b. 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 |
|----------------------|--|
| Children Limitations | Children Limitations: No more than two periods within a 12-month period, starting from the effective date of the initial presumptive eligibility period. |

Presumptive Eligibility for Children under Age 19








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D. 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 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 attached.
- ☒ 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 | |
|---|------------------------|---|
| Children_s Presumptive Eligibility Pre-Enrollment Worksheet (DHCS 4073 Revised 11.2024) English (1) | 12/1/2025 2:46 PM EST |  |
| CPE Response (denial-1056 MCAIP revised language for over income when MCAP linkage) | 12/1/2025 2:43 PM EST |  |
| CPE Response Message (appended ways to apply, will accompany all denials) | 12/1/2025 2:43 PM EST |  |
| CPE Response Message (approval + ways to apply) | 12/1/2025 2:43 PM EST |  |
| CPE Response Message (denial + ways to apply) | 12/1/2025 2:43 PM EST |  |
| Childrens Presumptive Eligibility (CPE) Step-By-Step User Guide (12.2025 final for CMS approval) | 12/10/2025 5:44 PM EST |  |
| CPE Portal Verification screen (12.2025) | 12/10/2025 5:44 PM EST |  |
| 1 – 6 of 6 | | |

5. Describe the presumptive eligibility screening process:

When a child enters a provider’s office and needs coverage, a brief paper application is provided to the family. One of the specific questions on the application is if the family would like information on applying for Medi-Cal. This information is entered into the presumptive eligibility portal, and if eligible, the child will qualify.

E. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. Household income must not exceed the applicable income standard for the child's age, described in Section A.

☒ a. A reasonable estimate of MAGI-based income is used to determine household income.

☐ b. Gross income is used to determine household size.
- ☒ 2. State residency
- ☐ 3. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Children under Age 19

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F. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.
2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:
- ☒ Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
 - ☒ Other entity the agency determines is capable of making presumptive eligibility determinations

| Name of entity | Description |
|--------------------|--|
| CalHEERS | California Healthcare Eligibility, Enrollment and Retention System |
| California Schools | California schools participating in the National School Lunch Program Medicaid Expansion |

- ☒ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.
4. A copy of the training materials has been uploaded for review during the submission process.

| Name | Date Created | |
|--|-----------------------|---|
| Children_s Presumptive Eligibility Provider Certification training 9.22.2025 (1) (003) | 12/1/2025 2:49 PM EST |  |
| Childrens Presumptive Eligibility (CPE) Step-By-Step User Guide (11.2025 final for CMS approval) | 12/1/2025 2:49 PM EST |  |

Presumptive Eligibility for Children under Age 19

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G. Additional Information (optional)

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 12/17/2025 5:15 PM EST