# Medicaid Alternative Benefit Plan

# **Medicaid Alternative Benefit Plan: General Information**

State/Territory name:	California				
Transmittal Number:	CA-25-0007				
General Information: Submission Title: short (under 100 characters) label used to ide CA 25-0007 ABP Updates for SPAs 24	entify this submission in the web application 1-0003, 24-0031, 24-0042, 24-0052, 25-0006, 25-0009, and 25-0014.				
Description:					
_	n (ABP) with the updates made by SPAs 24-0003, 24-0031, 24-0042, 24-0052, 25-				
public notice in accordance with 4  Public notice has been conducted public notice was issued 03/11/2	prior to SPA submission pursuant to 42 CFR 440.386.  (mm/dd/yyyy)				
	ded the public with advance notice of the amendment and reasonable opportunity to				
440.345 related to full access to EPSDT s	ded in the notice a description of the method for complying with the provisions of v and Reinvestment Act of 2009.				
<b>Upload Public Notice Documents</b>					
Please provide a short description of this					
	oublic interest about a proposed SPA #25-0007 by DHCS. align the Alternate Benefit Plan (ABP) with the updates				
<b>Uploaded Document Name:</b>	Date Uploaded:				
SPA-25-0007-Public-Notice.pdf					
(i)(VIII) of the Act. If the state selevoluntary benefit package selection.  The population group for this Alternate (VIII) of the Act, and also include ABP2a and ABP2b to indicate agree voluntary enrollment assurances for the population for this Alternate selection.	Iternative Benefit Plan includes only the adult group under section 1902(a)(10)(A) exts this option, the state must complete form ABP2a to indicate agreement to a assurances for the adult group.  Iternative Benefit Plan includes the adult group under section 1902(a)(10)(A)(i) les other groups. If the state selects this option, the state must complete forms be ement to voluntary benefit package selection assurances for the adult group and for other eligibility groups.  In the state must complete form ABP2b to indicate agreement to				
<ul> <li>Enrollment is mandatory for some or all p         <i>mandatory enrollment assurances</i>.</li> <li>Specify the number of <u>benchmark</u> benefit pace</li> </ul>	articipants. If selected, the state must complete form ABP2c to indicate agreement to kages that will be created or				
amended with this submission. The state must ABP3, ABP3.1, ABP4, ABP5, and ABP8 for ea	submit one version of forms				

Specify the number of <b>benchmark-equivalent</b> benefit packages that will be
created or amended with this submission. The state must submit one version
of forms ABP3, ABP3.1, ABP4, ABP6, and ABP8 for each benchmark-
equivalent benefit package.

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# Medicaid Alternative Benefit Plan: File Management Summary

State/Territory name: California
Transmittal Number: CA-25-0007

Form Code	Form Name	Uploaded Form Count
ABP1	Alternative Benefit Plan Populations	1
ABP2a	Voluntary Benefit Package Selection Assurances - Eligibility Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	1
ABP2b	Voluntary Enrollment Assurances for Eligibility Groups other than the Adult Group under Section 1902(a)(10)(A)(i)(VIII) of the Act	1
ABP2c	Enrollment Assurances - Mandatory Participants	0
ABP3	ABP3-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only if ABP has an effective date prior to 1/1/2020 or if only changing the section 1937 Coverage Option of an ABP implemented prior to 1/1/2020)  or  ABP3.1-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only for ABP's effective on or after 1/1/2020)	1
ABP4	Alternative Benefit Plan Cost-Sharing	1
ABP5	Benefits Description	1
ABP6	Benchmark-Equivalent Benefit Package	0
ABP7	Benefits Assurances	0
ABP8	Service Delivery Systems	1
ABP9	Employer Sponsored Insurance and Payment of Premiums	1
ABP10	General Assurances	1
ABP11	Payment Methodology	1

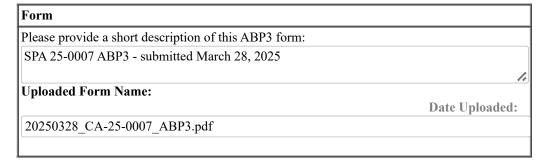
# Medicaid Alternative Benefit Plan: File Management Detail

# Form ABP1: Alternative Benefit Plan Populations ABP1 Forms List Form Please provide a short description of this ABP1 form: SPA 25-0007 ABP1 - submitted March 28, 2025 Uploaded Form Name: Date Uploaded: 20250328\_CA-25-0007\_ABP1.pdf

Sup	port Documents
	Document
	3P2a: Voluntary Benefit Package Selection Assurances - Eligibility Group under 1902(a)(10)(A)(i)(VIII) of the Act
AB	P2a Forms List
	Form
	Please provide a short description of this ABP2a form:
	SPA 25-0007 ABP2a - submitted March 28, 2025
	Uploaded Form Name:
	Date Uploaded:
	20250328_CA-25-0007_ABP2a.pdf
Sup	port Documents
	Document
	BP2b: Voluntary Enrollment Assurances for Eligibility Groups other than the roup under Section 1902(a)(10)(A)(i)(VIII) of the Act
dult G	roup under Section 1902(a)(10)(A)(i)(VIII) of the Act  P2b Forms List
dult G	roup under Section 1902(a)(10)(A)(i)(VIII) of the Act  22b Forms List  Form
dult G	roup under Section 1902(a)(10)(A)(i)(VIII) of the Act  P2b Forms List
dult G	roup under Section 1902(a)(10)(A)(i)(VIII) of the Act  P2b Forms List  Form  Please provide a short description of this ABP2b form:  SPA 25-0007 ABP2b - submitted March 28, 2025  Uploaded Form Name:
dult G	Porms List  Form  Please provide a short description of this ABP2b form:  SPA 25-0007 ABP2b - submitted March 28, 2025
dult G	roup under Section 1902(a)(10)(A)(i)(VIII) of the Act  P2b Forms List  Form  Please provide a short description of this ABP2b form:  SPA 25-0007 ABP2b - submitted March 28, 2025  Uploaded Form Name:  Date Uploaded:
ABI	roup under Section 1902(a)(10)(A)(i)(VIII) of the Act  P2b Forms List  Form  Please provide a short description of this ABP2b form:  SPA 25-0007 ABP2b - submitted March 28, 2025  Uploaded Form Name:  Date Uploaded:
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ABI	roup under Section 1902(a)(10)(A)(i)(VIII) of the Act  P2b Forms List  Form  Please provide a short description of this ABP2b form:  SPA 25-0007 ABP2b - submitted March 28, 2025  Uploaded Form Name:  Date Uploaded:  20250328_CA-25-0007_ABP2b.pdf  Document
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ABI Sup	roup under Section 1902(a)(10)(A)(i)(VIII) of the Act  P2b Forms List  Form  Please provide a short description of this ABP2b form:  SPA 25-0007 ABP2b - submitted March 28, 2025  Uploaded Form Name:  Date Uploaded:  20250328_CA-25-0007_ABP2b.pdf  Document
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Sup	Porms List  Form  Please provide a short description of this ABP2b form:  SPA 25-0007 ABP2b - submitted March 28, 2025  Uploaded Form Name:  Date Uploaded:  20250328_CA-25-0007_ABP2b.pdf  Documents  Document  BP2c: Enrollment Assurances - Mandatory Participants
Sup	Porms List  Form  Please provide a short description of this ABP2b form:  SPA 25-0007 ABP2b - submitted March 28, 2025  Uploaded Form Name:  Date Uploaded:  20250328_CA-25-0007_ABP2b.pdf  Document  Document  BP2c: Enrollment Assurances - Mandatory Participants  Porm

Form ABP3: ABP3-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only if ABP has an effective date prior to 1/1/2020 or if only changing the section 1937 Coverage Option of an ABP implemented prior to 1/1/2020). Or ABP3.1-Selection of Benchmark Benefit Package or Benchmark-Equivalent Benefit Package (Use only for ABP's effective on or after 1/1/2020).

#### **ABP3 Forms List**

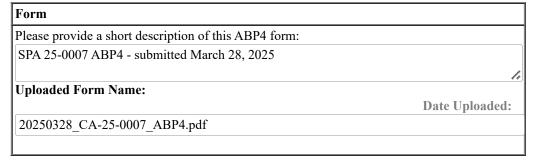


### **Support Documents**

Document

# Form ABP4: Alternative Benefit Plan Cost-Sharing

#### **ABP4 Forms List**

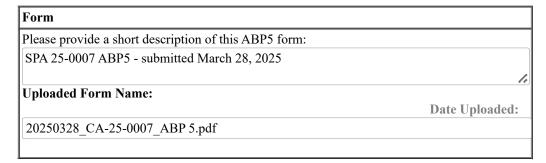


#### **Support Documents**

Document

## Form ABP5: Benefits Description

#### **ABP5 Forms List**



#### **Support Documents**

	Document					
Form AE	Form ABP6: Benchmark-Equivalent Benefit Package					
ABP	<sup>2</sup> 6 Forms List					
	Form					
Sup	port Documents					
	Document					
Form AE	BP7: Benefits Assurances					
ABF	7 Forms List					
	Form					
Sup	port Documents					
	Document					
	BP8: Service Delivery Systems P8 Forms List					
	Form					
	Please provide a short description of this ABP8 form: SPA 25-0007 ABP8 - submitted March 28, 2025					
	Uploaded Form Name:  Date Uploaded:					
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Sup	Support Documents					
	Document					
Form AF	BP9: Employer Sponsored Insurance and Payment of Premiums					
ABP	9 Forms List					
	Form					
	Please provide a short description of this ABP9 form:  SPA 25-0007 ABP9 - submitted March 28, 2025					
	Uploaded Form Name:  Date Uploaded:					
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Document	
BP10: General Assurances	
BF10: General Assurances	
P10 Forms List	
Form	
Please provide a short description of this ABP10 form:	
SPA 25-0007 ABP10 - submitted March 28, 2025	
Uploaded Form Name:	D. ( H. I. I. I.
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port Documents	
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BP11: Payment Methodology	
P11 Forms List	
P11 Forms List	
P11 Forms List  Form  Please provide a short description of this ABP11 form:  SPA 25-0007 ABP11 - submitted March 28, 2025	
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Porm  Please provide a short description of this ABP11 form:  SPA 25-0007 ABP11 - submitted March 28, 2025  Uploaded Form Name:  20250328_CA-25-0007_ABP11.pdf	

# Me

**State/Territory name:** California Transmittal Number: CA-25-0007

- One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this State.
  - 📝 This State Plan Amendment is likely to have a direct effect on Indians, Indian health programs or Urban Indian Organizations.
  - 📝 The State has solicited advice from Indian Health Programs, Urban Indian Organizations, and/or Tribal governments prior to submission of this State Plan Amendment.

Complete the following information regarding any tribal consultation conducted with respect to this submission: Tribal consultation was conducted in the following manner. States are not required to consult with Indian tribal governments, but if such consultation was conducted voluntarily, provide information about such consultation below:

Document	
	cription of this support document:
	e, released on February 21, 2025
Uploaded Document Nam	ne: Date Uploaded:
SPA 25-0007 Tribal Notice	
key issues raised in India	•
ccess	a consultative detayines.
ummarize Comments	
ummarize Response	
Quality	
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Cost	
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	<b>Summarize Comments</b>		
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1 1 4 14	D D	D (CN/C 170)	
dicaid Alteri	native Benefit Plan: Sum	imary Page (CMS 179)	
State/Territory	name•	California	
Transmittal N		Сашогша	
Enter the 'S SPA types)	Transmittal Number (TN), including d , where SS = 2-character state abbrevi	lashes, in the format SS-YY-NNNN or SS-Y iation, YY = last 2 digits of submission vear.	YY-NNNN-xxxx (with xxxx being optional to specific NNNN = 4-digit number with leading zeros, and
xxxx = OP	TIONAL, 1- to 4-character alpha/nun		
CA-25-0	J007		
Duamagad Eff	activa Data		
Proposed Effe 01/01/2			
01/01/2	(min/ dd/ yyyy)		
Federal Statu	te/Regulation Citation		
	Part 438, 42 CFR 438.6		
Federal Budg	et Impact		
	Federal Fiscal Y	ear	Amount
First Ye	ar 2025	ф 240000 00	
		\$ 319000.00	
Second '	Year 2026	\$ 425239.00	
		Ψ_120200.00	
Subject of An	nendment		
		it Plan with SPAs 24-0003, 24-0031,	24-0042, 24-0052, 25-0006, 25-0009, and 25-
0014.			
Governor's O	ffice Review		
$\bigcirc$ C	overnor's office reported no co	mment	
	omments of Governor's office i	received	
D	escribe:		
			,
$\circ$ N	o reply received within 45 days	of submittal	
	other, as specified		
D	escribe:		
Т	he Governor's Office does not w	ish to review the State Plan Amendme	
			/i

**Signature of State Agency Official** 

Submitted By: Angeli Lee
Last Revision Date: Mar 28, 2025
Submit Date: Mar 28, 2025