# **Children's Health Insurance Program Eligibility**

## **Children's Health Insurance Program Eligibility: General Information**

State/Territory name: Transmittal Number: California CA-22-0031

**General Information:** 

formation:

Submission Title:

short (under 100 characters) label used to identify this submission in the web application CA CHIP SPA 22-0031 ARPA Postpartum Extension

## **Children's Health Insurance Program Eligibility: File Management Summary**

State/Territory name:

California

**Transmittal Number:** 

CA-22-0031

| Form Name   | Uploaded?  |
|---|--|
| Fligibility Targeted Law Income Children  | 1  |
| Eligibility - Targeted Low-Income Children  | no   |
| Eligibility - Targeted Low-Income Pregnant Women  | no   |
| Eligibility - Coverage From Conception to Birth   | no   |
| Eligibility - Children Who Have Access to Public<br>Employee Coverage                                 | no   |
| Eligibility - Pregnant Women Who Have Access to Public<br>Employee Coverage                           | no   |
| Eligibility - Dental Only Supplemental Coverage   | no   |
| B Eligibility - Deemed Newborns   | no   |
| 5 MAGI-Based Income Methodologies   | no   |
| <b>Other Eligibility Criteria - Spenddowns</b>  | no   |
| Eligibility for Medicaid Expansion Program  | no   |
| Eligibility - Children Ineligible for Medicaid as a Result<br>of the Elimination of Income Disregards | no   |
| General Eligibility - Eligibility Processing  | no   |
| Non-Financial Eligibility - Residency   | no   |
| 8 Non-Financial Eligibility - Citizenship   | no   |
| Non-Financial Eligibility - Social Security Number  | no   |
| Non-Financial Eligibility - Substitution of Coverage  | no   |
|   | <ul> <li>Eligibility - Targeted Low-Income Pregnant Women</li> <li>Eligibility - Coverage From Conception to Birth</li> <li>Eligibility - Children Who Have Access to Public<br/>Employee Coverage</li> <li>Eligibility - Pregnant Women Who Have Access to Public<br/>Employee Coverage</li> <li>Eligibility - Dental Only Supplemental Coverage</li> <li>Eligibility - Deemed Newborns</li> <li>MAGI-Based Income Methodologies</li> <li>Other Eligibility for Medicaid Expansion Program</li> <li>Eligibility - Children Ineligible for Medicaid as a Result<br/>of the Elimination of Income Disregards</li> <li>General Eligibility - Eligibility Processing</li> <li>Non-Financial Eligibility - Residency</li> <li>Non-Financial Eligibility - Citizenship</li> <li>Non-Financial Eligibility - Social Security Number</li> </ul> |

|                              |              | Draft CA.052.00.00 - Apr 01, 2022                                   |           |  |
|------------------------------|--------------|---|-----------|--|
| Type of SPA                  | Form<br>Code | Form Name   | Uploaded? |  |
| Non-Financial<br>Eligibility | CS21         | Non-Financial Eligibility - Non-Payment of Premiums                 | no        |  |
| Non-Financial<br>Eligibility | CS23         | Non-Financial Requirements - Other Eligibility<br>Standards         | no        |  |
| Non-Financial<br>Eligibility | CS27         | General Eligibility - Continuous Eligibility                        | yes       |  |
| Non-Financial<br>Eligibility | CS28         | General Eligibility - Presumptive Eligibility for Children          | no        |  |
| Non-Financial<br>Eligibility | CS29         | General Eligibility - Presumptive Eligibility for Pregnant<br>Women | no        |  |
| Marriage Policy              | CS15a        | CHIP Eligibility Marriage Policy                                    | no        |  |

**Children's Health Insurance Program Eligibility: File Management Detail** 

| m CS7: Eligibility - Tar | geted Low-Income Children     |                |
|--------------------------|-------------------------------|----------------|
| 0                        | 0                             |                |
|                          |                               |                |
| Form Description:        |                               |                |
|                          |                               |                |
| Uploaded Form:           |                               | Date Uploaded: |
| Support Documents        |                               |                |
|                          |                               |                |
| Document                 |                               |                |
| m CS8: Fligibility - Tay | geted Low-Income Pregnant W   | Jomen          |
| m C50. Engibility - Tai  | gettu Low-meome rregnant w    | omen           |
|                          |                               |                |
| Form Description:        |                               |                |
|                          |                               |                |
| Uploaded Form:           |                               | Date Uploaded: |
| Sunnaut Daaumanta        |                               |                |
| Support Documents        |                               |                |
| Document                 |                               |                |
| m CS0. Elizibility Co    | wavage Ever Conception to Div | 4h             |
| in CS9: Engibility - Co  | verage From Conception to Bir | un             |
|                          |                               |                |
| Form Description:        |                               |                |
|                          |                               | /              |
| Uploaded Form:           |                               | Date Uploaded: |
|                          |                               |                |
| Support Documents        |                               |                |
| Document                 |                               |                |

|   | 10: Englointy - Children  | Who Have Access to Public Employee Coverage |
|---|---|---|
| Form  | Description:  |   |
| Uploa   | ded Form:   | Date Uploaded:                              |
| Supp  | ort Documents   |   |
| [   | Document  |   |
| orm CS<br>overage                                   |   | Women Who Have Access to Public Employee    |
| Form  | Description:  |   |
| Uploa   | ded Form:   | Date Uploaded:                              |
| Supp  | ort Documents   |   |
| Γ   | Document  |   |
|   |   | nly Supplemental Coverage                   |
| Uploa   | Description:<br>Ided Form:<br>ort Documents   |   |
| Uploa<br>Supp                                       | nded Form:  |   |
| Uploa<br>Supp                                       | nded Form:<br>ort Documents   | Date Uploaded:                              |
| Uploa<br>Supp<br>[<br>orm CS                        | ded Form:<br>ort Documents<br>Document  | Date Uploaded:                              |
| Uploa<br>Supp<br>Orm CS                             | ded Form:<br>ort Documents<br>Document<br>13: Eligibility - Deemed N                                | Date Uploaded:                              |
| Uploa<br>Supp<br>Corm CS<br>Form D<br>Uploa         | nded Form:<br>ort Documents<br>Document<br>13: Eligibility - Deemed N<br>Description:               | Date Uploaded:                              |
| Uploa<br>Supp<br>Corm CS<br>Form I<br>Uploa<br>Supp | nded Form:<br>ort Documents<br>Document<br>13: Eligibility - Deemed N<br>Description:<br>nded Form: | Date Uploaded:                              |

| PM                    | 4/27/22, 2:11 P |
|-----------------------|-----------------|
|                       |                 |
|                       |                 |
|                       |                 |
| <b>Uploaded Form:</b> |                 |
|                       |                 |
| ~                     |                 |
| Support Documen       |                 |
| -                     |                 |
| Document              |                 |
|                       |                 |
| Form CS16: Other      |                 |
| 1                     |                 |

| Uploaded Form:  | Date Uploaded:                                      |
|---|---|
| Support Documents   |   |
| Document  |   |
|   | ······  |
| Form CS16: Other Eligibility Cr                                     | iteria - Spenddowns                                 |
| Form Description:   |   |
| Uploaded Form:  | Date Uploaded:                                      |
| Support Documents   |   |
| Document  |   |
| Form CS3: Eligibility for Medica                                    | aid Expansion Program                               |
|   |   |
| Form Description:   |   |
| Uploaded Form:  | Date Uploaded:                                      |
| Support Documents   |   |
| Document  |   |
| Form CS14: Eligibility - Childre<br>Elimination of Income Disregard | en Ineligible for Medicaid as a Result of the<br>ls |
|   |   |
| Form Description:   |   |
| Uploaded Form:  | Date Uploaded:                                      |
| Support Documents   |   |
| Document  |   |
| Form CS24: General Eligibility -                                    | - Eligibility Processing                            |
|   |   |
| Form Description:   |   |
| Uploaded Form:  | Date Uploaded:                                      |
|   |   |

| Support Documents        |                             |                |
|--------------------------|-----------------------------|----------------|
| Document                 |                             |                |
| Form CS17: Non-Financial | Eligibility - Residency     |                |
|                          |                             |                |
| Form Description:        |                             |                |
| Uploaded Form:           |                             | Date Uploaded: |
|                          |                             |                |
| Support Documents        |                             |                |
| Document                 |                             |                |
| Form CS18: Non-Financial | Eligibility - Citizenship   |                |
|                          |                             |                |
| Form Description:        |                             | 1              |
| Uploaded Form:           |                             | Date Uploaded: |
| Second Decements         |                             |                |
| Support Documents        |                             |                |
| Document                 |                             |                |
| Form CS19: Non-Financial | Eligibility - Social Securi | ty Number      |
|                          |                             |                |
| Form Description:        |                             | 1.             |
| Uploaded Form:           |                             | Date Uploaded: |
| Support Documents        |                             |                |
|                          |                             |                |
| Document                 |                             |                |
| Form CS20: Non-Financial | Eligibility - Substitution  | of Coverage    |
| Form Description:        |                             |                |
| Form Description:        |                             |                |
| Uploaded Form:           |                             | Date Uploaded: |
| Support Documents        |                             |                |
| Document                 |                             |                |
| Document                 |                             |                |

| Uploaded Form:  | Date Up  | oloade |
|---|--|--------|
| Support Documents   |  |        |
| Document  |  |        |
| CS23: Non-Financ  | ial Requirements - Other Eligibility Standards   |        |
|   |  |        |
| Form Description:   |  |        |
|   |  |        |
| Uploaded Form:  | Date Up  | oload  |
| Support Documents   |  |        |
| Support Documents   |  |        |
| Document  |  |        |
| Form Description:   | gibility - Continuous Eligibility  |        |
|   |  |        |
|   | CS27<br>Date Up  | oload  |
| Form Description:<br>Uploaded Form:   | CS27   | oload  |
| Form Description:<br>Uploaded Form:<br>Support Documents  | CS27<br>Date Up  | bload  |
| Form Description:<br>Uploaded Form:<br>Support Documents<br>Document  | CS27<br>Date Up  | oload  |
| Form Description:<br>Uploaded Form:<br>Support Documents<br>Document  | CS27<br>Date Up<br>20220427 SPA 22-0031 CS27.update.pdf  | oload  |
| Form Description:<br>Uploaded Form:<br>Support Documents<br>Document<br>Please provide a shor   | CS27<br>Date Up<br>20220427 SPA 22-0031 CS27.update.pdf<br>rt description of this support document:<br>.9.2 - clean version  | oload  |
| Form Description:<br>Uploaded Form:<br>Support Documents<br>Document<br>Please provide a shor<br>Sections 1.4 and 4.1<br>Uploaded Documen   | CS27<br>Date Up<br>20220427 SPA 22-0031 CS27.update.pdf<br>rt description of this support document:<br>.9.2 - clean version<br>t Name:<br>Date Uploaded:   | oload  |
| Form Description:<br>Uploaded Form:<br>Support Documents<br>Document<br>Please provide a shor<br>Sections 1.4 and 4.1<br>Uploaded Documen   | CS27<br>Date Up<br>20220427 SPA 22-0031 CS27.update.pdf<br>rt description of this support document:<br>.9.2 - clean version  | oload  |
| Form Description:<br>Uploaded Form:<br>Support Documents<br>Document<br>Please provide a shor<br>Sections 1.4 and 4.1<br>Uploaded Documen<br>20220427 SPA 22-0<br>Please provide a shor   | CS27 Date Up 20220427 SPA 22-0031 CS27.update.pdf rt description of this support document: .9.2 - clean version it Name: Date Uploaded: 031 SPA Sections - Redline.docx rt description of this support document:   | load   |
| Form Description:<br>Uploaded Form:<br>Support Documents<br>Document<br>Please provide a shor<br>Sections 1.4 and 4.1<br>Uploaded Documen<br>20220427 SPA 22-0<br>Please provide a shor   | CS27<br>Date Up<br>20220427 SPA 22-0031 CS27.update.pdf<br>rt description of this support document:<br>.9.2 - clean version<br>t Name:<br>Date Uploaded:<br>031 SPA Sections - Redline.docx  | load   |
| Form Description:<br>Uploaded Form:<br>Support Documents<br>Document<br>Please provide a shor<br>Sections 1.4 and 4.1<br>Uploaded Documen<br>20220427 SPA 22-0<br>Please provide a shor   | CS27<br>Date Up<br>20220427 SPA 22-0031 CS27.update.pdf<br>rt description of this support document:<br>.9.2 - clean version<br>it Name:<br>Date Uploaded:<br>031 SPA Sections - Redline.docx<br>rt description of this support document:<br>.9.2 - redline version<br>it Name: | oload  |
| Form Description:<br>Uploaded Form:<br>Support Documents<br>Document<br>Please provide a shor<br>Sections 1.4 and 4.1<br>Uploaded Documen<br>20220427 SPA 22-0<br>Please provide a shor<br>Sections 1.4 and 4.1<br>Uploaded Documen | CS27<br>Date Up<br>20220427 SPA 22-0031 CS27.update.pdf<br>rt description of this support document:<br>.9.2 - clean version<br>t Name:<br>Date Uploaded:<br>031 SPA Sections - Redline.docx<br>rt description of this support document:<br>.9.2 - redline version              | oloade |

Form Description:

//

| Uploaded Form:            | Date Uploaded:                                      |
|---------------------------|---|
| Support Documents         |   |
| Document                  |   |
| Form CS29: General Eligib | oility - Presumptive Eligibility for Pregnant Women |
| Form Description:         |   |
| Uploaded Form:            | Date Uploaded:                                      |
| Support Documents         |   |
| Document                  |   |
| Form CS15a: CHIP Eligibi  | lity Marriage Policy                                |
| Form Description:         |   |
| Uploaded Form:            | Date Uploaded:                                      |
| Support Documents         |   |
| Document                  |   |

## **Children's Health Insurance Program Eligibility: Tribal Input**

| State/Territory name: | California |
|-----------------------|------------|
| Transmittal Number:   | CA-22-0031 |

**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:

- Indian Tribes
- **Indian Health Programs**

Indian Health Programs

**Urban Indian Organization** 

Urban Indian Organizations

The state must upload copies of documents that support the solicitation of advice in accordance with statutory requirements, including any notices sent to Indian Health Programs and/or Urban Indian Organizations, as well as attendee lists if face-to-face meetings were held. Also upload documents with comments received from Indian Health Programs or Urban Indian Organizations and the state's

responses to any issues raised. Alternatively indicate the key issues and summarize any comments received below and describe how the state incorporated them into the design of its program.

|             | Document   |    |
|-------------|--|----|
|             | Please provide a short description of this support document: |    |
|             | CMS' No-Tribal Notice Approval                               |    |
|             | Uploaded Document Name:<br>Date Uploaded:                    |    |
|             | SPA 22-0031 No Tribal Notice Approval.pdf                    |    |
| Indicate th | key issues raised in Indian consultative activities:         |    |
|             | Access<br>Summarize Comments                                 |    |
|             |  |    |
|             |  | 11 |
|             | Summarize Response   | ]  |
|             |  | 1. |
|             | Quality  |    |
|             | Summarize Comments   | ]  |
|             |  | 1. |
|             | Summarize Response   |    |
|             |  | 1. |
|             | Cost   | // |
|             | Summarize Comments   |    |
|             |  |    |
|             | Summarize Response   | 11 |
|             |  |    |
|             | Payment methodology  | 11 |
|             | Summarize Comments   |    |
|             |  |    |
|             | Summarize Response   | 11 |
|             |  |    |
| _           |  | 11 |
|             | Eligibility<br>Summarize Comments                            |    |
|             |  |    |
|             |  | 11 |
|             | Summarize Response   |    |
|             |  | 11 |
|             | Benefits   |    |
|             | Summarize Comments   | ]  |
|             |  | 11 |
|             | Summarize Response   |    |
|             |  | 1. |
|             |  |    |

Service delivery

| Summ | arize | Comments |
|------|-------|----------|
|      |       |          |

Summarize Response

Other Issue

### **Children's Health Insurance Program Eligibility: Summary Page**

#### State/Territory name: Transmittal Number:

California

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered. CA-22-0031

#### **Type of SPA:**

MAGI Eligibility & Methods

- XXI Medicaid Expansion
- Establish 2101(f) Group
- **Eligibility Processing**
- **Non-Financial Eligibility**

#### **Proposed Effective Date**

04/01/2022 (mm/dd/yyyy)

#### Federal Statute/Regulation Citation

2107(e)(1)(J)

#### **Federal Budget Impact**

This SPA has a budget impact.

Total budget impact:

State Funds:

**Federal Funds:** 

\$ \$

#### Subject of Amendment

Please provide a brief summary of SPA changes.

This proposed amendment implements Sec. 9812 of the American Rescue Plan Act of 2021 (PL 117-2), expanding the postpartum care coverage period from 60-days to 12-months for targeted low-income children.

#### Signature of State Agency Official

| Submitted By:       | Angeli Lee   |
|---------------------|--------------|
| Last Revision Date: | Apr 27, 2022 |
| Submit Date:        | Apr 27, 2022 |