

ENCLOSURE

**FOR STAKEHOLDERS ONLY

Revised Pages for:
CALIFORNIA MEDICAID STATE PLAN
Under Transmittal of
STATE PLAN AMENDMENT (SPA)

09-014*

All new pages will have this SPA* number identified as the new TN No., so it will not be repeated for each new insert pages.

Remove Page(s)	Insert Page (s)
Attachment 2.6-A page 2	Attachment 2.6-A pages 2-2b



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

MAY 25 2010

Toby Douglas
Chief Deputy Director of Health Care Programs
California Department of Health Care Services
1501 Capitol Avenue, MS 0002
P.O. Box 997413
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State plan amendment (SPA) No. 09-014, effective April 1, 2009. This SPA implements the option authorized by the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) to provide full Medicaid coverage qualified alien children and pregnant women who are lawfully residing in the U.S., but have either not met the 5-year waiting period or "5-year bar" under Section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, or are non-qualified aliens lawfully residing in the U.S. who are otherwise eligible for such assistance. This SPA amends Attachment 2.6A, pages 2-2b of the State plan.

If you have any questions please contact Beverly Binkier at (415) 744-3580.

Sincerely,

Gloria Nagle, Ph.D., M.P.A.
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Kathryn Waje, California Department of Health Care Services
Vivian Auble, California Department of Health Care Services
Bill Walsh, California Department of Health Care Services
Bob Tomlinson, Center for Medicaid and State Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 09-014	2. STATE California
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE April 1, 2009	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

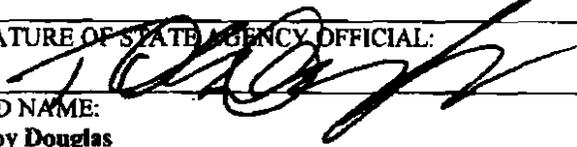
6. FEDERAL STATUTE/REGULATION CITATION: 42 USC 1396b(v)(4)(A)	7. FEDERAL BUDGET IMPACT: a. FFY 2009-2010 \$ 487,000 b. FFY - \$
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 2.6-A pages 1-3 2-2 b BB 5/19/10 for KD	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 2.6-A pages 1-3

10. SUBJECT OF AMENDMENT:

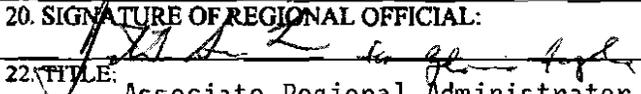
Covering New Qualified Immigrant and Lawfully Present Pregnant Women and Children.

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 713.26 P.O. Box 997417 Sacramento CA 95899-7417
13. TYPED NAME: Toby Douglas	
14. TITLE: Chief Deputy Director, Health Care Programs	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: June 24, 2009	18. DATE APPROVED: MAY 25 2010
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2009	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Gloria Nagle, Ph.D., M.P.A.	22. TITLE: Associate Regional Administrator
23. REMARKS:	

State: CALIFORNIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
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42 CFR 435.406 3. Is residing in the United States (U.S.), and--

- a. Is a citizen or national of the United States;
- b. Is a qualified alien (QA) as defined in section 431 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) as amended, and the QA's eligibility is required by section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended;
- c. Is a qualified alien subject to the 5-year bar as described in section 403 of PRWORA, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;
- d. Is a non-qualified alien, so that eligibility is limited to treatment of an emergency medical condition as defined in section 401 of PRWORA;
- e. Is a QA whose eligibility is authorized under section 402(b) of PRWORA as amended, and is not prohibited by section 403 of PRWORA as amended.
 State covers all authorized QAs.
 State does not cover authorized QAs.
- f. State elects CHIPRA option to provide full Medicaid coverage to otherwise eligible pregnant women or children as specified below who are aliens lawfully residing in the United States; including the following:

MAY 25 2010

TN No: 09-014
Supersedes
TN No. 92-19

Approval Date _____ Effective Date 04/01/2009

State: CALIFORNIA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

<u>Citation(s)</u>	<u>Condition or Requirement</u>
(1)	A "Qualified alien" otherwise subject to the 5-year waiting period per section 403 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996;
(2)	A citizen of a Compact of Free Association State (i.e., Federated States of Micronesia, Republic of the Marshall Islands, and the Republic of Palau) who has been admitted to the U.S. as a non-immigrant and is permitted by the Department of Homeland Security to reside permanently or indefinitely in the U.S.;
(3)	An individual described in 8 CFR section 103.12(a)(4) who does not have a permanent residence in the country of their nationality and is in a status that permits the individual to remain in the U.S. for an indefinite period of time, pending adjustment of status. These individuals include: <ul style="list-style-type: none"> (a) An individual currently in temporary resident status as an Amnesty beneficiary pursuant to section 210 or 245A of the Immigration and Nationality Act (INA); (b) An individual currently under Temporary Protected Status pursuant to section 244 of the INA; (c) A family Unity beneficiary pursuant to section 301 of Public Law 101-649 as amended by, as well as pursuant to, section 1504 of Public Law 106-554; (d) An individual currently under Deferred Enforced Departure pursuant to a decision made by the President; and (e) An individual who is the spouse or child of a U.S. citizen whose visa petition has been approved and who has a pending application for adjustment of status; and
(4)	An individual in non-immigrant classifications under the INA who is permitted to remain in the U.S. for an indefinite period, including the following as specified in section 101(a)(15) of the INA: <ul style="list-style-type: none"> • A parent or child of an individual with special immigrant status under section 101(a)(27) of the INA, as permitted under section 101(a)(15)(N) of the INA; • A Fiancé of a citizen, as permitted under section 101(a)(15)(K) of the INA; • A religious worker under section 101(a)(15)(R);

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ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s) Condition or Requirement

- An individual assisting the Department of Justice in a criminal investigation, as permitted under section 101(a)(15)(S) of the INA;
- A battered alien under section 101(a)(15)(U) (see also section 431 as amended by PRWORA); and
- An individual with a petition pending for 3 years or more, as permitted under section 101(a)(15)(V) of the INA.

- X Elected for pregnant women.
- X Elected for children under age 21.

g. X The State provides assurance that for an individual whom it enrolls in Medicaid under the CHIPRA section 214 option, it has verified, at the time of the individual's initial eligibility determination and at the time of the eligibility redetermination, that the individual continues to be lawfully residing in the United States. The State must first attempt to verify this status using information provided at the time of initial application. If the State cannot do so from the information readily available, it must require the individual to provide documentation or further evidence to verify satisfactory immigration status in the same manner as it would for anyone else claiming satisfactory immigration status under section 1137(d) of the Act.

MAY 25 2010

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