

March 26, 2026

THIS LETTER SENT VIA EMAIL

Ms. Courtney Miller, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Room 355
Kansas City, MO 64106

STATE PLAN AMENDMENT 26-0011: HOSPITAL PRESUMPTIVE ELIGIBILITY FOR
MODIFIED ADJUSTED GROSS INCOME GROUPS

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 26-0011 for your review and approval. This SPA proposes to restore Hospital Presumptive Eligibility (HPE) Program operations and authority to those established under SPA CA-13-0027. This includes retaining all established Modified Adjusted Gross Income (MAGI) coverage groups, eligibility criteria, scope of coverage and benefits, and Qualified Provider requirements. DHCS seeks an effective date of January 1, 2026, for this SPA.

Senate Bill 1 (Hernandez, Chapter 4, Statutes of 2013; Welfare and Institutions Code Section 14011.66) authorized DHCS to implement the HPE Program. Effective January 1, 2014, under SPA CA-13-0027, the HPE Program allowed Qualified Providers to grant temporary health coverage to applicants eligible under specific MAGI coverage groups.

During the COVID-19 Public Health Emergency (PHE), California leveraged 1135 Waiver authority to temporarily expand HPE to include individuals under the Aged, Blind, and Disabled (ABD) coverage group. SPA CA-20-0024 established this temporary authority, effective March 1, 2020, to address a coverage gap for those previously ineligible due to non-MAGI status. This authority ended May 11, 2023.

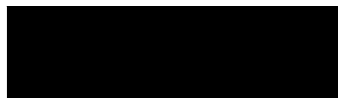
Ms. Miller
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DHCS sought permanent inclusion of the ABD group through SPA CA-23-0002 but, due to compliance requirements under H.R.1 and reinstated asset limits, will instead pursue short-term authority to cover this group from May 11, 2023, through December 31, 2025. SPA CA-26-0011 restores the original HPE Program structure and ensures continued compliance with federal requirements.

In addition, public and tribal notices are not required for this SPA. DHCS provided responses for this SPA through CMS' MACPro system.

If you have any questions or need additional information, please contact Sarah Crow Chief of Medi-Cal Eligibility Division, at 916-345-8411 or by email at Sarah.Crow@dhcs.ca.gov.

Sincerely,



Tyler Sadwith
State Medicaid Director
Chief Deputy Director, Health Care Programs
California Department of Health Care Services

Enclosures

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CA - Submission Package - CA2026MS0001O - (CA-26-0011) - Eligibility

[Summary](#) [Reviewable Units](#) [News](#) [Related Actions](#)

CMS-10434 OMB 0938-1188

Package Information

Package ID	CA2026MS0001O	Submission Type	Official
Program Name	N/A	State	CA
SPA ID	CA-26-0011	Region	San Francisco, CA
Version Number	1	Package Status	Submitted
Submitted By	Angeli Susan Lee	Submission Date	3/26/2026
		Regulatory Clock	90 days remain
		Review Status	Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS0001O | CA-26-0011

Package Header

Package ID CA2026MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID CA-26-0011
Initial Submission Date 3/26/2026
Effective Date N/A

Reviewable Unit Instructions

State Information

State/Territory Name: California

Medicaid Agency Name: California Department of Health Care Services

Submission Component

State Plan Amendment

Medicaid

CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS0001O | CA-26-0011

Package Header

Package ID CA2026MS0001O

SPA ID CA-26-0011

Submission Type Official

Initial Submission Date 3/26/2026

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID CA-26-0011

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	1/1/2026	CA-22-0036
Presumptive Eligibility by Hospitals	1/1/2026	CA-13-0027

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS0001O | CA-26-0011

Package Header

Package ID	CA2026MS0001O	SPA ID	CA-26-0011
Submission Type	Official	Initial Submission Date	3/26/2026
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives This SPA proposes to restore Hospital Presumptive Eligibility (HPE) Program operations and authority to those established under SPA CA-13-0027. This includes retaining all established Modified Adjusted Gross Income (MAGI) coverage groups, eligibility criteria, scope of coverage and benefits, and Qualified Provider requirements.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2026	\$35186000
Second	2027	\$40404000

Federal Statute / Regulation Citation

Section 1902(a)(47)(B); 42 CFR 435.1110

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS0001O | CA-26-0011

Package Header

Package ID CA2026MS0001O
Submission Type Official
Approval Date N/A
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SPA ID CA-26-0011
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Effective Date N/A

Reviewable Unit Instructions

Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

Describe The Governor's Office does not wish to review the SPA.

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS00010 | CA-26-0011

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 | CA2026MS0001O | CA-26-0011

Package Header

Package ID CA2026MS0001O

SPA ID CA-26-0011

Submission Type Official

Initial Submission Date 3/26/2026

Approval Date N/A

Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

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 | CA2026MS0001O | CA-26-0011

Package Header

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Approval Date N/A
Superseded SPA ID N/A

SPA ID CA-26-0011
Initial Submission Date 3/26/2026
Effective Date N/A

Reviewable Unit Instructions

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 this SPA does not impact rates reimbursed to Indian Health programs, affect eligibility, restrict access, or update the tribal consultation policy in any way. The SPA only impacts HPE, which is temporary eligibility; and does not meet the definition of direct impact requiring consultation.

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS0001O | CA-26-0011

Package Header

Package ID	CA2026MS0001O	SPA ID	CA-26-0011
Submission Type	Official	Initial Submission Date	3/26/2026
Approval Date	N/A	Effective Date	1/1/2026
Superseded SPA ID	CA-22-0036		
	System-Derived		

Reviewable Unit Instructions

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 type="checkbox"/>	<input type="radio"/>	APPROVED
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="radio"/>	CONVERTED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS0001O | CA-26-0011

Package Header

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Superseded SPA ID	CA-22-0036		
	System-Derived		

Reviewable Unit Instructions

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 by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS0001O | CA-26-0011

Package Header

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Submission Type	Official	Initial Submission Date	3/26/2026
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Superseded SPA ID	CA-13-0027		
	System-Derived		

Reviewable Unit Instructions

- The state provides an assurance that it has policies and procedures in place to enable qualified hospitals to determine presumptive eligibility under 42 CFR 435.1110, and the state is providing Medicaid coverage for individuals determined presumptively eligible under this provision.
- The state attests that presumptive eligibility by hospitals is administered in accordance with the following provisions:

A. Qualifications of Hospitals

A qualified hospital is a hospital that:

- Participates as a provider under the state plan or a Medicaid 1115 Demonstration, notifies the Medicaid agency of its election to make presumptive eligibility determinations and agrees to make presumptive eligibility determinations consistent with state policies and procedures.
- Has not been disqualified by the Medicaid agency for failure to make presumptive eligibility determinations in accordance with applicable state policies and procedures or for failure to meet any standards that may have been established by the Medicaid agency.
- Assists individuals in completing and submitting the full application and understanding any documentation requirements.

Yes No

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS0001O | CA-26-0011

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	System-Derived		

Reviewable Unit Instructions

B. Eligibility Groups or Populations Included

The eligibility groups or populations for which hospitals determine eligibility presumptively are:

1. Pregnant Women
2. Infants and Children under Age 19
3. Parents and Other Caretaker Relatives
4. Adult Group, if covered by the state
5. Individuals above 133% FPL under Age 65, if covered by the state
6. Individuals Eligible for Family Planning Services, if covered by the state
7. Former Foster Care Children
8. Certain Individuals Needing Treatment for Breast or Cervical Cancer, if covered by the state

The state limits qualified hospitals for this group to providers who conduct screenings for breast and cervical cancer under the state's Centers for Disease Control and Prevention's National Breast and Cervical Cancer Early Detection Program.

Yes No

9. Other Medicaid state plan eligibility groups:

10. Demonstration populations covered under section 1115

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS0001O | CA-26-0011

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Reviewable Unit Instructions

C. Standards for Participating Hospitals

The state establishes reasonable standards for qualified hospitals making presumptive eligibility determinations.

Yes No

D. 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:
 - 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
 - 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
Adults Presumptive Eligibility (PE) Period	Adults, receive no more than One PE period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
Pregnant Women PE Period	Pregnant Women, receive no more than One PE period, per pregnancy.
Former Foster Care PE Period	Former Foster Care individuals, receive no more than One PE period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
Children Under 19 Years Old PE Period	Children under the age 19 years old, receive no more than Two PE periods within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
Parents and Caretaker Relatives PE Period	Parents and Caretaker Relatives, receive no more than One PE period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS0001O | CA-26-0011

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



SPA ID CA-26-0011
Initial Submission Date 3/26/2026
Effective Date 1/1/2026





Reviewable Unit Instructions

E. 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 form 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 included.
- 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	
SPA 26-0011 HPE Medi-Cal Application (DHCS 7022, REV 12.2025)	3/4/2026 6:03 PM EST	

Name	Date Created	
2002 Denial- Already received PE for current pregnancy	3/5/2026 1:41 PM EST	
2100 Denial- 1 PE enrollment	3/5/2026 1:41 PM EST	
2101 Denial- Existing eligibility, has BIC	3/5/2026 1:41 PM EST	
2102 Denial- Existing eligibility, no BIC	3/5/2026 1:41 PM EST	
2104 Denial- over income	3/5/2026 1:41 PM EST	
2105 Denial- Over age	3/5/2026 1:41 PM EST	
2106 Denial- Medicare	3/5/2026 1:41 PM EST	
2107 Denial- 2 PE enrollments	3/5/2026 1:41 PM EST	
2200 Approval- HPE, has BIC	3/5/2026 1:41 PM EST	
2201 Approval- HPE, no BIC	3/5/2026 1:41 PM EST	
2202 Approval- HPE for pregnancy, has BIC	3/5/2026 1:41 PM EST	
2203 Approval- HPE for pregnancy, no BIC	3/5/2026 1:41 PM EST	
8888 Denial- Duplicate eligibility response (transaction denied due to same-day transaction)	3/5/2026 1:41 PM EST	
1. HPE Service Location Screen	3/5/2026 1:42 PM EST	
2. HPE Applicant Information Screen	3/5/2026 1:42 PM EST	

Name	Date Created	
3. HPE Medi-Cal Information Screen	3/5/2026 1:42 PM EST	
4. HPE Household and Income Details Screen	3/5/2026 1:42 PM EST	
5. HPE Signature and Declaration Screen	3/5/2026 1:42 PM EST	
6. HPE Application Summary Screen	3/5/2026 1:42 PM EST	
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5. Describe the presumptive eligibility screening process:

Qualified Providers screen for eligibility through the online portal by collecting age, residency, and income information. If eligibility is approved, the patient is provided a temporary identification card.

F. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. The individual's categorical or non-financial eligibility for the group for which the individual's presumptive eligibility is being determined (e.g., based on age, pregnancy status, status as a parent/caretaker relative, disability, or other requirements specified in the Medicaid state plan or a Medicaid 1115 demonstration for that group)
2. Household income must not exceed the applicable income standard for the group for which the individual's presumptive eligibility is being determined, if an income standard is applicable for this group.
 - a. A reasonable estimate of MAGI-based income is used to determine household income.
 - b. Gross income is used to determine household size.
 - c. Other income methodology
3. State residency
4. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility by Hospitals

MEDICAID | Medicaid State Plan | Eligibility | CA2026MS0001O | CA-26-0011

Package Header




















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Reviewable Unit Instructions

G. Qualified Entity Requirements

- 1. The state assures that it has communicated the requirements for qualified hospitals, and has provided adequate training to the hospitals.
- 2. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
HPE_MediCal Information Screen	3/4/2026 6:09 PM EST	
2002 Denial- Already received PE for current pregnancy	3/5/2026 1:35 PM EST	
2100 Denial- 1 PE enrollment	3/5/2026 1:35 PM EST	
2101 Denial- Existing eligibility, has BIC	3/5/2026 1:35 PM EST	
2102 Denial- Existing eligibility, no BIC	3/5/2026 1:35 PM EST	
2104 Denial- over income	3/5/2026 1:35 PM EST	
2105 Denial- Over age	3/5/2026 1:35 PM EST	
2106 Denial- Medicare	3/5/2026 1:35 PM EST	
2107 Denial- 2 PE enrollments	3/5/2026 1:35 PM EST	
2200 Approval- HPE, has BIC	3/5/2026 1:35 PM EST	
2201 Approval- HPE, no BIC	3/5/2026 1:35 PM EST	
2202 Approval- HPE for pregnancy, has BIC	3/5/2026 1:35 PM EST	
2203 Approval- HPE for pregnancy, no BIC	3/5/2026 1:35 PM EST	
8888 Denial- Duplicate eligibility response (transaction denied due to same-day transaction)	3/5/2026 1:35 PM EST	
1. HPE Service Location Screen	3/5/2026 1:39 PM EST	
2. HPE Applicant Information Screen	3/5/2026 1:39 PM EST	
3. HPE Medi-Cal Information Screen	3/5/2026 1:39 PM EST	
4. HPE Household and Income Details Screen	3/5/2026 1:39 PM EST	
5. HPE Signature and Declaration Screen	3/5/2026 1:39 PM EST	

Name	Date Created	
6. HPE Application Summary Screen	3/5/2026 1:39 PM EST	
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H. 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 3/26/2026 1:20 PM EDT