

# CA - Submission Package - CA2021MS00080 - (CA-22-0007) - Eligibility

Summary   Reviewable Units   Versions   Correspondence Log   **Approval Letter**   RAI   News   Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th Street, Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

April 19, 2024

Tyler Sadwith  
State Medicaid Director  
California Department of Health Care Services  
1501 Capitol Avenue  
Sacramento, CA 95814

Re: Approval of State Plan Amendment CA-22-0007

Dear Director Sadwith,

On March 14, 2022, the Centers for Medicare and Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-22-0007 to approve the paper and online single streamlined applications used to apply for insurance affordability programs.

We approve California State Plan Amendment (SPA) CA-22-0007 with an effective date(s) of January 01, 2022.

Please note that this approval is being issued along with a companion letter as attached.

Additionally, CMS may issue future guidance on the collection of sexual orientation and gender identity (SOGI) information. The approval of this SPA does not exempt the state from future Transformed Medicaid Statistical Information System (T-MSIS) SOGI requirements.

If you have any questions regarding this amendment, please contact Cheryl Young at Cheryl.Young@cms.hhs.gov or via phone at 415-744-3598.

Sincerely,  
Nicole McKnight  
Acting Director, Division of Program  
Operations  
Center for Medicaid & CHIP Services

# CA - Submission Package - CA2021MS00080 - (CA-22-0007) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	CA2021MS00080	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	CA
<b>SPA ID</b>	CA-22-0007	<b>Region</b>	San Francisco, CA
<b>Version Number</b>	3	<b>Package Status</b>	Approved
<b>Submitted By</b>	Angeli Sus Lee	<b>Submission Date</b>	3/14/2022
<b>Package Disposition</b>		<b>Approval Date</b>	4/19/2024 1:17 PM EDT

**RAI**

CMS is issuing this Request for Additional Information (RAI) pursuant to Section 1915(f) of the Social Security Act (added by P.L. 97-35). This request has the effect of stopping the 90-day time period for CMS to act on the material. A new 90 day time frame will not begin until we receive your response to this request.

In accordance with our guidelines to all State Medicaid directors dated January 2, 2001, and subsequently reiterated in the August 16, 2018 Center for Medicaid and CHIP Services Informational Bulletin, if a response to a formal request for additional information from CMS is not received from the state within 90 days of issuance, CMS will initiate disapproval of the SPA or waiver action.

In addition, because this amendment was submitted after January 2, 2001 and is effective after January 1, 2001, please be advised that we will defer federal financial participation (FFP) for state payments made in accordance with this amendment until it is approved. Upon approval, FFP will be available for the period beginning with the effective date through the date of approval.

**Submission Package** CA2021MS0008O  
**Authority** Eligibility  
**State** CA

**Agency Name** California Department of Health Care Services  
**Submission Date** Mar 14, 2022

**All Questions**

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
1	The application must collect information to determine financial eligibility based on MAGI	Alternative Single, Streamlined Online Application, pages 5-6: When users are prompted to add household members, the instructions available say to include everyone in the household. There appears to be a prompt for help text under "Who should I add?" Please confirm that when a user clicks on this they are directed to include everyone included on their own tax return. It's important that the user is provided sufficient instruction to avoid omitting anyone who is included in their MAGI household.	42 CFR 435.603	Please see Excel table for CA SPA 22-0007.
2	An application may only require information needed to determine eligibility. A residential address is not a condition of eligibility.	Alternative Single, Streamlined Online Application, page 31: Kyra is identified as the household contact and is asked to provide her home address. A home/residential address is not a condition of Medicaid, and it is unclear if a user can proceed through the application without providing a home/residential address. A user should be asked for a residential address, which must be optional, and if they do not have one, a mailing address is used in its place.  Please explain how a user who does not have a residential address would proceed through this application.	42 CFR 435.907(e)	Please see Excel table for CA SPA 22-0007.
3	The application may only require information needed to determine eligibility.	Alternative Single, Streamlined Online Application, page 35: Users are asked to select from all household members who are currently enrolled in Medicare. This question should be targeted only to	42 CFR 435.907(e)	Please see Excel table for CA SPA 22-0007.

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
		applicants, consistent with the state's response to item 7 in the paper application.		
4	The application may only require information needed to determine eligibility.	Alternative Single, Streamlined Online Application, page 35: Marie, a non-applicant, is asked if she is eligible for free Medicare Part A. This question should be targeted only to applicants, consistent with the state's response to item 7 in the paper application.	42 CFR 435.907(e)	Please see Excel table for CA SPA 22-0007.
5	States must first attempt to verify citizenship and immigration status through an electronic data source.	Alternative Single, Streamlined Online Application, page 64: Those who indicate they are naturalized or derived citizens should be asked to provide their Alien number and certificate number. Please see the Model Application from Healthcare.gov. Kyra indicated she was not a naturalized or derived citizen. What questions, if any, appear when an applicant says yes?  If the application includes a request for the Alien number and the certificate number part of the application, please provide a screenshot.	42 CFR 435.956	Please see Excel table for CA SPA 22-0007.
6	Pregnant women are counted as herself plus each child expected in her own household. She is also counted as herself plus the number of children expected to deliver when included in the household of other individuals.	Alternative Single, Streamlined Online Application, page 36: This screenshot asks the household contact to identify members who are pregnant. Please provide all subsequent screens that appear once a person is identified as pregnant.	1902(e)(14), 42 CFR 435.603 and 42 CFR 435.907(e)	Please see Excel table for CA SPA 22-0007.
7	Certain tribal income is excluded from MAGI.	Alternative Single, Streamlined Online Application, page 37: The application must ask those who indicate they are American Indian or Alaska Native additional questions ensure that excluded tribal income is not counted.  Please review Appendix B of the Model Application for an example of this content and direct CMS to where this information may be found in the application. Please provide screenshots.	42 CFR 435.603(e)(3)	Please see Excel table for CA SPA 22-0007.
8	The application may only require information needed to determine eligibility.	Alternative Single, Streamlined Online Application, page 62: Has X ever served in the military? Based on CA's response to item 6 in the Paper	42 CFR 435.907(e)	Please see Excel table for CA SPA 22-0007.

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
9	The application may only require information needed to determine eligibility.	<p>Alternative Single, Streamlined Application comments, CMS understands that this information does not delay a MAGI determination, nor is it used to determine eligibility. As a result, this question must be clearly identified as optional.</p> <p>Alternative Single, Streamlined Online Application, page 62: Has X's spouse or parent ever served in the US Military? Based on CA's response to item 6 in the Paper Alternative Single, Streamlined Application comments, CMS understands that this information does not delay a MAGI determination, nor is it used to determine eligibility. As a result, this question must be clearly identified optional.</p>	42 CFR 435.907(e)	Please see Excel table for CA SPA 22-0007.
10	Retroactive coverage is available to those who received Medicaid service in the previous 3 months and they would have been eligible during that time.	<p>Alternative Single, Streamlined Online Application, page 63: "If X is found to be eligible for Medi-Cal, would they like help paying for medical expenses from the last 3 months?" 42 CFR 435.915 requires that the agency provide Medicaid eligibility no later than the third month before the month of the application if the individual received Medicaid services during that period and they would have been eligible for Medicaid at the time that services were received.</p> <p>If an applicant is determined ineligible in the current month (of application), they may still be eligible for the preceding months. Therefore, please remove "If X is found to be eligible for Medi-Cal" from the question.</p> <p>Please also provide screenshots of any additional questions that appear if an applicant says yes. If no other information is requested, please confirm that for CMS.</p> <p>No additional details about medical bills, including dates, amounts, name of provider may be requested at the time of application. The state must follow up post-enrollment to gather this information if necessary.</p>	42 CFR 435.915	Please see Excel table for CA SPA 22-0007.

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
11	States must first attempt to verify immigration status through an electronic data source, and must not require information not needed to determine eligibility.	Alternative Single, Streamlined Online Application, page 68: Please confirm that CA has completed a crosswalk of its covered statuses to ensure those included in the list represent the full list of potential options.	42 CFR 435.956 and 42 CFR 435.907(e)	Please see Excel table for CA SPA 22-0007.
12	States must first attempt to verify citizenship and immigration status through an electronic data source.	Alternative Single, Streamlined Online Application, page 68: Immigration Document List 1) Certificate of Citizenship and Certificate of Naturalization are documents for those who are derived or naturalized US citizens. This applies only to those who attest to being naturalized or derived citizens, and not to those who indicate they are not US citizens or Nationals. Please remove these from this list.  2) Resident of American Samoa and Commonwealth of Northern Mariana Islands is not written as a document type. Please clarify these options for users.	42 CFR 435.956	Please see Excel table for CA SPA 22-0007.
13	The application may only require information needed to determine eligibility.	Alternative Single, Streamlined Online Application, page 68: The instructions provided when requesting immigration status and document type appear to provide users the option to provide the information at application or later, making it optional to provide. Please confirm if CMS' understanding is correct.	42 CFR 435.907(e)	Please see Excel table for CA SPA 22-0007.
14	The application may only require information needed to determine eligibility.	Alternative Single, Streamlined Online Application, page 75: CMS needs to understand what questions, if any, appear once an applicant indicates they may be eligible on a non-MAGI basis. To that end, once an applicant says they need help with long-term care or they have a developmental disability, what questions, if any, appear? (CMS observed these screening questions in the application.) If the application includes additional questions, please provide a full set of screenshots. If no other questions appear, please confirm that for CMS.	42 CFR 435.907(e)	Please see Excel table for CA SPA 22-0007.
15	The application may only require information needed to determine eligibility.	Alternative Single, Streamlined Online Application, page 76: Please	42 CFR 435.907(e)	Please see Excel table for CA SPA 22-0007.

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
		provide any additional questions that follow a "yes" response to "Is X involved in a lawsuit because of an accident or injury?" If no other questions appear, please confirm that for CMS.		
16	The application may only require information needed to determine eligibility.	Alternative Single, Streamlined Online Application, WPS UI 08.01, Rights & Responsibilities: Electronic Signature Pin  Please describe the purpose of an electronic signature pin, how it is used in the context of application submission, and what happens if a pin is not able to be generated. Is there any situation where an application is unable to be submitted? If so, what options are available to that household?	42 CFR 435.907(e)	Please see Excel table for CA SPA 22-0007.
17	CA provides eligibility to individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid and in foster care when they turned age 18 or aged out of foster care.	Alternative Single, Streamlined Online Application: CMS did not identify a question asking if an applicant was in foster care at age 18 or older. If this information is included in the application, please provide a screenshot.	42 CFR 435.150	Please see Excel table for CA SPA 22-0007.
18	The state must accept applications submitted on behalf of a minor or incapacitated adult by a person acting responsibly.	Alternative Single, Streamlined Online Application: The agency must accept an application submitted by a person acting responsibly on behalf of a minor or an incapacitated adult. Is this functionality included in the application? If so, please provide screenshots to demonstrate. (CMS reviewed the screenshots of the Rights and Responsibilities labeled WPS UI 08.01, and the screenshots included with the 2nd set of screenshots, and did observe some language about having permission to apply on behalf of an applicant, but the language was very blurry and we weren't able to read all the text.	42 CFR 435.907(a)	Please see Excel table for CA SPA 22-0007.
19	Applicants must be able to name a person or an organization to act as their authorized representative.	Alternative Single, Streamlined Online Application:  Applicants must be able to designate a person or an organization as their authorized representative, consistent with 435.923. Please provide screenshots to demonstrate this functionality in the	42 CFR 435.923	Please see Excel table for CA SPA 22-0007.

Question ID	Reference	CMS question to the State	Policy/Regulation	State Response
		<p>application.</p> <p>Please see Appendix C from the Model Application for an example of how to collect this information, if helpful.</p>		
20	<p>As a condition of eligibility, adult applicants, who are applying for health coverage for a child, must attest to a willingness to cooperate with child support enforcement...Pregnant women are exempt.</p>	<p>Alternative Single, Streamlined Online Application: As a condition of eligibility, adult applicants, who are applying for health coverage for a child, must attest to a willingness to cooperate with child support enforcement, obtaining medical child support, and pursuing liable third parties. Applicants may establish good cause for not cooperating. Pregnant women are exempt.</p> <p>The application must ask if a child applicant has an absent parent. It must also ask the adult applying on behalf of a child to attest to a willingness to cooperate with child support enforcement, and provide notice of the right to establish good cause for not cooperating.</p> <p>CMS did not observe this information in the screenshots provided. Please direct CMS to this information in the application and provide screenshots. If this information is not included, please provide a date by when this information can be included.</p> <p>No additional details about the absent parent, such as their name, address, SSN, details about child support etc., may be requested at the time of application. The state must follow up post enrollment to gather this additional information if necessary.</p>	42 CFR 433.145 and 42 CFR 433.148	Please see Excel table for CA SPA 22-0007.

Submission Package was updated by the State in accordance with the response above

- Yes
- No

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0008O | CA-22-0007

## Package Header

<b>Package ID</b>	CA2021MS0008O	<b>SPA ID</b>	CA-22-0007
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	3/14/2022
<b>Approval Date</b>	04/19/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0008O | CA-22-0007

### Package Header

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<b>Superseded SPA ID</b>	N/A		

### SPA ID and Effective Date

**SPA ID** CA-22-0007

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Application	1/1/2022	CA-13-0022

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0008O | CA-22-0007

#### Package Header

<b>Package ID</b>	CA2021MS0008O	<b>SPA ID</b>	CA-22-0007
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<b>Approval Date</b>	04/19/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

#### Executive Summary

**Summary Description Including Goals and Objectives** This SPA requests approval of the Paper and Online Alternative Single, Streamlined Applications used to apply for insurance affordability programs.

#### Federal Budget Impact and Statute/Regulation Citation

##### Federal Budget Impact

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

##### Federal Statute / Regulation Citation

Title 42 of the Code of Federal Regulations section 435.907

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0008O | CA-22-0007

### Package Header

**Package ID** CA2021MS0008O  
**Submission Type** Official  
**Approval Date** 04/19/2024  
**Superseded SPA ID** N/A

**SPA ID** CA-22-0007  
**Initial Submission Date** 3/14/2022  
**Effective Date** N/A

### 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 State Plan Amendment.

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00080 | CA-22-0007

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

Reviewable Unit Name	Included in Another Submission Package	Source Type
Application	(	APPROVED

Presumptive Eligibility

Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0008O | CA-22-0007

## Package Header

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<b>Superseded SPA ID</b>	N/A		

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 | CA2021MS0008O | CA-22-0007

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<b>Approval Date</b>	04/19/2024	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	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 Notice is required because the proposal does not make changes to the Medi-Cal program that further restrict eligibility; or reduce payment rates or make updates to payment methodologies to Indian health programs; or reduce or restrict access to covered services for American Indian Medi-Cal beneficiaries or increase services reimbursed to Indian health programs. CMS approved DHCS' no-notice request on December 16, 2021.

# Medicaid State Plan Eligibility

## General Eligibility Requirements

### Application

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0008O | CA-22-0007

### Package Header

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<b>Superseded SPA ID</b>	CA-13-0022		
	System-Derived		

### A. MAGI Paper Application

The state uses the following paper application(s) for individuals applying for coverage based on the applicable modified adjusted gross income (MAGI) standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined applications developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

#### Name

Single Streamlined Application

**The paper application(s) has been uploaded.**

Document Name	Date Created
CASSA-2020 Application v36hm 022422	2/28/2022 11:28 AM EST

- 3. One or more alternative applications used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

#### Name

SAWS 2 Plus

**The alternative multi-program paper application(s) has been uploaded.**

Document Name	Date Created
SAWS2PLUS	2/10/2022 7:20 PM EST

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

# Application

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00080 | CA-22-0007

## Package Header

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<b>Superseded SPA ID</b>	CA-13-0022		
	System-Derived		

## B. MAGI Online Application

The state uses the following online application(s) for individuals applying for coverage based on the applicable MAGI standard.

- 1. The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act
- 2. One or more alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary

### Name

CalHEERS Screenshots

**Screenshots or other documentation of the online application(s) has been uploaded.**

Document Name	Date Created	
<a href="#">WPS UI 08.01 – Review &amp; Submit</a>	2/10/2022 7:25 PM EST	
<a href="#">WPS UI 07.01 – Individual Info</a>	2/10/2022 7:25 PM EST	
<a href="#">WPS UI 06.01 – Household Income</a>	2/10/2022 7:25 PM EST	
<a href="#">WPS UI 05.02 – Tax Information</a>	2/10/2022 7:25 PM EST	
<a href="#">WPS UI 05.01 – Basic Information</a>	2/10/2022 7:25 PM EST	

< 1 – 5 of 8 >

### Name

Online Alternative Single Streamlined Application

**Screenshots or other documentation of the online application(s) has been uploaded.**

Document Name	Date Created	
<a href="#">MAGI Medi-Cal Case_CMS Request</a>	4/29/2022 2:58 PM EDT	

- 3. One or more alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single application used only for insurance affordability programs to individuals seeking assistance only through such programs

### Name

BenefitsCal AFB Application Flow and CalWIN Screenshots

**Screenshots or other documentation of the multi-program online application(s) have been uploaded.**

Document Name	Date Created	
<a href="#">CalWIN Screenshots</a>	2/10/2022 7:28 PM EST	
<a href="#">BenefitsCal AFB Application flow</a>	2/10/2022 7:28 PM EST	

- 4. Other alternative applications, provided that the agency makes readily available the single streamlined application used only for insurance affordability programs to individuals seeking assistance only through such programs

# Application

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0008O | CA-22-0007

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	System-Derived		

## C. Basis Other than MAGI - Paper Application

The state uses the following paper application(s) for individuals applying for coverage on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

The supplemental form(s) used to collect additional information has been uploaded.

Name	Date Created	
MC_604_IPS	3/1/2022 6:30 PM EST	

- 2. One or more applications designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more applications used to apply for multiple human service programs

### Name

SAWS 2 Plus

**This application for multiple human service programs is the same one used for applicants on the basis of the applicable MAGI standard.**

- Yes
- No

- 4. Other alternative applications

# Application

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	System-Derived		

## D. Other than MAGI - Online Application

The state uses the following online application(s) for individuals applying for coverage who may be eligible on a basis other than the applicable MAGI standard:

- 1. The single, streamlined application developed by the Secretary or one of the alternate online forms developed by the state and approved by the Secretary, and supplemental online forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary

Screenshots or other documentation of the online form(s) used to the collect additional information have been uploaded

Name	Date Created	
WPS UI 01.01 – Account Creation	2/11/2022 2:37 PM EST	
WPS UI 02.01 – Introduction & Menus	2/11/2022 2:37 PM EST	
WPS UI 03.01 – Build Household	2/11/2022 2:37 PM EST	
WPS UI 05.01 – Basic Information	2/11/2022 2:37 PM EST	
WPS UI 05.02 – Tax Information	2/11/2022 2:37 PM EST	
WPS UI 06.01 – Household Income	2/11/2022 2:37 PM EST	
WPS UI 07.01 – Individual Info	2/11/2022 2:37 PM EST	
WPS UI 08.01 – Review & Submit	2/11/2022 2:37 PM EST	
MC_604_IPS_ENG_0514	2/11/2022 2:37 PM EST	
<b>1 – 9 of 9</b>		

- 2. One or more application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary
- 3. One or more application used to apply for multiple human service programs

### Name

BenefitsCal AFB Application Flow and CalWIN Screenshots

**This application for multiple human service programs is the same one used for applicants on the basis of the applicable MAGI standard.**

- Yes
- No

- 4. Other alternative applications

## Application

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	System-Derived		

### E. Additional Information (optional)

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