

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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Toby Douglas, Director  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

**JUN 06 2014**

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 14-015. SPA 14-015 was submitted to my office on March 28, 2014 to authorize the utilization of presumptive eligibility for certain eligibility groups for the period of January 1, 2014 through January 21, 2014. Presumptive eligibility was utilized to enroll individuals who were pending during the initial launch of the electronic Health Information Transfer (eHIT) interface between CalHEERS and SAWS.

The effective date of this SPA is January 1, 2014. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- T1, page 1

If you have any questions, please contact Tom Schenck by phone at (415) 744-3589 or by email at [Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov).

Sincerely,

ORIGINAL SIGNED

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

Enclosure

cc: Tara Naisbitt, California Department of Health Care Services  
Clarissa Wade, California Department of Health Care Services



# Medicaid Eligibility

## Presumptive Eligibility

T1

State: California

Transmittal Number: 14-015

The state provides Medicaid coverage to the following groups when determined presumptively eligible consistent with 42 CFR 435.1102 and 1103:

- Children under age 19
- Parents and other caretaker relatives described in 42 CFR 435.110
- Individuals who meet the categorical requirements of 42 CFR 435.119
- Former foster care children described in 42 CFR 435.150
- Pregnant women described in 42 CFR 435.116 (coverage for pregnant women is limited to ambulatory prenatal care as described in 42 CFR 435.1103)

■ The state Medicaid agency is the qualified entity authorized to determine eligibility presumptively for these groups.

■ This state plan amendment is for presumptive eligibility determinations for coverage effective on or after January 1, 2014 and prior to January 21, 2014.

■ The presumptive period begins on the date the presumptive eligibility 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.

■ The presumptive eligibility determination is based on the following factors:

■ The individual must meet the categorical requirements of 42 CFR 435.110, 435.116, 435.118, 435.119 or 435.150

■ Gross income or a reasonable estimate of household income must not exceed the applicable income standard for the categorical group

Attested state residency

Attested citizenship, status as a national, or satisfactory immigration status