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

JUN 0 6 2014

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

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.

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

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	14-015	CA
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE IAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):		
Amout	CONSIDERED AS NEW PLAN	⊠ AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMER 6. FEDERAL STATUTE/REGULATION CITATION:	NUMENT (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT:	i amendment)
42 CFR 435.1102 and 1103	a. FFY 2013 - 2014 \$16,664,000	CE \$14 444 000 FE
Presumptive Eligibility for Children and Others	b. FFY S	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
Presumptive Eligibility T1		
10. SUBJECT OF AMENDMENT: Granting Presumptive Eligibility to individuals with pending ap Health Information Transfer interface between the California and the Statewide Automated Welfare System. 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Healthcare Eligibility, Enrollment, a OTHER, AS SPEC The Governor's Of	nd Retention System IFIED:
ORIGINAL SIGNED	16. RETURN TO:	
Toby Douglas 14. TITLE: Director 15. DATE SUBMITTED: MAR 2 8 2014	Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417	
FOR REGIONAL OF 17. DATE RECEIVED: March 28, 2014 PLAN APPROVED - ON	18. DATE APPROVED: June 6,	2014
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014 21. TYPED NAME: Gloria Nagle, Ph.D., MPA		ette var en
23. REMARKS:		

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 citizenship, status as a national, or satisfactory immigration status

TN No: 14-015 California

Effective Date: 1/01/2014