

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

February 27, 2018

Mari Cantwell
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 17-044. This SPA was submitted to my office on December 22, 2017 to allow California to waive the monthly premiums for the Optional Targeted Low Income Children's Program (OTLICP) population on a case-by-case basis if the payment would create undue hardship for the individual.

The effective date of this SPA is October 1, 2017. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- Attachment 4.18-F, page 5

If you have any questions, please contact Cheryl Young by phone at (415) 744-3598 or by email at Cheryl.Young@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Sandra Williams, DHCS
Daryl Hightower, DHCS
Marlene Ricigliano, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 7 — 0 4 4

2. STATE

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/17

5. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447.55(b)(4)

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ N/A

b. FFY _____ \$ N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.18-F, page 59. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)Attachment 4.18-F, page 5

10. SUBJECT OF AMENDMENT

SPA 17-044 allows the State to waive premium charges for OTLICP beneficiaries affected by recent wildfires in California. This SPA requests that the State be allowed to waive premium charges on a case-by-case basis if payment would create undue hardship for the individual.

11. GOVERNOR'S REVIEW (*Check One*) GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

ORIGINAL SIGNED

13. TYPED NAME

Mari Cantwell

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

12/22/2017

Department of Health Care Services

Attn: State Plan Coordinator

1501 Capitol Avenue, Suite 71.3.26

P.O. Box 997417

Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

December 22, 2017

18. DATE APPROVED

February 27, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME

Henrietta Sam-Louie

22. TITLE Associate Regional Administrator
Division of Medicaid & Children's Health Operations

23. REMARKS

The Governor's Office does not wish to review this SPA

Boxes 8, 9 and 16: CMS made pen and ink changes on 2/7/18 per email to state.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State/Territory CALIFORNIA

c. Enforcement

- i. ___/ Prepayment is required for the following groups of applicants when they apply for Medicaid:
- ii. ___/ Prepayment is required for the following groups of beneficiaries as a condition for receiving Medicaid services for the premium period:
- iii. X/ Eligibility is terminated for failure to pay premiums after a grace period of 90/120 days after the premium due date (at least 60 days) for the following groups of Medicaid beneficiaries:

•1-6 years of age, with family income above 160 percent of the FPL and up to and including 261 percent of the FPL will terminate after 90 days from age 1-6 years of age.
•6-19 years of age, with family income above 160 percent of the FPL and up to and including 261 percent of the FPL will terminate after 90 days from age 6-19 years of age.

- iv. X/ Payment will be waived by the state on a case-by case basis, if payment would create undue hardship for the individual.

D. Period of determining 5 percent aggregate family limit for premiums and cost sharing:

Specify the period for which the 5 percent maximum will be applied.

___/ Quarterly
X/ Monthly

E. Method for tracking beneficiaries' liability for premiums and cost sharing:

1. Describe the methodology used by the State to identify beneficiaries, who are subject to premiums or to cost sharing for specific items or services.

RESPONSE: California will use aid codes to identify beneficiaries with family incomes above 160 percent FPL. These individuals will have premium payments and will require cost sharing tracking. Family incomes at or below 160 percent of the FPL do not require premiums tracking. The cost sharing tracking process is outlined in the response below.