

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

May 25, 2022

Jacey Cooper
Chief Deputy Director
Health Care Programs
Department of Health Care Services
1501 Capitol Avenue, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cooper:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) number CA-22-0031, submitted on April 27, 2022, has been approved. Through this SPA, California provides 12 months of continuous postpartum coverage to individuals enrolled in its separate CHIP, pursuant to section 9822 of the American Rescue Plan Act of 2021 (ARP). This SPA has an effective date of April 1, 2022 and extends through March 31, 2027, and is a companion to the Medicaid continuous postpartum coverage Medicaid SPA, CA-22-0030.

Section 9822 of the ARP added section 2107(e)(1)(J) to the Social Security Act, which requires states to provide continuous eligibility throughout an individual's pregnancy and 12-month postpartum period in CHIP if the state has elected this option in Medicaid. In California, this provision applies to the targeted low-income children who are pregnant.

Your Project Officer is Ms. Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
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Baltimore, MD 21244-1850
Telephone: 410-786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

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If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (443) 934-2064. We look forward to continuing to work with you and your staff.

Sincerely,



Amy Lutzky
Deputy Director



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: 22 - 00 - 0031

Separate Child Health Insurance Program General Eligibility - Continuous Eligibility

CS27

2105(a)(4)(A) of the SSA and 42 CFR 457.342 and 435.926; 2107(e)(1)(J) and 1902(e)(16) of the SSA

Mandatory 12-Month Postpartum Continuous Eligibility in CHIP for States Electing This Option in Medicaid

At state option in Medicaid, states may elect to provide continuous eligibility for an individual's 12-month postpartum period consistent with section 1902(e)(16) of the SSA. If elected under Medicaid, states are required to provide the same continuous eligibility and extended postpartum period for pregnant individuals in its separate CHIP. A separate CHIP cannot implement this option if not also elected under the Medicaid state plan.

State elected the Medicaid option to provide continuous eligibility through the 12- month postpartum period

The 12-month postpartum continuous eligibility applies for the period beginning on the effective date of this SPA (no earlier than April 1, 2022) and is available through March 31, 2027.

The state assures the extended postpartum period available to pregnant targeted low-income children or targeted low-income pregnant women under section 2107(e)(1)(J) of the SSA is provided consistent with the following provisions:

Individuals who, while pregnant, were eligible and received services under the state child health plan or waiver shall remain eligible throughout the duration of the pregnancy (including any period of retroactive eligibility) and the 12-month postpartum period, beginning on the day the pregnancy ends and ending on the last day of the 12th month consistent with paragraphs (5) and (16) of section 1902(e) of the SSA

Continuous eligibility is provided to targeted low income children who are pregnant or targeted low-income pregnant women (if applicable) who are eligible for and enrolled under the state child health plan through the end of the 12-month postpartum period who would otherwise lose eligibility because of a change in circumstances, unless:

- The individual or representative requests voluntary disenrollment.
- The individual is no longer a resident of the state.
- The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to the individual.
- The individual dies.

Unlike continuous eligibility for children, states providing the 12-month postpartum period may not end an individual's continuous eligibility due to non-payment of premiums or becoming eligible for Medicaid.

Consistent with section 2107(e)(1)(J) of the SSA, the state assures that continuous eligibility is provided through an individual's pregnancy and 12-month postpartum period regardless of non-payment of premiums, or an individual becoming eligible for Medicaid.

Benefits provided during the 12-month postpartum period must be the same scope of comprehensive services consistent with the benefit package elected by the state under section 2103(a) of the SSA that is available to targeted low income children and/or targeted low-income pregnant women and may include additional benefits as described in Section 6 of the CHIP state plan.



CHIP Eligibility

Optional Continuous Eligibility for Children

The CHIP Agency may provide that children who have been determined eligible under the state plan shall remain eligible, regardless of any changes in the family's circumstances, during a continuous eligibility period up to 12 months, or until the time the child reaches an age specified by the state (not to exceed age 19), whichever is earlier.

The CHIP Agency elects to provide continuous eligibility to children under this provision.

For children up to age 19

For children up to age

The continuous eligibility period begins on the effective date of the child's most recent determination or redetermination of eligibility, and ends:

At the end of the months continuous eligibility period.

The state assures that a child's eligibility is not terminated during a continuous eligibility period, regardless of any changes in circumstances, unless:

The child attains the age specified by the state Agency or age 19.

The child or child's representative requests voluntary disenrollment.

The child is no longer a resident of the state.

The Agency determines that eligibility was erroneously granted at the most recent determination or renewal of eligibility because of Agency error or fraud, abuse, or perjury attributed to child or child's representative.

The child dies.

The child becomes eligible for Medicaid

There is a failure to pay required premiums or enrollment fees on behalf of a child, as provided for in the state plan.

PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, 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.

V.20220204

- 1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

CA RESPONSE:

Date Original Plan Submitted: November 19, 1997

Date Plan Approved: March 24, 1998

Date Plan Effective/Implemented: July 1, 1998

Date Amendment#1 Purpose: Changed its income eligibility for the Healthy Families Program to be in compliance with the State enabling legislation. This amendment lowered income eligibility from 200 percent of the FPL net income to 200 percent of the FPL gross income. This amendment was initiated at the start of the program's implementation on July 1, 1998.

Date Amendment #1 Submitted: April 14, 1998

Date Amendment #1 Approved: June 29, 1998

Date Amendment #1 Effective/Implemented: July 1, 1998

Date Amendment#2 Purpose: Increased the enrollment broker fees from \$25 to \$50 per successful applicant.

Date Amendment #2 Submitted: January 8, 1999

Date Amendment #2 Approved: December 21, 1999

Date Amendment #2 Effective/Implemented: October 1, 1998

Date Amendment#3 Purpose: Expanded income eligibility for the Healthy Families Program by disregarding income between 200 to 250 percent of the FPL. Income eligibility for the Healthy Families Program is further expanded by applying

Medi-Cal income deductions when determining eligibility for the Healthy Families Program. The Child Health and Disability Prevention (CHDP) provider-claiming period for services received prior to enrollment is also lengthened from 30 to 90 days.

Date Amendment #3 Submitted: August 3, 1999

Date Amendment #3 Approved: November 23, 1999

Date Amendment #3 Effective/Implemented: July 22, 1999

Date Amendment#4 Purpose: Allowed a Family Contribution Sponsor to pay a specific child's HFP) premiums for the first year of enrollment.

Date Amendment #4 Submitted: December 9, 1999

Date Amendment #4 Approved: March 6, 2000

Date Amendment #4 Effective/Implemented: March 1, 2000

Date Amendment#5 Purpose: Exempted cost sharing for American Indians (AI) and Alaskan Native (AN) children who meet the eligibility criteria for

the Healthy Families Program (HFP) and provide acceptable documentation of their status as AI or AN children.

Date Amendment #5 Submitted: April 17, 2000

Date Amendment #5 Approved: July 7, 2000

Date Amendment #5 Effective Date: October 6, 1999

Date Amendment#6 Purpose: Indicated the State's partial compliance with the final SCHIP regulations.

Date Amendment #6 Submitted: July 2, 2002

Date Amendment #6 Approved: September 19, 2002

Date Amendment #6 Effective Date: August 24, 2001

Date Amendment#7 Purpose: Expanded coverage levels to 300 percent of the FPL for children residing in selected counties (Alameda, San Francisco, San Mateo and Santa Clara) through the CCHIP). This amendment also expands coverage to children up to age 2 born to mothers enrolled in the AIM program with family incomes up to 300 percent of the FPL.

Date Amendment #7 Submitted: April 1, 2003

Date Amendment #7 Approved: June 10, 2004

Date Amendment #7 Effective: January 1, 2003 – CCHIP Expanded Coverage levels; and July 1, 2004 – AIM Program

Date Amendment #8 Purpose: Implemented oral health services initiative, including case management, oral health education, preventative services, and mobile dental vans.

Date Amendment #8 Submitted: July 24, 2003

Date Amendment #8 Approved: January 16, 2004

Date Amendment #8 Effective: January 1, 2004

Date Amendment #9 Purpose: Allowed the State to provide presumptive eligibility to children with family incomes from 100 to 200 percent of the FPL through the CHDP program.

Date Amendment #9 Submitted: September 9, 2003

Date Amendment #9 Approved: December 8, 2003

Date Amendment #9 Effective: July 1, 2003

Date Amendment #10 Purpose: Allowed the State to claim for the State's rural health demonstration projects as a health services initiative under the SCHIP 10 percent administrative cap. The rural health demonstration projects, which were previously approved under the California SCHIP State plan, aim to improve access to health care services for low-income medically underserved and uninsured populations in rural areas and special populations who have rural occupations. By claiming for the rural health demonstrations under the 10 percent cap, the State has the flexibility to provide services for all low-income children, thereby benefiting all low-income children, not just SCHIP enrollees. The amendment also allows the State to use tobacco taxes as a new source of State funding.

Date Amendment #10 Submitted: December 15, 2003
Date Amendment #10 Approved: March 11, 2004
Date Amendment #10 Effective: February 1, 2004

Date Amendment #11 Purpose: Increased premiums for children with family incomes from above 200 percent of the FPL up to and including 250 percent of the FPL. The amendment also provides for school-based outreach for the Healthy Families Program through a partnership between the State and the David and Lucile Packard Foundation.

Date Amendment #11 Submitted: March 23, 2005
Date Amendment #11 Approved: March 15, 2007
Date Amendment #11 Effective: March 22, 2005 (School-based Outreach) July 1, 2005 (Premium Increase)

Date Amendment #12 Purpose: Extend health care coverage to unborn children with family income up to 300 percent of the Federal poverty level (FPL).

Date Amendment #12 Submitted: June 30, 2005
Date Amendment #12 Approved: March 28, 2006
Date Amendment #12 Effective: July 1, 2004

Date Amendment #13 Purpose: Added a fifth county (Santa Cruz) to their County Program allowing children to be enrolled from 250 percent to 300 percent of the FPL. However, it was subsequently withdrawn by the State on 11/6/08.

Date Amendment #13 Submitted: July 12, 2007
Date Amendment #13 Approved: Withdrawn (November 6, 2008)

Date Amendment #14 Purpose: Responded to program changes enacted by the Legislature to increase premiums, place a cap on dental benefits, limit 5 certain vision benefits, apply a wait list, and remove the 6-month residency requirement for pregnant women in the Access for Infants and Mothers program.

Date Amendment #14 Submitted: April 2, 2009
Date Amendment #14 Approved: January 14, 2010
Date Amendment #14 Effective: January 31, 2009 Wait List /Disenrollment Infrastructure January 6, 2009 AIM 6-Month Residency Requirement Elimination February 1, 2009 HFP Family Contribution Increase, & Vision Benefit Modification
July 1, 2009 Dental Benefit Cap

Date Amendment #15 Purpose: CHIPRA Shifting of Presumptive Eligibility Cost to Title XIX Funds; CHIPRA Option of Lawfully Residing Children; CHIPRA Shifting of Accelerated Enrollment Cost to Title XIX Funds; Presumptive Eligibility at Initial Application under Title XXI Funds.

Date Amendment #15 Submitted: June 30, 2009

Date Amendment #15 Approved: December 29, 2009
Date Amendment #15 Effective: April 1, 2009

Date Amendment #16 Purpose: Implemented a health services initiative to support the California Poison Control System (CPSC).

Date Amendment #16 Submitted: October 16, 2009
Date Amendment #16 Approved: December 3, 2009
Date Amendment #16 Effective: July 1, 2009

Date Amendment #17 Purpose: Increased premiums and co-payments for children with a family income above 150 percent up to and including 250 percent of the FPL. The amendment also proposes to limit dental plan choices for new subscribers. These changes are based on changes in State law.

Date Amendment #17 Submitted: December 24, 2009
Date Amendment #17 Approved: July 29, 2010
Date Amendment #17 Effective: November 1, 2009

Date Amendment #18 Purpose: Premium Increases

Date Amendment #18 Submitted: June 1, 2011
Date Amendment #18 Approved: Withdrawn July 3, 2012
Date Amendment #18 Effective: Not applicable.

Date Amendment #19 Purpose: Expanded eligibility in CCHIP from 300 percent of the FPL to 400 percent of the FPL in San Mateo County; Eliminated the dental benefit cap; Implemented an electronic data match with the Social Security Administration for citizen verification; Required CHIP payments to FQHCs and RHCs comply with Medicaid payment requirements.

Date Amendment #19 Submitted: June 29, 2012
Date Amendment #19 Approved: September 7, 2012
Date Amendment #19 Effective:
October 1, 2011: Dental Benefit Cap Elimination
January 1, 2012: County Children's Health Initiative Program (CCHIP)
October 1, 2009: Prospective Payment System for FQHC's and RHC's
January 1, 2010: Citizenship Verification Requirement

SPA # 20. Purpose of SPA: To eliminate the "Healthy Families" program, and transition the majority of children from a separate program to a Medicaid expansion under the Medi-Cal program in California. This SPA reflects changes previously effectuated through section 1115 demonstration authority.

Proposed effective date: December 31, 2013
Proposed implementation date: January 1, 2013 through December 31, 2014

SPA #17-0043. Purpose of SPA: To implement provisions for temporary adjustments to enrollment, eligibility determination and redetermination policies, and premium and cost-sharing requirements for children in families living and/or working in Governor or FEMA declared disaster areas. In the event of a declared disaster, the State will notify CMS that it intends to provide temporary adjustments to its enrollment, eligibility determination and/or redetermination policies, and premium and/or cost-sharing requirements, the effective and duration date of such adjustments, and the applicable Governor or FEMA declared disaster areas.

Some or all of the temporary adjustments would apply to the following populations:

Population 1 (County Children’s Health Initiative Program - CCHIP)

Population 2 (Unborn Option)

Population 3 (Medi-Cal Access Program - MCAP)

Population 4 (Medi-Cal Access Infant Program - MCAIP)

Proposed effective date: October 1, 2017

Proposed implementation date: October 1, 2017

SPA #18-0028. Purpose of SPA: To implement the transition of MCAP (Population 3) services provided by public-private-partnership to services provided by California’s Medi-Cal Managed Care delivery system.

Proposed effective date: July 1, 2017

Proposed implementation date: July 1, 2017

SPA # 19-0036 Purpose of SPA: To demonstrate compliance with 42 CFR section 457 et al., the Managed Care Final Rule FR 81 27497.

Proposed effective date: July 1, 2018

Proposed implementation date: July 1, 2018

SPA # 21-0032 Purpose of SPA: To extend postpartum care period to 365 days for unborn populations. California is choosing to implement the American Rescue Plan Act for its Medicaid population, this Health Services Initiative is to prevent disparity between the state’s pregnancy groups and its unborn groups.

Proposed effective date: July 1, 2020

Proposed implementation date: July 1, 2020

SPA # 22-0031 Purpose of SPA: To extend postpartum care period to 365 days for CCHIP (Population 1). California is choosing to implement the American Rescue Plan Act (ARPA) for its Medicaid population, in accordance with the ARPA, California will also extend this coverage to CCHIP.

Proposed effective date: April 1, 2022

Proposed implementation date: April 1, 2022

4.1.9.2 ☒ Continuous eligibility

CA RESPONSE: DHCS has continuous eligibility programs for children and unborn children (pregnant women). Please see the amended CS27 template for continuous eligibility requirements.

Continuous Eligibility for Children (CEC) provides children with 12 months of continuous coverage through Medicaid and CHIP, even if the family experiences a change in income during the year. CEC is applicable for Population 1 and 4.

Continuous eligibility for Unborn (“Pregnant Women”): Provides continuous eligibility throughout the pregnancy and until the end of the post-partum period, regardless of changes in income or household composition. With the approval of the Health Service Initiative, the post-partum period begins on the date the pregnancy ends and lasts until the end of the month in which the 365th day after the end of the pregnancy occurs. This is applicable for Population 2 and 3.

Continuous eligibility for pregnant individuals in Population 1 (CCHIP) have continuous eligibility throughout the pregnancy and until the end of the post-partum period, regardless of changes in income or household composition. The postpartum period begins on the date the pregnancy ends and lasts until the end of the month in which the 365th day after the end of the pregnancy occurs.