

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

August 3, 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:

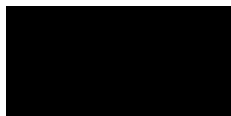
Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), CA-22-0035, submitted on June 21, 2022, has been approved. This SPA has an effective date of July 1, 2022. Through this SPA, California is making technical changes to align its Evergreen Disaster Relief provisions approved through SPA CA-17-0043 with the updated Evergreen Disaster Relief SPA template released in March 2022.

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
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: 410-786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

If you have any questions, please contact Meg Barry, Division Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,



Amy Lutzky
Deputy Director

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.

SPA number: CA-22-0035

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

Proposed effective date: 07-01-2022

Proposed implementation date: 07-01-2022

1.4-TC **Tribal Consultation.** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

CA RESPONSE:

On March 11, 2022, CMS determined that tribal consultation was not necessary for SPA 22-0035. Currently, the state provides disaster relief through the approval of CHIP SPA 17-0043 (4/11/2018). This CHIP SPA is administrative in nature, and provides revised universal language provided by CMS.

4.3 **Methodology.** Describe the methods of establishing and continuing eligibility and enrollment. The description should address the procedures for applying the eligibility standards, the organization and infrastructure responsible for making and reviewing eligibility determinations, and the process for enrollment of individuals receiving covered services, and whether the State uses the same application form for Medicaid and/or other public benefit programs. (Section 2102)(b)(2)) (42CFR, 457.350).

During a state or federally-declared disaster and at the state's discretion, the state may implement the following changes to its enrollment and redetermination policies for beneficiaries living and/or working in state or federally-declared disaster areas:

- The state will temporarily use the regulatory timeliness exception for timely processing of CHIP applications under 42 CFR 457.340(d)(1).

- The state will temporarily use the regulatory timeliness exception for timely processing of CHIP renewals under 42 CFR 457.340(d)(1).

These temporary adjustments to the state’s policies would apply to any and all of California’s CHIP populations that are affected by areas of a Governor or federally declared disaster.

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge by age and income (if applicable) and the service for which the charge is imposed or time period for the charge, as appropriate (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) &(c), 457.515(a)&(c)).

8.2.1. Premiums:

CA RESPONSE:

Population 1 (CCHIP): family per month	\$21 per child per month with a maximum of \$63 per family per month
	<ul style="list-style-type: none"> • Families who prepay 3 months of premiums do not have to pay the fourth month • Families who pay their premiums with Electronic Funds Transfer receive a 25 percent discount
Population 2 (Unborn)	Not applicable
Population 3 (MCAP):	1.5 percent of the enrollee’s annual Modified Adjusted Gross Income (MAGI)
Population 4 (MCAIP):	\$13 per child per month with a maximum of \$36 per family per month

During a state or federally-declared disaster and at the state’s discretion, the state may waive premiums for CHIP applicants and/or beneficiaries who reside and/or work in state or federally-declared disaster areas.

8.2.3 Coinsurance or Copayments:

CA RESPONSE:

POPULATION 1 (CCHIP)

Depending on the family income, the copayment may be \$5, \$10, or \$15 a visit. The maximum out-of-pocket amount for services in one benefit year is \$250/household.

- No Copay: Preventative Care Services
 Maternity Care
 Medical Transportation
 X-Ray and Laboratory Services
 Inpatient Hospital Services
 Durable Medical Equipment
 Family Planning Services
 Inpatient Mental Health
 Serious Emotional Disturbance (SED)
 Inpatient Alcohol and Substance Abuse Treatment
 Inpatient Physical, Occupational, and Speech Therapy
 Skilled Nursing Care
 Dental: Preventative
 Dental: Fillings
 Dental: Sealants
 Dental: Diagnostic X-Rays
 Dental: Orthodontia
- \$10 Copay: Physician Services
 Generic Prescription Drugs
 Emergency Care Services
 Outpatient Mental Health
 Outpatient Alcohol and Substance Abuse Treatment
 Outpatient Physical, Occupational, and Speech Therapy
 Acupuncture (optional)
 Chiropractic (optional)
 Biofeedback (optional)
 Vision: Examination
 Vision: Prescription Glasses
 Dental: Major Services (Root canal, oral surgery, crowns, bridges, dentures)
- \$15 Copay: Name Brand Prescription Drugs
 Outpatient Hospital Services (unless hospitalized)

8.7 Provide a description of the consequences for an enrollee or applicant who does not pay a charge (42CFR 457.570 and 457.505(c)).

CA RESPONSE:

Exception to Disenrollment for Failure to Pay Premiums: During a state or federally-declared disaster and at the state's discretion, as stated in Section 8.2.1, the state may waive premiums for CHIP applicants and/or beneficiaries who reside and/or work in state or federally-declared disaster areas. Therefore, the state will not disenroll beneficiaries for failure to pay premiums for CHIP beneficiaries who reside and/or work in state or federally-declared disaster areas.

POPULATION 1/COUNTY CHILDREN’S HEALTH INSURANCE PROGRAM (CCHIP)

Premium payments are invoiced the first week of the month and due on the 20th day of the coverage month. If a family fails to make a payment for a child/children, the next month’s invoice the family receives includes a 30 day past due warning, the amount due for the previous month and the current month, the date by which payment must be remitted, and the date the coverage will end if payment is not made. If the premium remains unpaid, the following month’s invoice includes a 60 day past due warning. If the premium has not been received on the 20th day of that month, a courtesy call is placed to the family, and the same day, a warning letter is sent to the family, which includes information on payment options, the disenrollment date, and instructions on how to complete the request form for continued enrollment. On the call, the family is reminded that a premium payment is due and that a child/children will be disenrolled as of the end of the month. The family is also questioned regarding whether the notification was received. A last billing statement is also mailed to the family on the 20th day of the month coverage is set to end, and if the payment has still not been received by the last day of that month, a disenrollment with appeal information letter is sent to the applicant. After disenrollment, if the full past-due premium is paid within 30-days, the child will be reinstated with no break in coverage.

POPULATION 2/MEDI-CAL UNBORN OPTION

There is no cost sharing for this population.

POPULATION 3/MEDI-CAL ACCESS PROGRAM (MCAP)

Once a pregnant woman is enrolled into MCAP, she cannot be disenrolled for non-payment.

POPULATION 4/MEDI-CAL ACCESS INFANT PROGRAM (MCAIP)

If a program participant fails to make a payment, the next month’s invoice he receives includes a 30 day past due warning. The second month’s invoice includes the amount due for the previous month and the current month, the date by which payment must be remitted, and the date the coverage will end if payment is not made. If the premium is 45 days past due, a warning letter is sent to the applicant, which includes information on payment options, the disenrollment date, and an instructions on how to complete the request form for continued enrollment. If the premium has not been received on the 20th of the second month, a courtesy call is placed to the applicant. The applicant is reminded that a premium payment is due and that his or her child will be disenrolled as of the end of the month. He or she is also questioned regarding whether he or she received the notification. A last

billing statement is also mailed to the applicant on the 20th day of the month, and if the payment has still not been received by the last day of the second month, a disenrollment with appeal information letter is sent to the applicant.