



State of California—Health and Human Services Agency  
Department of Health Care Services



MICHELLE BAASS  
DIRECTOR

GAVIN NEWSOM  
GOVERNOR

June 20, 2022

Mr. James G. Scott, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 0300  
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 22-0035: EVERGREEN DISASTER RELIEF

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting the enclosed Title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) 22-0035. This proposed amendment includes provisions which can be implemented during future state or federally-declared disasters by notifying CMS of the effective dates of the provisions and areas impacted by the disaster. The State requests an effective date of July 1, 2022.

In compliance with the policy set forth by the American Recovery and Reinvestment Act of 2009, DHCS notified Indian Health Programs (IHPs) and Urban Indian Organizations of 22-0035. On March 14, 2022, CMS approved DHCS' rationale that no tribal consultation was needed for CHIP SPA 22-0035.

Included in this SPA submission is the CMS 179 form, the approval for no Tribal notice, as well as the amended State Plan sections.

If you have any questions or need additional information, please contact Sandra Williams, Chief, Medi-Cal Eligibility Division by email at [Sandra.Williams@DHCS.ca.gov](mailto:Sandra.Williams@DHCS.ca.gov).

Sincerely,



Jacey Cooper  
State Medicaid Director  
Chief Deputy Director  
Health Care Programs

Enclosures

cc: See Next Page

Mr. James G. Scott  
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cc: René Mollow  
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**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. 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

OTHER, AS SPECIFIED:  
Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED  
June 20, 2022

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

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"> <li>• Families who prepay 3 months of premiums do not have to pay the fourth month</li> <li>• Families who pay their premiums with Electronic Funds Transfer receive a 25 percent discount</li> </ul>
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)

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

**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.