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# CA - Submission Package - CA2021MS0006O - (CA-21-0066) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid & CHIP Operations Group  
601 E. 12th Street, Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

December 16, 2021

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

Re: Approval of State Plan Amendment CA-21-0066

Dear Jacey Cooper,

On November 5, 2021, the Centers for Medicare and Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-21-0066 to provide full Medicaid coverage to all beneficiaries in the Pregnant Women eligibility group with incomes up to and including 208% of the Federal Poverty Level (FPL).

We approve California State Plan Amendment (SPA) CA-21-0066 with an effective date(s) of January 01, 2022.

If you have any questions regarding this amendment, please contact Cheryl Young at [cheryl.young@cms.hhs.gov](mailto:cheryl.young@cms.hhs.gov)

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

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# CA - Submission Package - CA2021MS0006O - (CA-21-0066) - Eligibility

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CMS-10434 OMB 0938-1188

## Package Information

<b>Package ID</b>	CA2021MS0006O	<b>Submission Type</b>	Official
<b>Program Name</b>	N/A	<b>State</b>	CA
<b>SPA ID</b>	CA-21-0066	<b>Region</b>	San Francisco, CA
<b>Version Number</b>	3	<b>Package Status</b>	Approved
<b>Submitted By</b>	Angeli Sus Lee	<b>Submission Date</b>	11/5/2021
<b>Package Disposition</b>		<b>Approval Date</b>	12/16/2021 10:09 AM EST

# Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0006O | CA-21-0066

## Package Header

<b>Package ID</b>	CA2021MS0006O	<b>SPA ID</b>	CA-21-0066
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/5/2021
<b>Approval Date</b>	12/16/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## State Information

**State/Territory Name:** California

**Medicaid Agency Name:** California Department of Health Care Services

## Submission Component

- State Plan Amendment
- Medicaid
- CHIP

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0006O | CA-21-0066

### Package Header

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<b>Approval Date</b> 12/16/2021	<b>Effective Date</b> N/A
<b>Superseded SPA ID</b> N/A	

### SPA ID and Effective Date

**SPA ID** CA-21-0066

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2022	CA-19-0050
Pregnant Women	1/1/2022	CA-14-0021

### Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00060 | CA-21-0066

### Package Header

<b>Package ID</b>	CA2021MS00060	<b>SPA ID</b>	CA-21-0066
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/5/2021
<b>Approval Date</b>	12/16/2021	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

### Executive Summary

**Summary Description Including Goals and Objectives** This SPA proposes to provide full Medicaid coverage to all beneficiaries in the Pregnant Women eligibility group with incomes up to and including 208% of the Federal Poverty Level (FPL)."

On August 3, 2015, CMS approved CA-14-0021, which identified the maximum limit for full Medicaid coverage in the Pregnant Women group as 109% of the FPL. With the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the state seeks to provide full scope coverage to eligible pregnant individuals.

### Federal Budget Impact and Statute/Regulation Citation

#### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$96304000
Second	2023	\$111640000

#### Federal Statute / Regulation Citation

42 CFR Section 435.116

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

## Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0006O | CA-21-0066

### Package Header

**Package ID** CA2021MS0006O  
**Submission Type** Official  
**Approval Date** 12/16/2021  
**Superseded SPA ID** N/A

**SPA ID** CA-21-0066  
**Initial Submission Date** 11/5/2021  
**Effective Date** N/A

### Governor's Office Review

- No comment
- Comments received
- No response within 45 days
- Other

**Describe** The Governor does not want to review this SPA.

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0006O | CA-21-0066

CMS-10434 OMB 0938-1188

**The submission includes the following:**

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Reviewable Unit Name	Included in Another Source Type Submission Package
Mandatory Eligibility Groups	APPROVED

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0006O | CA-21-0066

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<b>Superseded SPA ID</b>	N/A		

Indicate whether public comment was solicited with respect to this submission.

- Public notice was not federally required and comment was not solicited
- Public notice was not federally required, but comment was solicited
- Public notice was federally required and comment was solicited



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0006O | CA-21-0066

## Package Header

**Package ID** CA2021MS0006O  
**Submission Type** Official  
**Approval Date** 12/16/2021  
**Superseded SPA ID** N/A

**SPA ID** CA-21-0066  
**Initial Submission Date** 11/5/2021  
**Effective Date** N/A

**One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state**

- Yes
- No

**This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.**

- Yes
- No

**Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:**

DHCS does not believe a Tribal Notice is required because the proposal does not make changes to the Medi-Cal program that further restrict eligibility; or reduce payment rates or make updates to payment methodologies to Indian health programs; or reduce or restrict access to covered services for American Indian Medi-Cal beneficiaries or increase services reimbursed to Indian health programs. CMS approved DHCS' no-notice request on October 5, 2021.

# Medicaid State Plan Eligibility

## Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0006O | CA-21-0066

### Package Header

<b>Package ID</b>	CA2021MS0006O	<b>SPA ID</b>	CA-21-0066
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<b>Approval Date</b>	12/16/2021	<b>Effective Date</b>	1/1/2022
<b>Superseded SPA ID</b>	CA-19-0050		
	System-Derived		

### Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

#### Families and Adults

Eligibility Group Name	Covered In State Plan	Include RU In Package <span>?</span>	Included in Another Submission Package	Source Type <span>?</span>
Infants and Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>		CONVERTED
Parents and Other Caretaker Relatives	<input type="checkbox"/>	<input type="checkbox"/>		CONVERTED
Pregnant Women	<input type="checkbox"/>	<input type="checkbox"/>		APPROVED
Deemed Newborns	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Former Foster Care Children	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Transitional Medical Assistance	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Extended Medicaid due to Spousal Support Collections	<input type="checkbox"/>	<input type="checkbox"/>		NEW

#### Aged, Blind and Disabled

Eligibility Group Name	Covered In State Plan	Include RU In Package <span>?</span>	Included in Another Submission Package	Source Type <span>?</span>
SSI Beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Closed Eligibility Groups	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Deemed To Be Receiving SSI	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Working Individuals under 1619(b)	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Qualified Medicare Beneficiaries	<input type="checkbox"/>	<input type="checkbox"/>		APPROVED
Qualified Disabled and Working Individuals	<input type="checkbox"/>	<input type="checkbox"/>		NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package <a href="#">?</a>	Included in Another Submission Package	Source Type <a href="#">?</a>
Specified Low Income Medicare Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>		APPROVED
Qualifying Individuals		<input type="checkbox"/>	<input type="checkbox"/>		APPROVED

# Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0006O | CA-21-0066


## Package Header

<b>Package ID</b>	CA2021MS0006O	<b>SPA ID</b>	CA-21-0066
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<b>Superseded SPA ID</b>	CA-19-0050		
	System-Derived		

### B. The state elects the Adult Group, described at 42 CFR 435.119.

Yes  No

### Families and Adults

Eligibility Group Name	Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Adult Group	<input type="checkbox"/>	<input type="checkbox"/>		CONVERTED

### C. Additional Information (optional)

## Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Mandatory Coverage

### Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0006O | CA-21-0066

Women who are pregnant or post-partum, with household income at or below a standard established by the state.

### Package Header

<b>Package ID</b>	CA2021MS0006O	<b>SPA ID</b>	CA-21-0066
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	11/5/2021
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<b>Superseded SPA ID</b>	CA-14-0021		
	System-Derived		

The state covers the mandatory pregnant women group in accordance with the following provisions:

### A. Characteristics

- Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4.
- Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 C.F.R. 435.110.

Yes

No

### B. Financial Methodologies

MAGI-based methodologies are used in calculating household income. Please refer as necessary to MAGI-Based Methodologies, completed by the state.

### C. Income Standard Used

The state uses the following income standard for this group:

**FPL** 208.00%

## Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS0006O | CA-21-0066

### Package Header

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<b>Superseded SPA ID</b>	CA-14-0021		
	System-Derived		

### D. Benefits for Pregnant Women

**Benefits for individuals in this eligibility group consist of the following:**

- 1. All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- 2. Pregnant women whose income exceeds the income limit specified for full coverage of pregnant women receive only pregnancy-related services.

# Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | CA2021MS00060 | CA-21-0066

## Package Header

<b>Package ID</b>	CA2021MS00060	<b>SPA ID</b>	CA-21-0066
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<b>Approval Date</b>	12/16/2021	<b>Effective Date</b>	1/1/2022
<b>Superseded SPA ID</b>	CA-14-0021		
	System-Derived		

## E. Basis for Pregnant Women Income Standard

### 1. Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so.

- Yes
- No

a. The amount of the minimum income standard (no higher than 185% FPL) is:

**FPL** 185.00%

### 2. Maximum income standard

a. The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

**b. The state's maximum income standard for this eligibility group is:**

- i. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- ii. The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10)(A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- iii. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.
- iv. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.
- v. 185% FPL

**c. The amount of the maximum income standard is:**

**FPL** 208.00%

## G. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), 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.

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