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CA - Submission Package - CA2022MS00020 - (CA-22-0036) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	CA2022MS00020	Submission Type	Official
Program Name	N/A	State	CA
SPA ID	CA-22-0036	Region	San Francisco, CA
Version Number	1	Package Status	Submitted
Submitted By	Angeli Sus Lee	Submission Date	11/9/2022
		Regulatory Clock	90 days remain
		Review Status	Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS0002O | CA-22-0036

Package Header

Package ID	CA2022MS0002O	SPA ID	CA-22-0036
Submission Type	Official	Initial Submission Date	11/9/2022
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

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 | CA2022MS00020 | CA-22-0036

Package Header

Package ID CA2022MS00020
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID CA-22-0036
Initial Submission Date 11/9/2022
Effective Date N/A

Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID CA-22-0036

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Presumptive Eligibility	7/1/2024	CA-13-0021
Presumptive Eligibility for Children under Age 19	7/1/2024	CA-13-0021

Page Number of the Superseded Plan Section or Attachment (If Applicable):

MMDL S-30

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS00020 | CA-22-0036

Package Header

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Submission Type	Official	Initial Submission Date	11/9/2022
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives This proposed amendment rebrands the online presumptive portal (CHDP Gateway) as Children’s Presumptive Eligibility (CPE). Presumptive eligibility services will expand to include all qualified Medi-Cal providers enrolled in Medi-Cal; thereby permitting more providers to make presumptive eligibility determinations and expanding access to Medi-Cal services for more children/youth under the age 19. As part of this proposal, DHCS will develop a CPE training module (similar to hospital presumptive eligibility) as part of the applicable state requirements for presumptive eligibility qualified entities.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2022	\$0
Second	2023	\$0

Federal Statute / Regulation Citation

Health & Safety Code §§ 104395, 120475, 124024; W&I Code § 14011.7

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

Submission - Summary

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Effective Date N/A

Reviewable Unit Instructions

Governor's Office Review

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

Describe The Governor's Office does not wish to review the State Plan Amendment.

Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS0002O | CA-22-0036

CMS-10434 OMB 0938-1188

The submission includes the following:

Administration

Eligibility

Income/Resource Methodologies

Income/Resource Standards

Mandatory Eligibility Groups

Optional Eligibility Groups

Non-Financial Eligibility

Eligibility and Enrollment Processes

Eligibility Process

Application

Presumptive Eligibility

Reviewable Unit Name	Included in Another Submission Package
Presumptive Eligibility	NEW

Continuous Eligibility for Children

Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

Benefits and Payments

Submission - Public Comment

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS0002O | CA-22-0036

Package Header

Package ID CA2022MS0002O

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Submission Type Official

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Effective Date N/A

Superseded SPA ID N/A

Reviewable Unit Instructions

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 | CA2022MS0002O | CA-22-0036

Package Header

Package ID CA2022MS0002O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID CA-22-0036
Initial Submission Date 11/9/2022
Effective Date N/A

Reviewable Unit Instructions

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/designee notice is required because rebranding of CHDP Gateway does not impact rates reimbursed to Indian Health programs, affect eligibility, restrict access, or update the tribal consultation policy in any way. This SPA is to make administrative changes to the presumptive eligibility program and to expand its provider network.

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

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Superseded SPA ID	CA-13-0021		
	User-Entered		

Reviewable Unit Instructions

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		CONVERTED
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>		CONVERTED
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>		NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>		NEW

Hospitals

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

Presumptive Eligibility

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Reviewable Unit Instructions

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

Presumptive Eligibility

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS00020 | CA-22-0036

The state provides Medicaid coverage to children when determined presumptively eligible by a qualified entity.

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Superseded SPA ID	CA-13-0021		
	System-Derived		

Reviewable Unit Instructions

Presumptive eligibility for children is determined under the following provisions:

A. Presumptive Eligibility Income Standard

2. The income standard for presumptive eligibility is the higher of the standard used for Targeted Low-Income Children (42 CFR 435.229) or the standard used for Infants and Children under 19 (42 CFR 435.118), for that child's age.

B. Presumptive Eligibility Age Limit

Children under the following age may be determined presumptively eligible:

Under age:

19

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS00020 | CA-22-0036

Package Header

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Reviewable Unit Instructions

C. Presumptive Eligibility Period

1. The presumptive period begins on the date the determination is made.
2. The end date of the presumptive period is the earlier of:
 1. a. The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 2. b. The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
3. Periods of presumptive eligibility are limited as follows:
 - a. No more than one period within a calendar year.
 - b. No more than one period within two calendar years.
 - c. No more than one period within a six-month period, starting with the effective date of the initial presumptive eligibility period.
 - d. No more than one period within a twelve-month period, starting with the effective date of the initial presumptive eligibility period.
 - e. Other reasonable limitation:

Name of limitation	Description
Children Limitations	Children Limitations: No more than two periods within a 12-month period, starting from the effective date of the initial presumptive eligibility period.

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS00020 | CA-22-0036

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Reviewable Unit Instructions

D. Application for Presumptive Eligibility

- 1. The state uses a standardized screening process for determining presumptive eligibility.
- 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.
 - a. Paper - A copy of the application form is included.
 - b. Online - A copy of the application form is included.

Name	Date Created
SPA 22-0036 ENG-CASingleStreamApp	9/23/2022 2:53 PM EDT

- 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.

Name	Date Created
SPA 22-0036 userguide_gateway guide_31760.01	9/23/2022 2:16 PM EDT

- 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

Name	Date Created
SPA 22-0036 DHCS4073eng App	9/23/2022 1:59 PM EDT

5. Describe the presumptive eligibility screening process:

When a child enters a provider's office and needs coverage, a brief paper application is provided to the family. One of the specific questions on the application is if the family would like information on applying for Medi-Cal. This information is entered into the presumptive eligibility portal, and if eligible, the child will qualify.

E. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

1. Household income must not exceed the applicable income standard for the child's age, described in Section A.

- a. A reasonable estimate of MAGI-based income is used to determine household income.
- b. Gross income is used to determine household size.
- 2. State residency
- 3. Citizenship, status as a national, or satisfactory immigration status

Presumptive Eligibility for Children under Age 19

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Reviewable Unit Instructions

F. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.

2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

- Furnishes health care items or services covered under the state's approved Medicaid state plan and is eligible to receive payments under the plan
- Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
California Schools	California schools participating in the National School Lunch Program Medicaid Expansion
CalHEERS	California Healthcare Eligibility, Enrollment and Retention System

3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and provided adequate training to the entities and organizations involved. A copy of the training materials has been included.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created
SPA 22-0036 userguide_gateway guide_31760.01	9/23/2022 2:43 PM EDT

Presumptive Eligibility for Children under Age 19

MEDICAID | Medicaid State Plan | Eligibility | CA2022MS00020 | CA-22-0036

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Reviewable Unit Instructions

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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