

CA - Submission Package - CA2023MS0001O - (CA-23-0009) - Eligibility

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CMS-10434 OMB 0938-1188

Package Information

Package ID	CA2023MS0001O	Submission Type	Official
Program Name	N/A	State	CA
SPA ID	CA-23-0009	Region	San Francisco, CA
Version Number	1	Package Status	Submitted
Submitted By	Angeli Sus Lee	Submission Date	2/6/2023
		Regulatory Clock	90 days remain
		Review Status	Review 1

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | CA2023MS0001O | CA-23-0009

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Package ID CA2023MS0001O
Submission Type Official
Approval Date N/A
Superseded SPA ID N/A

SPA ID CA-23-0009
Initial Submission Date 2/6/2023
Effective Date 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

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Reviewable Unit Instructions

SPA ID and Effective Date

SPA ID CA-23-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Mandatory Eligibility Groups	1/1/2023	CA-21-0053
Former Foster Care Children	1/1/2023	CA-17-061

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

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Reviewable Unit Instructions

Executive Summary

Summary Description Including Goals and Objectives State Plan Amendment (SPA) 23-0009 will amend SPA 17-061 to restore SPA eligibility for Out of State (OOS) Former Foster Youth (FFY) who were in foster care and on Medicaid in any state when they turned 18 or aged out of the foster care system on or after January 1, 2023.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2023	\$0
Second	2024	\$0

Federal Statute / Regulation Citation

42 U.S.C. 1396a(a)(10)(A)(i)(IX)

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created
No items available	

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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 SPA.

Submission - Medicaid State Plan

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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

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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

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Submission Type Official

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Superseded SPA ID N/A

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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 that a tribal/designee notice is required, because OOS FFY who aged out of foster care on or after January 1, 2023 in any state will continue to receive the same benefits under the new SPA as they did under the 1115 Waiver.

As such, this proposal has no impact on the individual beneficiary as required by the state plan nor does it change the eligibility offered to OOS FFY. It does not impact rates reimbursed to Indian Health programs restrict access, affect eligibility, reduce, or restrict access to any covered services for the OOS FFY.

Medicaid State Plan Eligibility

Mandatory Eligibility Groups

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	User-Entered		

Reviewable Unit Instructions

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

Aged, Blind and Disabled

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

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

Mandatory Eligibility Groups

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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 checked="" 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

Former Foster Care Children

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Individuals under the age of 26, who were in foster care and on Medicaid when they turned age 18 or aged out of foster care.

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The state covers the mandatory former foster care children group in accordance with the following provisions:

A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are under age 26
2. Were in foster care upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21).
3. Are described under either Section B. or C.

B. Individuals Covered

For individuals who turn 18 before January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - i. In foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - ii. Enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration; and
- b. Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to B.1., the state elects to cover individuals who were in foster care under the responsibility of the state or a Tribe within the state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under the state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- b. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.
- c. They were placed by the state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which the state's or Tribe's foster care assistance ends.

C. Individuals Covered

For individuals who turn 18 on or after January 1, 2023:

1. The state covers individuals who:

- a. Upon attaining age 18 or a higher age at which the state's or Tribe's foster care assistance ends under title IV-E of the Act (up to age 21) were:
 - i. In foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to the state under the unaccompanied refugee minor program); and
 - ii. Enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration; and
- b. Are not enrolled in mandatory coverage under the state plan, except that eligibility under this group takes precedence over eligibility under the Adult Group.

2. In addition to C.1., the state elects to cover individuals who were in foster care under the responsibility of any state or a Tribe within any state (including children who were cared for through a grant to a state under the unaccompanied refugee minor program) when they turned 18 or a higher age at which that state's or Tribe's foster care assistance ends under title IV-E of the Act, and meet the following criteria:

- a. They were enrolled in Medicaid under a state's Medicaid state plan or 1115 demonstration at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.
- b. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project when they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

- c. They were placed by a state or Tribe in another state and were enrolled in Medicaid under the other state's Medicaid state plan or 1115 demonstration project at any time during the foster care period in which they turned 18 or a higher age at which a state's or Tribe's foster care assistance ends.

Former Foster Care Children

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D. 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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