

**ATTACHMENT 4: TITLE XIX STATE PLAN
AMENDMENTS**

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>9 7 — 0 1 7</u>	2. STATE: CA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE 6/1/98
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5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN
 AMENDMENT TO BE CONSIDERED AS NEW PLAN
 AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 1902 (e)(12)	7. FEDERAL BUDGET IMPACT: a. FFY <u>98</u> \$ <u>4,514,000</u> b. FFY <u>99</u> \$ <u>9,229,000</u>
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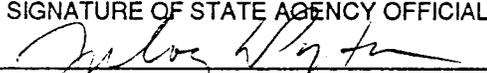
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Unnumbered page following Attachment 2.2A page 23b Item 22	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Unnumbered page following Attachment 2.2A, page 23B
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10. SUBJECT OF AMENDMENT:

Continued Eligibility regardless of changes or circumstances.

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED: Governor's office does not wish to review State Plan Amendments.
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Department of Health Services 714 P Street, Room 1640 Sacramento, CA 95814 Attn: Barbara Hardiman State Plan Coordinator
13. TYPED NAME: J. Douglas Porter	
14. TITLE: Deputy Director	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME:	22. TITLE:

23. REMARKS:

DRAFT--DRAFT--DRAFT--DRAFT--DRAFT--DRAFT

ATTACHMENT 2.2-A
Page 23b

Citation

Groups Covered

B. Optional Coverage Other Than the Medically Needy
(Continued)

1902 (a) (10) (A)
(ii) (XIV) of the Act

21
19.

Optional Targeted Low Income Children who:

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(1)(2)(D));
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- d. have family income at or below:
 - 200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or
 - A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points.

Not applicable

The State covers:

— All children described above who are under age _____ (18, 19) with family income at or below _____ percent of

the Federal poverty level.

The following reasonable classifications of children described above who are under age _____ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902(e) (12) of the Act X ^{22.} 20. A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of 1 months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1920A of the Act 21. ^{23.} Children under age 19 who are determined by a "qualified entity" (as defined in §1920A(b) (3) (A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

9 7 — 0 1 6

2. STATE:

CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

3/1/98

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(1)(3) and 1902(a)(10)

7. FEDERAL BUDGET IMPACT:

a. FFY 98 \$ 4,840,000

b. FFY 99 \$ 24,302,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6A, Page 21
Supplement 1 to Attachment 2.6A, Page 2
Supplement 2 to Attachment 2.6A, Page 1, 2, 4,
and 5
Attachment 2.2A, Pages 4a and 23b

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

Attachment 2.6A, Page 21
Supplement 1 to Attachment 2.6, Page 2
and page 2a
Supplement 2 to Attachment 2.6, Pages
1, 2, 4, and 5

10. SUBJECT OF AMENDMENT:

- 1. Expansion of the 100 Percent Poverty Level Program for children ages 6 to 19.
- 2. Waiver of resources for pregnant women, infants and children.

11. 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: Governor's office does not wish to review State Plan Amendments.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

J. Douglas Porter

14. TITLE:

Deputy Director, Medical Care Services

15. DATE SUBMITTED:

16. RETURN TO:

Dept. of Health Services
714 P Street, Room 1601
P.O. Box 942732
Sacramento, CA 94234-7320

Attn: Barbara Hardiman
State Plan Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

Revision: HCFA-PM- (MB)
February

ATTACHMENT 2.2-A
Page 4a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s) Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A)
(I)(IV) and
1902(1)(1)(A)
and (B) of the
Act

8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in section 1902(a)(10)(A)(I)(IV) and 1902(1)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

X The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902(a)(10)(A)
(I)(VI)
1902(1)(1)(C)
of the Act

a. who have attained 1 year of age but have and not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

1902(a)(10)(A)(I)
(VII) and 1902(1)
(1)(D) of the Act

b. born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

X Children born after September 30, 1977
(specify optional earlier date)
who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels.

Income levels for these groups are specified in Supplement 1 to ATTACHMENT 2.6A.

TN No. 97-016
Supersedes 93-001

Approval Date _____ Effective Date _____

Citation

Groups Covered

B. Optional Coverage Other Than the Medically Needy
(Continued)

1902(a)(10)(A)
(ii)(XIV) of the Act

21.
~~19.~~ Optional Targeted Low Income Children who:

Not Applicable

- a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in §1902(l)(2)(D));
- c. are not covered under a group health plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in §2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

— All children described above who are under age (18, 19) with family income at or below percent of

the Federal poverty level.

_____ The following reasonable classifications of children described above who are under age _____ (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

Not Applicable

1902(e)(12) of the Act _____ ^{22.} ~~20.~~ A child under age _____ (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of _____ months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1920A of the Act _____ ^{23.} ~~21.~~ Children under age 19 who are determined by a "qualified entity" (as defined in §1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citations(s)	Condition or Requirement
1902(l)(3)(A) (B) and (C) of the Act.	<p>c. For pregnant women and infants covered under the provisions of section 1902(a)(10)(A)(ii)(IX) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(l)(3)(A) and (C) of the Act	<p>d. For children covered under the provisions of section 1902(a)(10)(A)(I)(VI) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which, for pregnant women, is no more restrictive than the standard applied in the State's approved AFDC.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>
1902(l)(3)(A) and (D) of the Act	<p>e. For children covered under the provisions of section 1902(a)(10)(A)(I)(VII) of the Act, the agency applies a resource standard.</p> <p><input type="checkbox"/> Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC.</p> <p><input checked="" type="checkbox"/> No. The agency does not apply a resource standard to these individuals.</p>

TN No. 97-016

Supersedes Approval Date _____ Effective Date _____

TN No. 92-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY (Continued)

3. For children under Section 1902(a)(10)(I)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
4. For children under Section 1902(a)(10)(I)(VII) of the Act (children who were born after September 30, 1977 and have attained age 6 but have not attained age 19), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 97-016
Supersedes Approval Date _____ Effective Date _____
TN No. 92-19

21

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

RESOURCE LEVELS

A. CATEGORICALLY NEEDY GROUPS WITH INCOME RELATED TO FEDERAL
POVERTY LEVEL

1. Pregnant Women

a. Mandatory Groups

- Same as SSI resource levels.
- Resources are waived pursuant to Section 1902(1)(3).
See attachment 2.6a Page 21.
- Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
--------------------	-----------------------

1
2

b. Optional Groups

SECTION
NOT
APPLICABLE

- Same as SSI resource levels.
- Resources are waived pursuant to Section 1902(1)(3).
See attached 2.6a Page 21.
- Less restrictive than SSI resource levels and is as follows:

<u>Family Size</u>	<u>Resource Level</u>
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1
2

TN No. 97-016
Supersedes
TN No. 92-19

Approval Date _____

Effective Date _____
HCFA ID: 798E

22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

2. Infants

a. Mandatory Group of Infants

- Same as resource levels in the State's approved AFDC plan.
- Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10 and above	

Resources are waived pursuant to Section 1902(l)(3). See attachment 2.6a Page 21.

TN No. 97-016
Supersedes Approval Date _____
TN No. 92-19

Effective Date _____
HCFA ID. 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

2. Children

a. Mandatory Group of Children under Section 1902(a)(1)(I)(VI) of the Act. (Children who have attained age 1 but have not attained age 6.)

- Same as resource levels in the State's approved AFDC plan.
- Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10 and above	

Resources are waived pursuant to Section 1902(l)(3). See attachment 2.6a Page 21.

TN No. 97-016
Supersedes Approval Date _____ Effective Date _____
TN No. 92-19

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

b. Mandatory Group of Children under Section 1902(a)(1)(I)(VII) of the Act.
(Children born after September 30, 1977 who have attained age 6 but have not attained age 19.)

- Same as resource levels in the State's approved AFDC plan.
- Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	
2	
3	
4	
5	
6	
7	
8	
9	
10 and above	

Resources are waived pursuant to Section 1902(l)(3). See attachment 2.6a Page 21.

TN No. 97-016
Supersedes Approval Date _____ Effective Date _____
TN No. 92-19