

Table of Contents

State/Territory Name: CA

State Plan Amendment (SPA) #: 21-0069

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 8, 2022

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

Dear Ms. Cooper:

Enclosed is an approved copy of California State Plan Amendment (SPA) 21-0069, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 30, 2021. This SPA will exempt from estate recovery any payment made to qualified recipients of the Forced or Involuntary Victim Compensation Program following the death of a qualified Medicaid member.

The effective date of this SPA is March 31, 2022. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- Section 4.17, page 53c.1

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosure

cc: Erika Sperbeck, Department of Health Care Services (DHCS)
Saralyn Ang-Olson, DHCS
Bill Otterbeck, DHCS
Aaron Toyama, DHCS
Oksana Hill, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 1 — 0 0 6 9</u>	2. STATE <u>CA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE March 31, 2022
--	---

5. FEDERAL STATUTE/REGULATION CITATION 1917(b)(2) of the Social Security Act and at 42 CFR 433.36(h)-(i)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>10/1/21-9/30/22</u> \$ <u>0</u> b. FFY <u>10/1/22-9/30/23</u> \$ <u>0</u>
---	---

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 4.17, page 53c.1	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Section 4.17, page 53c.1
--	---

9. SUBJECT OF AMENDMENT
Forced or involuntary sterilization reparation payments made to survivors shall be exempt from estate recovery following the death of the qualified recipient.

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	15. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
12. P. PED NAME Jacey Cooper	
13. TITLE State Medicaid Director	
14. DATE SUBMITTED December 30, 2021	

FOR CMS USE ONLY

16. DATE RECEIVED December 30, 2021	17. DATE APPROVED February 8, 2022
--	---------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL March 31, 2022	19. SIGN
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS
Box 6: For item a, CMS made a pen and ink change to delete "10/1/21" and insert "3/31/22" since 3/31/22 is the SPA effective date. DHCS concurred with this revision via call and email dated 2/3/22.

53c.1

Revision: HCFA-PM-95-3 (MB)
April, 2000

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: California

(4) Japanese Reparation payments, or where the reparation payments described above have been converted to another form, amounts of resources equal to the amount of these reparation payments, received by the deceased Medi-Cal beneficiary or inherited by the deceased spouse of that beneficiary, or both, shall be exempt from estate recovery

(5) Forced or Involuntary Sterilization Reparation Payments, received by the deceased Medi-Cal beneficiary or inherited by any recipient through distribution or survival, shall be exempt from estate recovery.

TN No. 21-0069
Supersedes
TN. No. 00-001

Approval Date: February 8, 2022

Effective Date: March 31, 2022