



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

Gloria Nagle, PhD, MPA
Associate Regional Administrator
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Dear Ms. Nagle,

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA), which updates the eligibility procedures for the Program of All-Inclusive Care for the Elderly per the Companion Letter received September 25, 2013.

As part of SPA 14-010, DHCS is requesting to remove Supplement 4 to Attachment 3.1-B pages in its entirety; amend language referring to Supplement 4 to Attachment 3.1-B pages; and add a new number 4a to page 11 of Attachment 2.2-A.

In compliance with the new policy set forth by the American Recovery and Reinvestment Act of 2009, DHCS notified Indian Health Programs and Urban Indian Organizations of SPA 14-010. It was determined that no tribal consultation was needed.

Please contact Mr. John Shen, Chief of the Long-Term Care Division at (916) 440-7534 or by email at John.Shen@dhcs.ca.gov if you have any questions.

Sincerely,

Original Signed

Toby Douglas
Director

Enclosures

Ms. Gloria Nagle
Page 2

cc: Kathleen Creggett
Division of Medicaid and Children's Health Operations
San Francisco Regional Office
Centers for Medicare and Medicaid Services
90 Seventh Street, Suite 5-300(5W)
San Francisco, CA 94103

State of California
PACE State Plan Amendment Pre-Print

<u>Citation</u>	3.1(a)(2)	Amount, Duration, and Scope of Services: Medically Needy (continued)
1905(a)(26) and 1934	(xii) <u>X.</u>	Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 4 to Attachment 3.1-A. (Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage that is in excess of established service limits for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN No. _____ Approval Date _____ Effective Date _____
Supersedes
TN No. _____.

State/ Territory: CALIFORNIA

Agency*	Citations (s)	Groups Covered
B. <u>Optional Groups Other Than The Medically Needy</u> (Continued)		
42 CFR 435.217 DHS	<u>X</u>	4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group (s) is covered. In the event an existing 1915 (c) waiver is amended to cover this group (s), this option is effective on the effective date of the amendment.
42 CFR 435.217	<u>X</u>	4a. The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided in section 1902(a) 10(A) (ii) (VI) of the ACT (42 CFR 435.217)

State of California
PACE State Plan Amendment Pre-Print

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES
PROVIDED TO THE MEDICALLY NEEDY

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 4 to Attachment 3.1-A.
- Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.
- No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

TN No. _____ Approval Date _____ Effective Date _____

TN No. _____