

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

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**JUN 16 2014**

Toby Douglas, Director  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 14-010. SPA 14-010 was submitted in response to the companion letter for approved SPA CA-13-006. The SPA amends the descriptions of California's PACE program.

The effective date of this SPA is April 1, 2014. Enclosed is the following approved SPA pages that should be incorporated into your approved State Plan:

- Section 3, page 20c
- Attachment 2.2-A, page 11
- Attachment 3.1-B, page 10

In addition, approval of this SPA has the impact of removing the following pages from the California State Plan:

- Supplement 4 to Attachment 3.1-B, pages 1-8

If you have any questions, please contact Tom Schenck by phone at (415) 744-3589 or by email at [Tom.Schenck@cms.hhs.gov](mailto:Tom.Schenck@cms.hhs.gov).

ORIGINAL SIGNED

Enclosure

cc: John Shen, California Department of Health Care Services  
Frances Magao, California Department of Health Care Services



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.)

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TN No. 14-010

Approval Date JUN 16 2014

Effective Date: April 1, 2014

Supersedes

TN No. 02-003

State/ Territory: CALIFORNIA

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Agency*	Citations ( s )	Groups Covered
<b>B. <u>Optional Groups Other Than The Medically Needy</u> ( Continued )</b>		
42 CFR 435.217 DHS	<b><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.</b>	
42 CFR 435.217	<b><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)</b>	

State of California  
PACE State Plan Amendment Pre-Print

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

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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.

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TN No. 14-010

Approval Date **JUN 16 2014** Effective Date April 1, 2014

TN No. 02-003