



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



EDMUND G. BROWN JR.  
GOVERNOR

September 30, 2015

Ms. Henrietta Sam-Louie  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations  
Centers for Medicare and Medicaid Services  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 15-007

Dear Ms. Sam-Louie:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 15-007 for your review and approval. SPA 15-007 makes technical updates to the Pediatric Immunization Program pages. The Pediatric Immunization Program is now called the Vaccines for Children Program (VFC) and the California Department of Public Health is responsible for the provisions of the Social Security Act, Section 1928.

The enclosed SPA does not change the VFC benefit. For your review and approval, the following SPA documents are enclosed:

- HCFA Form 179
- Attachment 4.19-B, pages 79-80
  - Section 1.5 page 9a- (Clean Version)
  - Section 1.5 page 9a- (Redline Version)
  - Section 1.5 page 9b- (Clean Version)
  - Section 1.5 page 9b- (Redline Version)

The Centers for Medicare and Medicaid Services notified DHCS on August 19, 2015, that there was no need to publish a tribal notice, since the SPA will not impact Indian Health Programs or its beneficiaries.

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If you have any questions regarding the information provided, please contact Ms. Laurie Weaver, Assistant Deputy Director, Health Care Benefits and Eligibility and Chief (Acting) Benefits Division, by phone at (916) 552-9400 or by email at [laurie.weaver@dhcs.ca.gov](mailto:laurie.weaver@dhcs.ca.gov).

Sincerely,

ORIGINAL SIGNED

Mari Cantwell  
Chief Deputy Director  
Health Care Programs  
State Medicaid Director

Enclosures

cc: Donald A. Novo  
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

René Mollow, MSN, RN, Deputy Director  
Health Care Benefits & Eligibility  
Department of Health Care Services  
P.O. Box 997413, MS 4607  
Sacramento, CA 95899-7413

Laurie Weaver, Assistant Deputy Director  
Health Care Benefits and Eligibility  
Chief, Benefits Division  
Department of Health Care Services  
1501 Capitol Avenue, MS 4600  
P.O. Box 997417  
Sacramento, CA 95899-7417

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>15-007</b>	2. STATE California
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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 July 1, 2015	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act, Section 1928		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$0 b. FFY 2016 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 1.5 page 9a Section 1.5 page 9b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ): Section 1.5 page 9a Section 1.5 page 9b	
10. SUBJECT OF AMENDMENT: Technical changes to the Pediatric Immunization Program pages, now titled Vaccines for Children program.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: ORIGINAL SIGNED		16. RETURN TO:  Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, MS 4506 P.O. Box 997413 Sacramento, CA 95899-7413	
13. TYPED NAME: Mari Cantwell		SEP 30 2015	
14. TITLE: Chief Deputy Director Health Care Programs State Medicaid Director			
15. DATE SUBMITTED:			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
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-94-3 (MB)  
 July 2015  
 State/Territory: California

Citation 1.5 Vaccines For Children Program

1928 of the Act

1. The Vaccines for Children (VFC) program is administered by the California Department of Public Health (CDPH). Vaccines available through the VFC program are those recommended by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP). The VFC program maintains a list of program-enrolled providers. The VFC distributes vaccines to program-enrolled providers for immunization of federally vaccine-eligible children in accordance with the Social Security Act (SSA), Section 1928, as indicated below.
  - a. The VFC program will provide each federally vaccine-eligible child, 18 years of age and younger, with medically appropriate vaccines according to the recommended vaccine periodicity schedule developed by ACIP. All ACIP vaccines are preventive and administered without cost-sharing.
  - b. The VFC program will outreach and encourage providers to participate in the program and to administer vaccines in multiple settings. This includes, but is not limited to, private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act and health programs or facilities operated by Indian tribes.
  - c. With respect to any population of federally vaccine-eligible children, a substantial portion of whose parents/guardians have limited ability to speak English, the VFC program will identify program-enrolled providers who are able to communicate with this population in the language and cultural context that is most appropriate.
  - d. The VFC program will instruct program-enrolled providers to determine eligibility in accordance with SSA Section 1928(b) and (h).
  - e. The VFC program will assure that program-enrolled providers submit to the State an executed provider agreement in accordance with SSA Section 1928(c) and current VFC program provider agreement terms. No vaccine will be distributed under the program to a provider unless the provider is a program-enrolled provider with an executed participation provider agreement with CDPH.
  - f. Except as authorized under SSA Section 1915(b) or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-enrolled provider.

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Citation

- 1928 of the Act
2. The State Medicaid Agency has coordinated with the California Department of Public Health in the completion of this preprint page.
  3. The State agency with overall responsibility for the implementation, management and enforcement of the provisions of SSA Section 1928 is:  
  
    \_\_\_ State Medicaid Agency  
  
    X California Department of Public Health