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State/Territory Name: California

State Plan Amendment (SPA) #: 20-0040

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
March 16, 2021

Jacey Cooper  
Chief Deputy Director, Health Care Programs  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA  94899-7413

Re: California State Plan Amendment (SPA) 20-0040

Dear Ms. Cooper:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 20-0040. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

The State of California requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is
required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) of the Act, CMS is approving the state’s request to waive these notice requirements otherwise applicable to SPA submissions.

The State of California also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers of the requirements related to SPA public notice and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that California’s Medicaid SPA Transmittal Number 20-0040 is approved effective November 2, 2020. This SPA is in addition to California’s Disaster Relief SPA 20-0024, approved on May 13, 2020, and California’s Disaster Relief SPA 20-0025, approved on August 20, 2020, and does not supersede anything approved in those SPAs.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Cheryl Young at 415-744-3598 or by email at Cheryl.Young@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of California and the health care community.

Sincerely,

Alissa Mooney DeBoy
On behalf of Ann Marie Costello, Acting Director
Center for Medicaid and CHIP Services

Enclosures
cc: Lindy Harrington, Department of Health Care Services (DHCS)
    Rene Mollow, DHCS
    Aaron Toyama, DHCS
    Saralyn Ang-Olson, 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
   2 0 0 — 0 0 40

2. STATE
   California

3. PROGRAM IDENTIFICATION:
   TITLE XIX OF THE SSA (MEDICAID)

TO: REGIONAL ADMINISTRATOR
   CENTERS FOR MEDICARE & MEDICAID SERVICES
   DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
   November 2, 2020

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
   42 CFR 447, Title XIX of the Social Security Act

7. FEDERAL BUDGET IMPACT
   a. FFY 2021 $ 43,888,984
   b. FFY 2022 $ 159,648,709

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
   Section 7.4, pages 90x-90gg

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
   n/a

10. SUBJECT OF AMENDMENT
    Disaster Relief SPA #3 proposes coverage and reimbursement of COVID-19 vaccine administration.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL
    □

13. TYPED NAME
    Jacey Cooper

14. TITLE
    State Medicaid Director

15. DATE SUBMITTED
    December 18, 2020

16. RETURN TO
    Department of Health Care Services
    Attn: Director's Office
    P.O. Box 997413, MS 0000
    Sacramento, CA 95899-7413

17. DATE RECEIVED
    December 18, 2020

18. DATE APPROVED
    March 16, 2021

19. EFFECTIVE DATE OF APPROVED MATERIAL
    November 2, 2020

20. SIGNATURE OF REGIONAL OFFICIAL
    Alissa M. DeBoy

21. TYPED NAME
    Alissa Mooney DeBoy

22. TITLE
    [On Behalf of Anne Marie Costello] Acting Director Center for Medicaid and CHIP Services

23. REMARKS
    For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

    3/9/21: The state updated box 6 to include Title XIX of the Social Security Act citation and box 7 to revise the federal budget impacts.

Instructions on Back
Section 7 – General Provisions

7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

_ X_ The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

a. _____ SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

b. _ X_ Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans),

TN: __20-0040___ Approval Date: __3/16/21___
Supersedes TN: _____ NEW______ Effective Date: __11/2/2020___

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20 and 8/20/20, and it does not supersede anything approved in those SPAs.
This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20 and 8/20/20, and it does not supersede anything approved in those SPAs.
This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20 and 8/20/20, and it does not supersede anything approved in those SPAs.
Please describe any limitations related to the populations included or the number of allowable PE periods.

3. _____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. _____ The agency adopts a total of _____ months (not to exceed 12 months) continuous eligibility for children under age enter age _____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.

5. _____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every _____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).

6. _____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).
   a. _____ The agency uses a simplified paper application.
   b. _____ The agency uses a simplified online application.
   c. _____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. _____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

TN: __20-0040___ Approval Date:  __3/16/21___
Supersedes TN: _____ NEW_______ Effective Date:  __11/2/2020___

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20 and 8/20/20, and it does not supersede anything approved in those SPAs.
2. _____ The agency suspends enrollment fees, premiums and similar charges for:
   a. _____ All beneficiaries
   b. _____ The following eligibility groups or categorical populations:

   Please list the applicable eligibility groups or populations.

3. _____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

   Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. _____ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

2. ___X___ The agency makes the following adjustments to benefits currently covered in the state plan:

   Other Licensed Practitioners: Pharmacies are qualified providers of COVID-19 vaccinations per the HHS COVID-19 PREP Act Declaration and authorizations. Pharmacy Technicians and Pharmacy Interns acting within the scope of their practice may also administer COVID-19 vaccinations under the supervision of an immunizing pharmacist.

3. ___X___ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. ___X___ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

TN: ___20-0040___ Approval Date: ___3/16/21___
Supersedes TN: _____NEW______ Effective Date: ___11/2/2020___

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This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20 and 8/20/20, and it does not supersede anything approved in those SPAs.
Section E – Payments

Optional benefits described in Section D:

1. Newly added benefits described in Section D are paid using the following methodology:
   a. Published fee schedules –
      Effective date (enter date of change): _____________
      Location (list published location): _______________
   b. Other:
      
      Describe methodology here.

Increases to state plan payment methodologies:

2. The agency increases payment rates for the following services:

   COVID-19 vaccine administration will be paid at 100% of the Medicare national equivalent rates, without any geographic adjustment, in effect at the time that the service is provided.

   a. Payment increases are targeted based on the following criteria:

      Increased administration fee targeted only to COVID-19 vaccines, all doses.

   b. Payments are increased through:

      i. A supplemental payment or add-on within applicable upper payment limits:

      ii. An increase to rates as described below.

      Rates are increased:

TN: 20-0040 Approval Date: 3/16/21
Supersedes TN: NEW Effective Date: 11/2/2020

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20 and 8/20/20, and it does not supersede anything approved in those SPAs.
State/Territory: __California___
Page: __90ee__
Disaster Relief SPA #3

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20 and 8/20/20, and it does not supersede anything approved in those SPAs.

_____ Uniformly by the following percentage: ____________

___ Through a modification to published fee schedules –

   Effective date (enter date of change): ____November 2, 2020_____

   Location (list published location): ______DHCS rate page website_____

___ Up to the Medicare payments for equivalent services.

___ By the following factors:

   Please describe.

Payment for services delivered via telehealth:

3. _____ For the duration of the emergency, the state authorizes payments for telehealth services that:

   a. ___ Are not otherwise paid under the Medicaid state plan;

   b. ___ Differ from payments for the same services when provided face to face;

   c. ___ Differ from current state plan provisions governing reimbursement for telehealth;

   Describe telehealth payment variation.

   d. ___ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:

      i. ___ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.

      ii. ___ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. ___X__ Other payment changes:

TN: __20-0040___ Approval Date: __3/16/21__
Supersedes TN: _____ NEW_____ Effective Date: __11/2/2020__
Please describe.
For any COVID-19 vaccine administration by a Tribal 638 non-FQHC clinic provider that would not otherwise have qualified for an All Inclusive Rate (AIR) payment, the COVID-19 vaccine administration will be reimbursed based on the fee schedule rates established under E2.

Section F – Post-Eligibility Treatment of Income

1. ____ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
   a. ____ The individual’s total income
   b. ____ 300 percent of the SSI federal benefit rate
   c. ____ Other reasonable amount: _______________

2. ____ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

   The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

   Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have

TN: __20-0040__ Approval Date: __3/16/21__
Supersedes TN: _____ NEW_____ Effective Date: __11/2/2020__

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