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State/Territory Name: California

State Plan Amendment (SPA) #: 26-0013

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

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

April 22, 2026

Tyler Sadwith
State Medicaid Director
Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413
Attn: Director's Office

Re: California State Plan Amendment (SPA) 26-0013

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number CA-26-0013. This amendment was submitted to make technical edits to the durable medical equipment section of the State Plan to remove low, outdated monetary thresholds.

We conducted our review of your submittal according to statutory requirements and implementing regulations at 42 CFR 440.70. This letter is to inform you that California Medicaid SPA 26-0013 was approved on April 22, 2026, with an effective date of January 1, 2026.

Enclosed are copies of CMS Form 179 and approved SPA pages to be incorporated into the California State Plan.

If you have any questions, please contact Nikki Lemmon at Nicole.Lemmon@cms.hhs.gov.

Sincerely,



Digitally signed by Nicole
M. Mcknight -S
Date: 2026.04.22 12:07:06
-04'00'

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Lindy Harrington
Angeli Lee
Shanna Haysbert
Jeanette Pham

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

1. TRANSMITTAL NUMBER <u>2 6 — 0 0 1 3</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 January 1, 2026
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5. FEDERAL STATUTE/REGULATION CITATION <u>42 USC 1395m(a)(1)(E); 42 USC 1396d(a); 42 CFR 440.70</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>0</u> b. FFY <u>2027</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Limitations on Attachment 3.1-A and 3.1-B, Page 14</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Limitations on Attachment 3.1-A and 3.1-B, Page 14</u>
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9. SUBJECT OF AMENDMENT
To make technical edits to the durable medical equipment section of the State Plan.

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. TY Tyler Sadwith	
13. TITLE State Medicaid Director and Chief Deputy Director	
14. DATE SUBMITTED March 19, 2026	

FOR CMS USE ONLY	
16. DATE RECEIVED March 19, 2026	17. DATE APPROVED April 22, 2026

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2026	19. SIGNATURE OF APPROVING OFFICIAL Nicole M. Mcknight -S <small>Digitally signed by Nicole M. Mcknight -S Date: 2026.04.22 12:07:38 -04'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Nicole McKnight	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

STATE PLAN CHART

(Note: This chart is an overview only)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
7c.1 Medical supplies (cont.)	Blood and blood derivatives are covered when ordered by a physician or dentist.	Prior authorization is not required. Certification that voluntary blood donations cannot be obtained is required from blood banks supplying the blood or facility where transfusion is given.
7c.2 Durable medical equipment (DME)	Covered after a face-to-face encounter with a physician, nurse practitioner (NP), clinical nurse specialist (CNS), or a physician assistant (PA) when prescribed by a physician, NP, CNS, or PA and reviewed annually by the prescribing practitioner, in accordance with 42 CFR 440.70. DME commonly used in providing SNF and ICF level of care is not separately billable. Common household items are not covered.	Prior authorization may be required. Authorization shall be granted only for the lowest cost item that meets the medical needs of the patient.
7c.3 Hearing aids	Refer to Type of Service "12c Prosthetic and orthotic appliances, and hearing aids."	Refer to Type of Service "12c Prosthetic and orthotic appliances, and hearing aids."

*Prior authorization is not required for emergency services.
**Coverage is limited to medically necessary services.

STATE PLAN CHART

Limitations on Attachment 3.1-B
Page 14

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TN No. CA-26-0013
Supersedes
TN No. CA-20-0035Approval Date: April 22, 2026Effective Date: January 1, 2026