March 11, 2021

James G. Scott, Director
Division of Program Operations
Medicaid & CHIP Operations Group
U.S. Department of Health & Human Services
Centers for Medicare & Medicaid Services
601 E. 12th Street, Room 355
Kansas City, MO 64106

STATE PLAN AMENDMENT 21-0020: DISASTER RELIEF FOR COVID-19 VACCINATION COVERAGE AND REIMBURSEMENT

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 21-0020 for your review and approval. SPA 21-0020 seeks to implement the policies and procedures as described, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the public health emergency (PHE) related to the COVID-19 outbreak. The effective date of SPA 21-0020 is November 2, 2020.

Using the SPA template provided by the Centers for Medicare and Medicaid Services (CMS) for disaster relief during the COVID-19 PHE, DHCS seeks to add coverage for COVID-19 vaccine administration to Medi-Cal beneficiaries, and establish Medicare reimbursement rates for the COVID-19 vaccine administration when furnished within their scope of practice, in accordance with California state law, for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC).

In response to CMS guidance, DHCS removed the FQHC and RHC provider reimbursement for COVID-19 vaccine administration from SPA 20-0040. Consequently, DHCS is resubmitting a proposal to reimburse COVID-19 vaccine administration at Medicare payment rates via SPA 21-0020. FQHC and RHC providers will receive the payment outside, per-visit reimbursement.

DHCS provided notification regarding this proposal to Tribes and designees of Indian health programs during the submission of SPA 20-0040. Therefore, DHCS will not provide additional notification on SPA 21-0020 pursuant to CMS guidance.
DHCS is submitting CMS Form 179 and the disaster relief SPA template. The budget impact estimate is based on the delivery of the COVID-19 vaccine benefit and reimbursement for administration to all covered Medi-Cal populations exclusively through the fee-for-service delivery system, including carve out from all managed care contracts as indicated on the accompanying 1115 waiver request. DHCS estimates the federal fiscal impact for reimbursement of COVID-19 vaccine administration at the Medicare rate will be approximately $8,777,797 million in federal fiscal year 2021 and $31,929,742 million in federal fiscal year 2022, for a combined total of $40,707,539 million.

If you have any questions or need additional information, please contact René Mollow, MSN, RN, Deputy Director, Health Care Benefits & Eligibility, at (916) 440-7800, or by email at Rene.Mollow@dhcs.ca.gov.

Sincerely,

Jacey Cooper
Chief Deputy Director
Health Care Programs
State Medicaid Director

Enclosures

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Disaster Relief SPA #7 proposes coverage and reimbursement of COVID-19 vaccine administration.

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

Effective date is November 2, 2020.

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),

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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.
42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

c. **X** Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in California Medicaid state plan, as described below:

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Please describe the modifications to the timeline.
DHCS provided notification regarding this proposal to Tribes and designees of Indian health programs during the submission of SPA 20-0040. Therefore, DHCS will not provide an additional notification on SPA 21-0020 pursuant to CMS guidance.
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**Section A – Eligibility**

1. _____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

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Include name of the optional eligibility group and applicable income and resource standard.
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2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

   a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

   Income standard: _____________

   -or-

   b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

   Income standard: _____________

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

   Less restrictive income methodologies:

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Less restrictive resource methodologies:

4. _____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. _____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. _____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistencies or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. _____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

   Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. _____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

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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.
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

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

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).

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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).
   
a. **X** The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.
   
b. _____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

   Please describe.

**Telehealth:**

5. _____ The agency utilizes telehealth in the following manner, which may be different than outlined in the state’s approved state plan:

   Please describe.

**Drug Benefit:**

6. _____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

   Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

7. _____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. _____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

   Please describe the manner in which professional dispensing fees are adjusted.

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9. The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

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

   b. Payments are increased through:

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

      Please describe.

      ii. An increase to rates as described below.

      Rates are increased:

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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.
Disaster Relief SPA #7

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.

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:

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Please describe.
Please describe.

Reimbursement for COVID-19 vaccine administration for Federally Qualified Health Centers, Rural Health Centers and Tribal Federally Qualified Health Centers providers will be outside of the applicable Prospective Payment Systems (PPS)/All Inclusive Rate (AIR) or alternative reimbursement methodology described in State Plan Attachment 4.19-B and will be reimbursed based on the fee schedule rates established under SPA 20-0040. Reimbursement for COVID-19 vaccine administration will not impact the reconciliation of the PPS/AIR rate or alternative reimbursement methodology for these providers.

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

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