

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 22-0004

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



February 24, 2023

Jacey Cooper
Chief Deputy Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 22-0004

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0004. This amendment proposes to comply with the vaccine coverage and administration requirements at section 1905(a)(4)(E) of the Social Security Act (Act) and the COVID-19 testing and treatment requirements at section 1905(a)(4)(F) of the Act.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of California also requested a waiver to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying 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)(5) of the Act, CMS is approving the state's request to modify 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.

Page 2 – Jacey Cooper, Chief Deputy Director

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that California's Medicaid SPA Transmittal Number 22-0004 is approved effective March 11, 2021.

If you have any questions, please contact Cheryl Young at 415-744-3598 or by email at Cheryl.Young@cms.hhs.gov.

Sincerely,

Courtney L.
Miller -S

Digitally signed by
Courtney L. Miller -S
Date: 2023.02.24
08:01:53 -06'00'

Courtney Miller
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 4

2. STATE

CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2020 March 11, 2021

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447 Subp. F, 42 CFR 440.30, 42 CFR 440.130, SSA 1905(a)(4)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2020-21 \$ 987,825 \$734,230
b. FFY 2021-22 \$ 29,442,054 \$25,620,930

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Section 7.4 pages 9000000-9000000

Attachment 7.7-A, pages 1-4

Attachment 7.7-B, pages 1-3

Attachment 7.7-C, pages 1-3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

n/a

9. SUBJECT OF AMENDMENT

Coverage for pharmacies billing for COVID-19 tests; reimbursement for the home COVID-19 test kits; rates for in-home COVID-19 vaccine administration in group settings; and COVID-19 vaccine counseling-only visits.

Compliance with the vaccine coverage and administration requirements at section 1905(a)(4)(E) of the Social Security Act (Act) and the COVID-19 testing and treatment requirements at section 1905(a)(4)(F) of the Act.

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

[Redacted Signature]

12. TYPED NAME

Jacey Cooper

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

January 14, 2022

15. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED

January 14, 2022

17. DATE APPROVED

February 24, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

March 11, 2021

19. SIGNATURE OF APPROVING OFFICIAL

Courtney Miller -S

Digitally signed by
Courtney Miller
Date: 2023.02.24
08:02:18 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

Courtney Miller

21. TITLE OF APPROVING OFFICIAL

On behalf of Anne Marie Costello, Deputy Director, Center for Medicaid and CHIP Services

22. REMARKS

Box 4 and 7: CMS made pen and ink changes to update effective date and SPA pages per email with DHCS on 2/14/23.

Box 6: CMS made pen and ink changes to update budget impact based on revised budget estimates made by DHCS on 11/18/22 in response to CMS questions.

Box 9: CMS made pen and ink changes to update the SPA description per email with DHCS on 2/16/23.

Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

The state assures coverage of COVID-19 vaccines and administration of the vaccines.¹

The state assures that such coverage:

1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and
2. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act.

The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.

Additional Information (Optional):

¹ The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.

Reimbursement

The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit.

COVID-19 vaccine administration rates are described on page 90dd and, for non-FQHC Tribal facilities specifically, on page 90ff, of Disaster Relief SPA 20-0040. Vaccine administration rates for Federally Qualified Health Centers, Rural Health Clinics, and tribal FQHCs are described on page 90jjj of SPA 21-0020. Disaster Relief authority for COVID-19 vaccine administration rates and methodologies on page 90ff of SPA 20-0040 and in SPA 21-0020 was rescinded in SPA 22-0067 and permanent 4.19-B authority for these same methodologies was approved in SPA 22-0067-A.

The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:

Medicare national average, OR
 Associated geographically adjusted rate.

The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

TN: 22-0004
 Supersedes TN: None

Approval Date: 2/24/2023
 Effective Date: 3/11/2021

<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates>

Effective June 8, 2021, COVID-19 vaccine administration rate will be paid at the rate established by SPA 20-0040 plus an add-on rate of \$35 rate, up to five times, when administered to more than one individual at in-home settings include, but are not limited to, smaller group homes, assisted living facilities, and other group living situations, until the last day of the ARP effective period. Providers who are paid encounter rates will receive their applicable encounter rates when they provide this service and do not receive the add-on rate of \$35.

The state is extending the COVID-19 (non-Tribal) FFS vaccine administration rate established in SPA 20-0040 from the first day after the PHE to last day of the ARP effective period.

The state's fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

--

The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

--

The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location:

TN: 22-0004

Supersedes TN: None

Approval Date: 2/24/2023

Effective Date: 3/11/2021

COVID-19 vaccine counseling-only visits for children and adults are paid at Medi-Cal rates, effective March 11, 2021. There is no limit on the number of counseling sessions a child may receive annually. COVID-19 vaccine counseling-only service may be billed under the following CPT codes from March 11, 2021, through September 30, 2022:

99202 at a rate of \$34.30

99203 at a rate of \$57.20

99204 at a rate of \$68.90

99205 at a rate of \$82.70

99212 at a rate of \$11.41

99213 at a rate of \$24.00

99214 at a rate of \$37.50

99215 at a rate of \$57.20

<https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates>

Effective October 1, 2022, providers may bill the following COVID-19 vaccine counseling-only CPT codes:

G0314 at a rate of \$37.50

G0315 at a rate of \$18.10

Federally Qualified Health Centers (FQHCs), including Tribal FQHCs, Tribal 638 Clinics, and Rural Health Centers, will receive their Prospective Payment System (PPS)/Alternative Payment methodology (APM), or All-Inclusive Rate, as applicable, for vaccine counseling-only visits for children and adults for COVID-19 when provided by a billable provider.

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 22-0004

Supersedes TN: None

Approval Date: 2/24/2023

Effective Date: 3/11/2021

COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

X The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

X The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

Home test, self-administered Antigen kits require dispensing from a pharmacy, written (or electronic equivalent) on a prescription signed by a licensed prescriber or a pharmacist. Test kits are limited to eight tests per beneficiary per month (or four test kits that include two separate tests). This limit can be exceeded if ordered or administered by a provider following an individualized clinical assessment.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

TN: 22-0004

Supersedes TN: None

Approval Date: 2/24/2023

Effective Date: 3/11/2021

Reimbursement

X The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

DHCS established payment for all tests required to be covered by ARP, except over-the-counter home Antigen tests, at 100 percent of the Medicare via SPA 20-0024.

X The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

___ The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

___ Medicare national average, OR

___ Associated geographically adjusted rate.

X The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location :

Effective March 11, 2021, the provision of home tests required to be covered and paid by ARP are paid using the MAPC + 23% methodology. The payment is listed in the covered List as MAPC, per test. The listed MAPC does not include the 23% markup, which is applied separately during claim adjudication. DHCS will not reimburse providers for test kits obtained at no cost.

The individual price per test along with a list of the covered tests is readily available on the Medi-Cal Rx website and is called the *Covered Emergency Use of Authorization (EUA) COVID-19 Antigen Tests*. It can be found at this location: https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/forms-and-information/Covered_EUA_COVID-19_Antigen_Tests.xlsx.

DHCS is establishing the home test kit rates with this SPA template and will extend the DR 20-0024 payment methodology until the end of the ARP period.

TN: 22-0004

Supersedes TN: None

Approval Date: 2/24/2023

Effective Date: 3/11/2021

The state's fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

The payment methodologies for COVID-19 testing for providers listed above are described below:

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COVID-19 Treatment at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage for the Treatment and Prevention of COVID

X The states assures coverage of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

X The state assures that such coverage:

1. Includes any non-pharmacological item or service described in section 1905(a) of the Act, that is medically necessary for treatment of COVID-19;
2. Includes any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations;
3. Is provided without amount, duration or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
4. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
5. Is provided to the optional COVID-19 group, if applicable; and
6. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

--

Coverage for a Condition that May Seriously Complicate the Treatment of COVID

X The state assures coverage of treatment for a condition that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19.

X The state assures that such coverage:

1. Includes items and services, including drugs, that were covered by the state as of March 11, 2021;
2. Is provided without amount, duration or scope limitations that would otherwise apply when covered for other purposes;
3. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
4. Is provided to the optional COVID-19 group, if applicable; and
5. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

Reimbursement

X The state assures that it has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 treatment for each applicable Medicaid benefit:

California's reimbursement payment methodologies for inpatient hospital services are described in State Plan Attachment 4.19-A and Supplement to Attachment 4.19-A.

California's reimbursement payment methodologies for non-institutional benefits and services are described in State Plan Attachment 4.19-B and the Supplement to Attachment 4.19-B.

TN: 22-0004

Supersedes TN: None

Approval Date: 2/24/2023

Effective Date: 3/11/2021

The reimbursement payment methodologies for Skilled Nursing and Intermediate Care Facility services are described in State Plan Attachment 4.19-D and the Supplement to Attachment 4.19-D.

The reimbursement payment methodologies for the following services are temporarily amended during the COVID-19 PHE, as described in State Plan Section 7.4, pages 90a-m, approved in Disaster Relief State Plan Amendment 20-0024, effective March 1, 2020 to the end of the PHE:

- Skilled Nursing Facilities (SNFs), including Freestanding Nursing Facilities Level-B; Nursing Facilities Level-A; Distinct Part Nursing Facilities Level-B; Freestanding Adult Subacute facilities; Distinct Part Adult Subacute facilities; Distinct Part Pediatric Subacute facilities; Freestanding Pediatric Subacute facilities; and Intermediate Care Facilities for the Developmentally Disabled (ICF/DDs), ICF/DD-Habilitative, and ICF/DD-Nursing as described in State Plan Attachment 4.19-D and Supplement 4 to Attachment 4.19-D

The reimbursement payment methodology for Durable Medical Equipment as described in State Plan Attachment 3.1-A, paragraph 2a and paragraph 7c.2, and Attachment 4.19-B, pages 3a-3c and 3e-3f, that are considered to be oxygen and respiratory equipment is described in State Plan Section 7.4, pages 90rr-90aaa, approved in Disaster Relief State Plan Amendment 21-0016, effective March 1, 2020. When that DR authority expires, payment authority will revert to the methodology on the 4.19-B pages listed above.

___ The state is establishing rates or fee schedule for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies) pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

___ The state's rates or fee schedule is the same for all governmental and private providers.

___ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

TN: 22-0004
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TN: 22-0004
Supersedes TN: None

Approval Date: 2/24/2023
Effective Date: 3/11/2021