

# CA - Submission Package - CA2024MS0001O - (CA-24-0040) - Administration

Summary Reviewable Units Correspondence Log **Approval Letter** News Related Actions

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid & CHIP Operations Group  
601 E. 12th Street, Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

February 26, 2025

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

Re: Approval of State Plan Amendment CA-24-0040

Dear Director Sadwith:

On December 30, 2024, the Centers for Medicare & Medicaid Services (CMS) received California State Plan Amendment (SPA) CA-24-0040 to update state plan assurances in accordance with federally mandated quality reporting requirements for the Child Core Set and the behavioral health quality measures on the Adult Core Set outlined in 42 CFR 431.16 and 437.10 through 437.15.

We approve California State Plan Amendment (SPA) CA-24-0040 with an effective date(s) of December 01, 2024.

If you have any questions regarding this amendment, please contact Cheryl Young at [cheryl.young@cms.hhs.gov](mailto:cheryl.young@cms.hhs.gov).

Sincerely,  
James G. Scott  
Director, Division of Program Operations  
Center for Medicaid & CHIP Services

## Package Information



<b>Submission Type</b>	Official
<b>State</b>	CA
<b>Region</b>	San Francisco, CA
<b>Package Status</b>	Approved
<b>Submission Date</b>	12/30/2024
<b>Approval Date</b>	2/26/2025 6:29 PM EST

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CA2024MS0001O | CA-24-0040

## Package Header

**Package ID** CA2024MS0001O  
**Submission Type** Official  
**Approval Date** 02/26/2025  
**Superseded SPA ID** N/A

**SPA ID** CA-24-0040  
**Initial Submission Date** 12/30/2024  
**Effective Date** N/A

## State Information

**State/Territory Name:** California

**Medicaid Agency Name:** California Department of Health Care Services

## Submission Component

- ☒ State Plan Amendment
- ☒ Medicaid
- ☐ CHIP

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CA2024MS0001O | CA-24-0040

## Package Header

<b>Package ID</b>	CA2024MS0001O	<b>SPA ID</b>	CA-24-0040
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	12/30/2024
<b>Approval Date</b>	02/26/2025	<b>Effective Date</b>	N/A
<b>Superseded SPA ID</b>	N/A		

## SPA ID and Effective Date

**SPA ID** CA-24-0040

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Reporting	12/1/2024	New

Page Number of the Superseded Plan Section or Attachment (If Applicable):

n/a

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CA2024MS0001O | CA-24-0040

## Package Header

Package ID	CA2024MS0001O	SPA ID	CA-24-0040
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/26/2025	Effective Date	N/A
Superseded SPA ID	N/A		

## Executive Summary

Summary Description Including Goals and Objectives	This SPA would amend voluntary reporting of the child and adult measures to mandatory annual reporting of the Child Core Set and the behavioral health measures on the Adult Core Set as required by section 50102 of the Bipartisan Budget Act of 2018 (Pub. L. 115-123, enacted February 9, 2018) and section 5001 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act), (Pub. L. 115-271, enacted October 24, 2018).
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## Federal Budget Impact and Statute/Regulation Citation

### Federal Budget Impact

	Federal Fiscal Year	Amount
First	2025	\$0
Second	2026	\$0

### Federal Statute / Regulation Citation

Sections 1139A, 1139B, and 1902(a)(6) of the Social Security Act, 42 CFR § 431.16, and §§ 437.10 through 437.15

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

# Submission - Summary

MEDICAID | Medicaid State Plan | Administration | CA2024MS0001O | CA-24-0040

## Package Header

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**Submission Type** Official  
**Approval Date** 02/26/2025  
**Superseded SPA ID** N/A

**SPA ID** CA-24-0040  
**Initial Submission Date** 12/30/2024  
**Effective Date** N/A

## Governor's Office Review

- ☐ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☒ Other

**Describe** The Governor's Office does not wish to review the State Plan Amendment.

# Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Administration | CA2024MS0001O | CA-24-0040

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☒ Administration
- ☐ Organization
- ☒ General Administration

☒ Reporting

Reviewable Unit Name	Included in Another Source Type Submission Package
Reporting	APPROVED

- ☐ Eligibility
- ☐ Benefits and Payments

# Submission - Public Comment

MEDICAID | Medicaid State Plan | Administration | CA2024MS0001O | CA-24-0040

## Package Header

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<b>Superseded SPA ID</b>	N/A		

Indicate whether public comment was solicited with respect to this submission.

- ☒ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☐ Public notice was federally required and comment was solicited



# Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | CA2024MS0001O | CA-24-0040

## Package Header

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**Submission Type** Official  
**Approval Date** 02/26/2025  
**Superseded SPA ID** N/A

**SPA ID** CA-24-0040  
**Initial Submission Date** 12/30/2024  
**Effective Date** N/A

One or more Indian Health Programs or Urban Indian Organizations furnish health care services in this state

- ☒ Yes
- ☐ No

This state plan amendment is likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations, as described in the state consultation plan.

- ☐ Yes
- ☒ No

**Explain why this SPA is not likely to have a direct effect on Indians, Indian Health Programs or Urban Indian Organizations:**

DHCS does not believe a tribal/designee notice is required because the provisions do not impact rates reimbursed to Indian Health programs and will be a technical change. This technical change will only affect the required reporting of the Child Core Set and behavioral health measures on the Adult Core Set to CMS.

# Medicaid State Plan Administration

## General Administration

### Reporting

#### Package Header

Package ID	CA2024MS00010	SPA ID	CA-24-0040
Submission Type	Official	Initial Submission Date	12/30/2024
Approval Date	02/26/2025	Effective Date	12/1/2024
Superseded SPA ID	New		
	User-Entered		

#### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

- ☒ 1. The agency assures that all requirements of 42 CFR 431.16 are met.

#### B. Annual Reporting on the Child and Adult Core Sets

- ☒ 1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.
- ☒ 2. The agency reports annually, by December 31, on:
- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
  - b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

#### C. Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

*This view was generated on 2/26/2025 6:50 PM EST*