

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):

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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):

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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.

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Supersedes TN: None

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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):

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