

**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

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September 29, 2023

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

Re: California State Plan Amendment (SPA) 23-0034

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0034. This amendment proposes to clarify existing policy for preventive services regarding mandatory coverage requirements for approved adult vaccines to comply with CMS guidance in State Health Official (SHO) Letter 23-0003.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 Code of Federal Regulations (CFR) 440.130(c). This letter is to inform you that California Medicaid SPA 23-0034 was approved on September 29, 2023, with an effective date of October 1, 2023.

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 3 4

2. STATE

CA3. 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

October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

Section 1905(a)(13)(B) of the Social Security Act; 42 CFR 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Limitations on Attachment 3.1-A, page 18a

Limitations on Attachment 3.1-B, page 18a

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Limitations on Attachment 3.1-A, page 18a

Limitations on Attachment 3.1-B, page 18a

9. SUBJECT OF AMENDMENT

Technical correction for Advisory Committee on Immunization Practices (ACIP) covered vaccines.

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



12. TYPED NAME

Jacey Cooper

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

August 29, 2023

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

August 29, 2023

17. DATE APPROVED

September 29, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
12d. Eyeglasses and other eye appliances	Covered as medically necessary on the prescription of a physician or optometrist.	Prior authorization is required for low vision devices when the billed amounts are over \$100 and for contact lenses when medically indicated for conditions such as aphakia, keratoconus, anisometropia, or when facial pathology or deformity preclude the use of glasses. Prior authorization is required for ophthalmic lenses and specialty frames that cannot be supplied by the fabricating optical laboratory.
13a. Diagnostic Services	Covered under this state plan only for the EPSDT benefit.	
13b. Screening Services	Covered under this state plan only for the EPSDT benefit.	
13c. Preventive Services	<p>Includes, at a minimum, a broad range of preventive services, including "A" or "B" services recommended by the United States Preventive Services Task Force (USPSTF); approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, as described in section 1905(a)(13)(B) of the Social Security Act; preventive care and screening for infants, children, and adults recommended by Health Resources and Services Administration's Bright Futures program/project; and additional preventive services for women as recommended by the Institute of Medicine (IOM).</p> <p>Services are provided and covered by a physician or other licensed practitioner within the scope of his or her practice under State law and are reimbursed according to the methodologies for those services in that portion of the state plan.</p>	<p>Prior authorization is not required and services are exempt from cost sharing in accordance with ACA Section 4106.</p> <p>The State assures the availability of documentation to support the claiming of federal reimbursement for these services.</p> <p>The State assures that the benefit package will be updated as changes are made to USPSTF, ACIP, and IOM recommendations, and that the State will update coverage and billing codes to comply with these revisions.</p>

\* Prior authorization is not required for emergency services.

\*\*Coverage is limited to medically necessary services.

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