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State/Territory Name: California

State Plan Amendment (SPA) #: 22-0014-A

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



March 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) 22-0014-A

Dear Ms. Cooper:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to California's Medicaid state plan, as submitted under transmittal number (TN) 22-0014-A. This amendment proposes to rescind temporary policies in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 22-0014-A is approved effective March 14, 2023.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Cheryl Young at 415-744-3598 or by email at Cheryl.Young@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.03.24
08:54:45 -04'00'

Alissa Mooney DeBoy
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 <u>2 2</u> — <u>0 0 1 4-A</u>	2. STATE <u>CA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>January 1, 2023</u> March 14, 2023
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5. FEDERAL STATUTE/REGULATION CITATION <u>Sections 1905(a)(2)(b), 1905(a)(2)(c) and 1902(bb) of the Social Security Act</u> <u>1905(a)(2)(B) & 1905(a)(2)(C)</u> <small>Title XIX</small>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> 2023 \$ <u>0</u> b. FFY <u>2023</u> 2024 \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19 B, Pages 6AA5 and 6B.1</u> <u>Supplement 6 to Attachment 4.19-B, Pages 1, 2d, 4.5</u> <u>Limitations on Attachment 3.1 A, Pages 3b, 3d.1</u> <u>Limitations on Attachment 3.1 B, Pages 3b, 3d.1</u> <u>Attachment 7.4.A, page 3</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment 4.19 B, page 6B.1</u> <u>Attachment 4.19 B, Supplement 6, page 1</u> <u>Limitations on Attachment 3.1 A, pages 3b</u> <u>Limitations on Attachment 3.1 B, pages 3b</u>
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9. SUBJECT OF AMENDMENT <u>Rescinds the updated</u> in FQHCs, RHCs and Tribal Health Programs <u>Updates the definition of a visit to include telehealth services and adds associate marriage and family therapists (AMFT) and associate clinic social workers (ASW) in FQHCs, RHCs, and Tribal Health Programs; and adds fee for service reimbursement for virtual visits in FQHCs, RHCs, and Tribal Health Programs.</u> <small>and</small> <u>Rescinds the addition of</u>

10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input checked="" type="radio"/> OTHER, AS SPECIFIED: Please note: The Governor's Office does not wish to review the State Plan Amendment.
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11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
12. TYPED NAME Jacey Cooper	
13. TITLE State Medicaid Director	
14. DATE SUBMITTED December 28, 2022	

FOR CMS USE ONLY

16. DATE RECEIVED December 28, 2022	17. DATE APPROVED March 24, 2023
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL March 14, 2023	19. SIGNATURE OF APPROVING OFFICIAL <u>Alissa M. Deboy -S</u> <small>M. Deboy -S Date: 2023.03.24 08:55:02 -04'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL On behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS Box 1: CMS pen and ink change to add "-A" to TN number to split SPA into "22-0014-A." Box 4: CMS pen and ink to change effective date. Box 5: CMS pen and ink to update statutory citation. Box 6: CMS pen and ink change to update federal fiscal years. Boxes 7 & 8: CMS pen and ink change to add rescission page and remove original SPA pages. Box 9: CMS pen and ink to update SPA description. Box 22: CMS made the pen and ink notations in Boxes 1, 5, 6, 7, 8 & 9 to split SPA into CA 22-0014-A using the original submission date for CA 22-0014 per emails with CA DHCS dated 3/9/23, DHCS written response dated 3/15/23 and email dated 3/16/23.

Section 7 – General Provisions

7.4.A. Rescissions to the State’s Disaster Relief Policies for the COVID-19 National Emergency

Effective 3/14/2023, the agency rescinds the following elections of section 7.4 of the State Plan (approved on 5/12/2020 in SPA Number CA-20-2024):

1. At Page 90j, Section E.3.c, Payment for Services Delivered via Telehealth, paragraph 1:
 - FQHC/RHC/Tribal 638 Clinic Telehealth/ Telephonic visit: Modify the face-to-face requirement for telehealth/telephonic visits as described in pages 6B.1 of Attachment 4.19 B [FQHC/RHC] and Supplement 6, page 1 [Tribal 638 Clinics].

2. At Page 90l, Section E.4, Other payment changes, paragraph 3:
 - Add Associate Clinical Social Worker (ASW) and Associate Marriage and Family Therapist (AMFT) as billable provider types in addition to the provider types listed on pages 6B.1 and 6C of Attachment 4.19-B for FQHCs and RHCs.