#### **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

August 10, 2022

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) 22-0003

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) California 22-0003. This amendment proposes to add asthma preventive services as a preventive service.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.130(c) and 42 CFR Part 447. This letter is to inform you that California Medicaid SPA 22-0003 was approved on August 10, 2022, with an effective date of July 1, 2022.

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

Sincerely,

Ruth

Digitally signed by Ruth Hughes-5 Date: 2022.08.1 0

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Hughes-5

Ruth A. Hughes, Acting Director Division of Program Operations

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Lisa Murawski, DHCS
Michelle Tamai, DHCS
Angeli Lee, DHCS

CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB No. 0938-0193
TRANSMITTAL AND NOTICE OF ARRESTALL OF	1. TRANSMITTAL NUMBER 2. STATE
TRANSMITTAL AND NOTICE OF APPROVAL OF	2 2 <u>0 0 0 3</u> CA
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICE	SECURITY ACT XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES	July 1, 2022
DEPARTMENT OF HEALTH AND HUMAN SERVICES  5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
42 CFR 440.130(c) and 42 CFR Part 447	a. FFY 2022 \$ 311,761
and 12 of the factor of the fa	b. FFY 2023 \$ 1,003,495
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
Limitations on Attachments 3.1-A and 3.1-B, Pages 18h & 18i	OR ATTACHMENT (If Applicable)
Attachment 4.19-B, Pages 3O and 3 <del>.5</del> 3.6	Attachment 4.19-B, Pages 3.5 3.6 and 30
9. SUBJECT OF AMENDMENT	
Adds asthma preventive services as a preventive service	
10. GOVERNOR'S REVIEW (Check One)	
O GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Please note: The Governor's Office does not wish to review
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	the State Plan Amendment.
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
	Department of Health Care Services
12. TO PED NAME	Attn: Director's Office
Jacey Cooper	P.O. Box 997413, MS 0000
13. TITLE	Sacramento, CA 95899-7413
State Medicaid Director	
14. DATE SUBMITTED	
June 29, 2022 FOR CMS U	ISE ONLY
	17. DATE APPROVED
June 29, 2022	August 10, 2022
PLAN APPROVED - OI	NE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL Digitally signed by Ruth Hughes -S Date: 2022.08.10 17:11:42 -05'00'
July 1, 2022	Date: 2022.08.10 17:11:42 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Ruth A. Hughes	Acting Director, Division of Program Operations
22. REMARKS	-
	n 9/1/22 nor amail with DHCC
Box 5: CMS pen & ink change to add federal regulatory citation made of Boxes 7 and 8: CMS pen & ink changes to add page numbers added pe	
with DHCS on 8/1/22.	, por onian

1110	OH	•	tttaoriiriorit o. i / t	
			Page 18h	

### 13c. Asthma Preventive Services

TYPE OF SERVICE

### PROGRAM COVERAGE\*\*

## PRIOR AUTHORIZATION OR OTHER **REQUIREMENTS\***

Covered as medically necessary for asthma preventive services that prevent disease progression, prolong life, and promote physical health.

Asthma preventive services include evidencebased asthma self-management education and asthma trigger assessments, consistent with the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma.

Asthma trigger assessment means the identification of common asthma triggers, including allergens and irritants. This assessment will guide the self-management education about actions to mitigate or control exposures to asthma triggers.

Pursuant to 42 CFR 440.130(c), asthma preventive services must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.

Asthma preventive services are limited to two services per year and asthma trigger assessments are limited to two assessments per year, although additional services and assessment may be provided with prior authorization for medical necessity.

Unlicensed asthma preventive service providers must be supervised by either a physician; physician assistant; nurse practitioner; clinic; hospital; a Medi-Cal-enrolled local health jurisdiction or community-based organization.

Asthma preventive services may be provided by licensed practitioners within their scope of practice and by unlicensed asthma preventive service providers who meet the qualifications listed here.

Unlicensed asthma preventive service providers must have completed either of the following:

- A certificate from the California Department of Public Health Asthma Management Academy, or
- A certificate demonstrating completion of a training program consistent with the

Effective Date: 7/1/2022

TN No. 22-0003 Supersedes TN No. None

Approval Date: 8/10/2022

<sup>\*</sup> Prior authorization is not required for emergency services.

<sup>\*\*</sup>Coverage is limited to medically necessary services.

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
		guidelines of the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma with core competences in the following areas:
		All unlicensed asthma preventive service providers must also complete both of the following:
		<ul> <li>A minimum of 16 hours of face-to-face client contact focused on asthma management and prevention.</li> <li>Four hours annually of continuing education on asthma.</li> </ul>

<sup>\*</sup> Prior authorization is not required for emergency services. \*\*Coverage is limited to medically necessary services.

TN No. <u>22-0003</u> Supersedes TN No. None

Page 18h

#### PRIOR AUTHORIZATION OR OTHER TYPE OF SERVICE PROGRAM COVERAGE\*\* **REQUIREMENTS\*** 13c. Asthma Preventive Covered as medically necessary for asthma Pursuant to 42 CFR 440.130(c), asthma preventive services that prevent disease preventive services must be recommended by a Services progression, prolong life, and promote physical physician or other licensed practitioner of the health. healing arts within their scope of practice under state law. Asthma preventive services include evidencebased asthma self-management education and Asthma preventive services are limited to two asthma trigger assessments, consistent with the services per year and asthma trigger National Institutes of Health's Guidelines for the assessments are limited to two assessments per Diagnosis and Management of Asthma. year, although additional services and assessments may be provided with prior Asthma trigger assessment means the authorization for medical necessity. identification of common asthma triggers, including allergens and irritants. This assessment will guide Unlicensed asthma preventive service providers the self-management education about actions to must be supervised by either a physician; physician assistant; nurse practitioner; clinic; mitigate or control exposures to asthma triggers. hospital; a Medi-Cal-enrolled local health jurisdiction or community-based organization. Asthma preventive services may be provided by licensed practitioners within their scope of practice and by unlicensed asthma preventive service providers who meet the qualifications listed here. Unlicensed asthma preventive service providers must have completed either of the following: • A certificate from the California Department of Public Health Asthma Management Academy, or A certificate demonstrating completion of a training program consistent with the

TN No. <u>22-0003</u> Supersedes

TN No. None

<sup>\*</sup> Prior authorization is not required for emergency services.

<sup>\*\*</sup>Coverage is limited to medically necessary services.

Effective Date: 7/1/2022

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
		guidelines of the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma with core competences in the following areas:  Basic facts of asthma's impact on the human body, including asthma control Roles of medications Enviornmental control measures Teaching individuals about asthma self-monitoring Implementation of a plan of care Effective communication strategies including at a minimum cultural and linguistic competency and motivational interviewing Roles of a care team and community referrals
		All unlicensed asthma preventive service providers must also complete both of the following:
		<ul> <li>A minimum of 16 hours of face-to-face client contact focused on asthma management and prevention.</li> <li>Four hours annually of continuing education on asthma.</li> </ul>

<sup>\*</sup> Prior authorization is not required for emergency services. \*\*Coverage is limited to medically necessary services.

TN No. <u>22-0003</u> Supersedes TN No. None

Approval Date: 8/10/2022

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: CALIFORNIA

## REIMBURSEMENT METHODOLOGY FOR ASTHMA PREVENTIVE SERVICES

- Notwithstanding any other provision of this Attachment, the methodology utilized by the State Agency in establishing reimbursement rates for Asthma Preventive Services, as described in State Plan Attachment 3.1-A, section 13c, will be calculated by the Department of Health Care Services (DHCS) using the following methodology:
  - a. For dates of service on or after July 1, 2022, the reimbursement rates shall be the lowest of the following;
    - i. the amount billed,
    - ii. the charge to the general public, or
    - iii. 80 percent of the lowest maximum allowance as established on July 1, 2022 by the federal Medical program for the same or similar item or service.
      - 1. The rate described in paragraph 1.a.iii may be adjusted to keep the Medi-Cal rate below 80 percent of the lowest maximum allowance as established on July 1, 2022 by the federal Medicare program, if in calculating the Medi-Cal rate, the conversion indicator or conversion factor used to calculate a unit value results in a rate greater than 80 percent.
  - b. The services described in this section are exempt from the ten percent payment reduction described in paragraph (13) on page 3.3 of this Attachment.
  - c. All Medi-Cal Fee-For-Service rates for Asthma Preventive Services established using this methodology can be found at: https://files.medi-cal.ca.gov/rates/rateshome.aspx

TN: 22-0003 Supersedes

TN: 22-0013 Approval Date: August 10, 2022 Effective Date: July 1, 2022

# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: California

- (22) For dates of service on or after July 1, 2015, the payment reduction specified in paragraph (13), set forth on page 3.3, does not apply to dental services and applicable ancillary services provided to beneficiaries of all ages.
- (23) For dates of service on or after July 1, 2022, the payment reductions specified in paragraph (13), at page 3.3, do not apply to Community Health Worker Services, as described on page 3N of this Attachment.
- (24) For dates of service on or after July 1, 2022, the payment reductions specified in paragraph (13), at page 3.3, do not apply to Asthma Preventive Services, as described on page 3O of this Attachment.

TN. No. 22-0003

Supersedes Approval Date: <u>August 10, 2022</u> Effective Date: <u>July 1. 2022</u> TN No. 22-0001