

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

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.

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 <u>2 3</u> — <u>0 0 3 4</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 October 1, 2023
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5. FEDERAL STATUTE/REGULATION CITATION <i>Section 1905(a)(13)(B) of the Social Security Act; 42 CFR 440.130(c)</i>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>
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7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <i>Limitations on Attachment 3.1-A, page 18a Limitations on Attachment 3.1-B, page 18a</i>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) <i>Limitations on Attachment 3.1-A, page 18a Limitations on Attachment 3.1-B, page 18a</i>
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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 	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 August 29, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED August 29, 2023	17. DATE APPROVED September 29, 2023
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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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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 data-bbox="459 769 1360 1117">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 data-bbox="459 1157 1360 1289">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 data-bbox="1402 769 1990 870">Prior authorization is not required and services are exempt from cost sharing in accordance with ACA Section 4106.</p> <p data-bbox="1402 911 1990 1011">The State assures the availability of documentation to support the claiming of federal reimbursement for these services.</p> <p data-bbox="1402 1052 1990 1219">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>

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