

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

January 22, 2024

Michelle Baass
Director and Interim State Medicaid Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 23-0044

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0044. This amendment proposes to expand the prescribing authority for enteral formulae from physicians to include physicians, nurse practitioners, clinical nurse specialists, or physician assistants.

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) 440.70. This letter is to inform you that California Medicaid SPA 23-0044 was approved on January 22, 2024, 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,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2024.01.22
17:44:09 -06'00'

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 4 4

2. STATE

CA

3. 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

42 CFR §440.420⁷⁰

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

[Limitations on Attachment 3.1-A, page 14a](#)

[Limitations on Attachment 3.1-B, page 14a](#)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

[Limitations on Attachment 3.1-A, page 14a](#)

[Limitations on Attachment 3.1-B, page 14a](#)

9. SUBJECT OF AMENDMENT

To expand the prescribing authority for enteral formulae, when supplied by a pharmacy provider, to include physician and non-physician prescriber types

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

[Redacted Signature]

12. TYPED NAME

Michelle Baass

13. TITLE

Director & Interim State Medicaid Director

14. DATE SUBMITTED

December 13, 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

December 13, 2023

17. DATE APPROVED

January 22, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2023

19. SIGNATURE

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Box 5: CMS pen and ink change to correct regulatory citation to 42 CFR 440.70 made per email from state dated 1/12/24.

Boxes 7-8: CMS pen and ink change to add additional SPA page per email from state dated 12/15/23.

STATE PLAN CHART

(Note: This chart is an overview only)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
7c.3 Enteral Formulae	<p>Covered only when supplied by a pharmacy provider as prescribed by a physician, nurse practitioner, clinical nurse specialist, or physician assistant within the scope of his or her practice.</p> <p>Enteral Formulae commonly used in providing SNF and ICF level of care is not separately billable.</p> <p>Common household items (food) are not covered.</p>	<p>Prior authorization is required for all products. Authorization is given when the enteral formulae is used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions that preclude the full use of regular food.</p> <p>Dietary supplements or products that cannot be used as a complete source of nutrition are considered non-benefits, except that the program may deem such a product a benefit when it determines that the use of the product is neither investigational nor experimental when used as a therapeutic regimen to prevent serious disability or death in patients with medically diagnosed conditions.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 23-0044
Supersedes
TN No. 20-0035

Approval Date: January 22, 2024

Effective Date: October 1, 2023

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