

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 18-039

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
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

November 26, 2018

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

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 18-0039, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 14, 2018. SPA 18-0039 will add pharmacists under the "Other Licensed Practitioner" provider category so that Medi-Cal may reimburse these providers for services for already-covered medications such as self-administered hormonal contraception, nicotine replacement therapy, travel medications, and the opioid antagonist naloxone. The rate of reimbursement for these pharmacist services will be at 85% of the fee schedule for physician services under the Medi-Cal program.

The effective date of this SPA is April 1, 2019. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Limitations on Attachment 3.1-A, page 12a.7
- Limitations on Attachment 3.1-B, page 12a.7
- Attachment 4.19-B, page 1
- Supplement 17 to Attachment 4.19-B, page 2

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

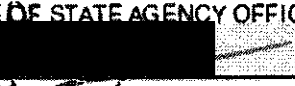
Sincerely,

/s/

Dzung Hoang
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

cc: Rene Mollow, DHCS
Paul Pontrelli, DHCS
Harry Hendrix, DHCS
Mike Woffoard, DHCS
Nathaniel Emery, DHCS
Angeli Lee, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>1 8 - 0 3 9</u>	2. STATE CA
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE April 1, 2019	
5. TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.60 & 42 CFR 447, Subpart F		7. FEDERAL BUDGET IMPACT a. FFY18/19 \$ 300,000-450,000 \$0 b. FFY19/20 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Limitations on Attachment 3.1-A & Att. 3.1-B, pages 12a-7 Attachment 4.19-B, Page 1 Supplement 17 to Attachment 4.19-B, page 2		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 1 Supplement 17 to Attachment 4.19-B, page 2	
10. SUBJECT OF AMENDMENT Proposes to authorize reimbursement and establish rates for specified pharmacists services.			
11. GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.3.26 P.O. Box 997417 Sacramento, CA 95899-7417	
13. TYPED NAME Mari Cantwell			
14. TITLE State Medicaid Director			
15. DATE SUBMITTED September 14, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED September 14, 2018		18. DATE APPROVED November 26, 2018	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2019		20. SIGNATURE OF REGIONAL OFFICIAL /s/	
21. TYPED NAME Dzung Hoang		22. TITLE Acting Associate Regional Administrator, Medicaid & Children's Health Operations	
23. REMARKS For Box 11 "OTHER, As Specified" : Please note: The Governor's Office does not wish to review the State Plan Amendment. Boxes 6, 8-9 & 16: CMS pen & ink edits to add regulatory citations, new pages/correct page references and agency information approved by CA DHCS via email dated 11/20/18. Box 7a: CMS pen & ink edit to restate FFY18-19 to \$0 per CA DHCS email response dated 10/17/18.			

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d.9. Licensed Pharmacist Services	Licensed Pharmacist may perform all services under California’s Scope of Practice Act law.	<p>Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Limited to medically necessary services only. Does not include dispensing services.</p> <p>Licensed Pharmacist Services are limited to 6 visits in 90 days. Treatment Authorization Request (TAR) is required for Licensed Pharmacist Services visits that exceeds 6 visits in 90 days.</p>

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

STATE PLAN CHART

Limitations on Attachment 3.1-B

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STATE PLAN UNDER TITLE XIX OF SOCIAL SECURITY ACT
STATE California

- A. Non- institutional services for governmental and private providers listed in Supplement 17 of Attachment 4. 19- B are reimbursed the same using the methodology set forth in paragraph (C).
- B. The State Agency's rates for the services listed in Supplement 17 were posted as of October 15, 2018, and are effective for dates of services on or after that date. The rates for these services are posted on the Medi-Cal Rates website at: <http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>
- C. The policy of the State Agency is that reimbursement for each of the other types of care or service listed in Section 1905(a) of the Act that are included in the program under the plan will be at the lesser of usual charges or the limits specified in the California Code of Regulations(CCR), Title 22, Division 3, Chapter 3, Article 7 (commencing with Section 51501) and CCR, Title 17, Chapter 4, Subchapter 13, Sections 6800-6874, for EPSDT health assessment services, or as specified by any other means authorized by state law.
1. The methodology utilized by the State Agency in establishing payment rates will be as follows:
 - a) The development of an evidentiary base or rate study resulting in the determination of a proposed rate.
 - b) To the extent required by State or Federal law or regulations, the presentation of the proposed rate at public hearing to gather public input to the rate determination process.
 - c) The determination of a payment rate based on an evidentiary base, including pertinent input from the public.
 - d) The establishment of the payment rate through the State Agency's adoption of regulations specifying such rate in the CCR, Title 22, Division 3, Chapter 3, Article 7 (commencing with Section 51501), and CCR, Title 17, Chapter 4, Subchapter 13, commencing with Section 6868, Schedule of Maximum Allowances for EPSDT health assessment, or through any other means authorized by State law.

State Plan Under Title XIX of the Social Security Act
State: California

NON-INSTITUTIONAL SERVICES

- d. Other practitioners' services.
- Licensed Pharmacist Services are reimbursed at 85 percent of the current fee schedule for physician services. Payment for Licensed Pharmacist Services does not include dispensing services outlined in Supplement 2 to Attachment 4.19-B.
9. Clinic services, other than those specific clinic services that are identified and described in Supplements 5, 9 and 10 to Attachment 4.19-B.
11. Physical therapy and related services.
- a. Physical therapy.
 - b. Occupational therapy.
 - c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).
12. Prosthetic devices; hearing aids; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- c. Prosthetic devices and hearing aids.
 - d. Eye glasses.
13. Other preventive services, i.e., other than those provided elsewhere in the plan, as referenced in Attachment 3.1-A and 3.1-B. Excludes substance abuse services provided under Drug Medi-Cal.
- c. Preventive services.
17. Nurse-midwife services.
18. Hospice care.
20. Extended services for pregnant women.
- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day