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State/Territory Name: California

State Plan Amendment (SPA) #: 14-010

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

JUN 16 2014

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 14-010. SPA 14-010 was submitted in response to the companion letter for approved SPA CA-13-006. The SPA amends the descriptions of California's PACE program.

The effective date of this SPA is April 1, 2014. Enclosed is the following approved SPA pages that should be incorporated into your approved State Plan:

- Section 3, page 20c
- Attachment 2.2-A, page 11
- Attachment 3.1-B, page 10

In addition, approval of this SPA has the impact of removing the following pages from the California State Plan:

- Supplement 4 to Attachment 3.1-B, pages 1-8

If you have any questions, please contact Tom Schenck by phone at (415) 744-3589 or by email at Tom.Schenck@cms.hhs.gov.

Sincerely,

for

[Redacted Signature]
Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: John Shen, California Department of Health Care Services
Frances Magao, California Department of Health Care Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
14-010

2. STATE
California

FOR: HEALTH CARE FINANCING ADMINISTRATION

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2014

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 440 Subpart B 1905(a)(26)

42 CFR 438.217

7. FEDERAL BUDGET IMPACT:

a. FFY \$0

b. FFY \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 4 to Attachment 3.1-B will be removed.

Section 3, page 20c

Attachment 3.1-B, page 10

Attachment 2.2-A, page 11

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 4 to Attachment 3.1-B, pages 1-8

10. SUBJECT OF AMENDMENT:

Updates to the eligibility procedures for the Program of All-Inclusive Care for the Elderly

11. 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:

The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Toby Douglas

14. TITLE:

Director

15. DATE SUBMITTED: 5/14/14

16. RETURN TO:

Department of Health Care Services

Attn: State Plan Coordinator

1501 Capitol Avenue, Suite 71.326

P.O. Box 997417

Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 5/14/14

18. DATE APPROVED: **JUN 16 2014**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/14

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Gloria Nagle, Ph.D., MPA**

Associate Regional Administrator

23. REMARKS:

State of California
PACE State Plan Amendment Pre-Print

<u>Citation</u>	3.1(a)(2)	Amount, Duration, and Scope of Services: Medically Needy (continued)
1905(a)(26) and 1934	(xii) <u>X</u>	Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 4 to Attachment 3.1-A.

(Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage that is in excess of established service limits for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

TN No. 14-010
Supersedes

Approval Date JUN 16 2014

Effective Date: April 1, 2014

TN No. 02-003

State/ Territory: CALIFORNIA

Agency*	Citations (s)	Groups Covered
	B. <u>Optional Groups Other Than The Medically Needy</u> (Continued)	
42 CFR 435.217 DHS	<u>X</u> 4.	A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group (s) is covered. In the event an existing 1915 (c) waiver is amended to cover this group (s), this option is effective on the effective date of the amendment.
42 CFR 435.217	<u>X</u> 4a.	The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided in section 1902(a) 10(A) (ii) (VI) of the ACT (42 CFR 435.217)

State of California
PACE State Plan Amendment Pre-Print

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES
PROVIDED TO THE MEDICALLY NEEDY

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 4 to Attachment 3.1-A.
- X Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.
- No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.

TN No. 14-010

Approval Date JUN 16 2014 Effective Date April 1, 2014

TN No. 02-003