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State/Territory Name: California

State Plan Amendment (SPA) #: 17-029

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 29, 2017

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) 17-029, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 7, 2017. This SPA implements time-limited supplemental reimbursements to providers under the Family Planning, Access, Care and Treatment (Family PACT) program for Evaluation and Management (E&M) office visits rendered for comprehensive family planning services during the period of July 1, 2017 through June 30, 2018.

The effective date of this SPA is July 1, 2017. Enclosed is the following approved SPA page to be incorporated into your approved state plan:

- Supplement 26 to Attachment 4.19-B, page 1

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

Sincerely,

/s/

Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Laurie Weaver, DHCS
Christina Moreno, DHCS
Nathaniel Emery, DHCS
Wendy Ly, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 7 — 0 2 9

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

July 1, 2017

5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

1902(a)(10)(A)(iii)(XXI), 42 CFR 447, Subpart F

7. FEDERAL BUDGET IMPACT

a. FFY ^{16/17} \$ \$ 55,074,964b. FFY ^{17/18} \$ \$ 148,832,385

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

4.19B Supplement 26 to Attachment 4.19-B, page 19. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)~~4.19B Page 1 Supplement 26-~~
None

10. SUBJECT OF AMENDMENT

Evaluation and Management Office Visit Supplemental Reimbursement for Family PACT Program Providers: Budget Act of 2017 made appropriations that revenues from Prop 56- California Healthcare Research and Prevention Tobacco Tax Act of 2016, are to be used for reimbursement for comprehensive family planning services.

11. GOVERNOR'S REVIEW (*Check One*)☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. STATE AGENCY OFFICIAL

13. TYPED NAME

Mari Cantwell

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

September 7, 2017

16. RETURN TO

Department of Health Care ServicesATTN: State Plan Coordinator1501 Capitol Avenue, Suite 71.326P.O. Box 997417Sacramento, CA 95899-7417**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

September 7, 2017

18. DATE APPROVED

November 29, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME

Henrietta Sam-Louie

22. TITLE

Associate Regional Administrator, Division of Medicaid & Children's
Health Operations

23. REMARKS

Boxes 6-9: CMS made pen and ink changes with state's permission via email response to informal questions dated 11/15/17.

Boxes 15-16: CMS made pen and ink changes with state's permission via email dated 11/24/17.

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

One-Year Supplemental Payments for Certain Family Planning, Access, Care and Treatment Program Services

The Family Planning, Access, Care and Treatment (Family PACT) program will provide time-limited supplemental payments, to Family PACT providers for Evaluation and Management (E&M) office visits rendered for comprehensive family planning services for the period of July 1, 2017 through June 30, 2018. These supplemental payments are equal to 150 percent of the reimbursement amount determined based on the methodology described in Attachment 4.19-B, Page 3g, last paragraph of the state plan for procedure codes 99201, 99202, 99203, 99204, 99211, 99212, 99213, and 99214.

These supplemental payments do not change the underlying reimbursement amount for these E&M procedure codes noted in Attachment 4.19-B, Page 3g of the state plan.