

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 18-031

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

September 5, 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) 18-0031, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 2, 2018. SPA 18-0031 allows the California Department of Health Care Services (DHCS) to implement time-limited supplemental payments under the Family Planning, Access, Care & Treatment (PACT) program for evaluation and management office visits rendered for comprehensive family planning services. These supplemental payments are funded through the 2016 state voter-approved California Healthcare, Research and Prevention Tobacco Tax Act (also known as "Proposition 56").

The effective date of this SPA is July 1, 2018. Enclosed is the following approved SPA page that should be incorporated into your approved state plan:

- Supplement 28 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/

Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

cc: Rene Mollow, DHCS
Christina Moreno, DHCS
Fei Collier, 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
18-00312. STATE
CA3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE
July 1, 20185. 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)(ii)(XXI), 42 CFR 447, Subpart F

7. FEDERAL BUDGET IMPACT

a. FFY 17/18 (7/1/18 - 9/30/18) \$ ~~115,627,000~~ \$28,906,750
b. FFY 18/19 (10/1/18-6/30/18) \$ ~~134,258,000~~ \$100,693,500

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 28 to Attachment 4.19-B, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)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. The Budget Act of 2018 continued these appropriations.

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. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Mari Cantwell

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

July 2, 2018

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

July 2, 2018

18. DATE APPROVED

September 5, 2018

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2018

20. SIGNATURE OF REGIONAL OFFICIAL

/s/

21. TYPED NAME

Hye Sun Lee

22. TITLE

Acting Associate Regional Administrator, Division of 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.
Box 6: CMS made pen & ink change to correct the federal statutory citation per DHCS email approval dated 8/29/18.
Box 7: CMS made pen & ink changes per DHCS' request in its written response dated 7/20/18.
Box 9: CMS added "None" on 8/29/18 since this is a new page being added to the state plan.

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, 2018 through June 30, 2019. 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. Prop. 56 supplemental payments for State Fiscal Year (SFY) 2018-19 will be made available for adjudicated claims once any necessary system edits to accommodate such payments have been implemented. Where applicable, subject claims received and paid prior to implementation of SFY 2018-19 system edits will be paid in accordance with SFY 2017-18 policy, and upon implementation will be reprocessed to accommodate any SFY 2018-19 changes.

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

TN No. 18-0031
Supersedes
TN No. NONE

Approval Date: September 5, 2018

Effective Date: July 1, 2018