

## **Table of Contents**

**State/Territory Name: CA**

**State Plan Amendment (SPA) #: 21-0048**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

December 16, 2021

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

RE: TN 21-0048

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-21-0048, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2021. This SPA, effective July 1, 2021, establishes reimbursement rates for services offered by covered providers of 1905(a)(5)(A), 1905(a)(6), 1905(a)(17), and 1905(a)(21) services when delivered via remote patient monitoring.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 48

2. STATE

California

3. PROGRAM IDENTIFICATION:

TITLE XIX OF THE SOCIAL SECURITY ACT

TO: REGIONAL ADMINISTRATOR  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2021

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

Title 42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 664 (in thousands)b. FFY 2022 \$ 2,723 (in thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B page 3L

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

N/A

10. SUBJECT OF AMENDMENT

Establish Medi-Cal Fee-For-Service (FFS) reimbursement rates for Remote Patient Monitoring telehealth 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. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME  
Jacey Cooper14. TITLE  
State Medicaid Director15. DATE SUBMITTED  
September 29, 2021

16. RETURN TO

Department of Health Care Services  
Attn: Director's Office  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

September 29, 2021

18. DATE APPROVED

December 16, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

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

REIMBURSEMENT METHODOLOGY FOR TELEHEALTH SERVICES DELIVERED  
VIA REMOTE PATIENT MONITORING

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1. The reimbursement rates for physician services and services by other licensed practitioners described in Sections 1905(a)(5)(A), 1905(a)(6), 1905(a)(17), and 1905(a)(21) of the Act, and as described in State Plan Attachments 3.1-A and 3.1-B, delivered via remote patient monitoring will be calculated by the Department of Health Care Services (DHCS) using the following methodology:
  - a. For dates of service on or after July 1, 2021, the reimbursement rates for services delivered via remote patient monitoring are established at the lowest of the following:
    - i. the amount billed,
    - ii. the charge to the general public, or
    - iii. 80 percent of the corresponding Medicare 2021 Physician Fee Schedule rates for the same or similar service.
  - b. The ten percent payment reduction, described in paragraph (13) on page 3.3 of this Attachment, shall apply to reimbursement for services delivered via remote patient monitoring as described in this section.
  - c. The DHCS fee schedule rates are set as of July 1, 2021 and are effective for services provided on or after that date. All Medi-Cal Fee-For-Service rates for services delivered via remote patient monitoring are published at: <https://files.medi-cal.ca.gov/rates/rateshome.aspx>.