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State/Territory Name: California

State Plan Amendment (SPA) #: 21-0050

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

December 21, 2021

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 94899-7413

Re: California State Plan Amendment (SPA) 21-0050

Dear Ms. Cooper:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 21-0050. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq*.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of California also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

The State of California also requested a waiver to modify the tribal consultation timeline applicable to this SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is also allowing states to modify the timeframes associated with tribal consultation required under section 1902(a)(73) of the Act, including shortening the number of days before submission or conducting consultation after submission of the SPA.

These waivers or modifications of the requirements related to SPA submission timelines, public notice, and tribal consultation apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that California's Medicaid SPA Transmittal Number 21-0050 is approved effective March 1, 2020. This SPA is in addition to Disaster Relief SPAs approved on May 13, 2020; August 20, 2020; March 16, 2021; March 26, 2021; June 4, 2021; July 28, 2021 and December 15, 2021 does not supersede anything approved in those SPAs.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Cheryl Young at 415-744-3598 or by email at Cheryl.Young@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff

in responding to the needs of the residents of the State of California and the health care community.

Sincerely,

[redacted] gitally signed by Alissa Deboy -S
te: 2021.12.21
:49:11 -05'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

cc: Lindy Harrington, Department of Health Care Services (DHCS)
Rene Mollow, DHCS
Susan Philip
Aaron Toyama
Saralyn Ang-Olson
Richard Nelson
Autumn Boylan
Angeli Lee
Amanda Font

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 21 — 0050

2. STATE: California

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: March 1, 2020

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: 1915i of the Social Security Act

7. FEDERAL BUDGET IMPACT: See Box 23, Remarks
a. FFY ~~2020-21~~ $ ~~32,680 (in thousands)~~
b. FFY ~~2021-22~~ $ ~~5,728 (in thousands)~~

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 7.4 pages 90ssss-90ggggg

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

10. SUBJECT OF AMENDMENT

1915(i) State Plan Time-Limited Rate Increases, New Service, and New Provider Types

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

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]

13. TYPED NAME: Jacey Cooper

14. TITLE: State Medicaid Director

15. DATE SUBMITTED: June 23, 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: June 23, 2021

18. DATE APPROVED: December 21, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2020

20. SIGNATURE OF REGIONAL OFFICIAL: Alissa M [redacted] Digitally signed by Alissa Mooney DeBoy Date: 2021.12.21 12:49:37 -05'00'

21. TYPED NAME: Alissa Mooney DeBoy

22. TITLE: On Behalf of Ann Marie Costello
Deputy Director, Center for Medicaid and CHIP Services

23. REMARKS

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

Box 7: CMS pen and ink change as follows per CA's responses to CMS's informal questions dated 10/27/21 and 11/18/21: Updated FFY19/20 is $11,407 (thousands) and FFY20/21 is $21,342 (thousands).

Section 7 – General Provisions
7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

Describe shorter period here.
The state seeks to implement the changes to the state plan below effective March 1, 2020 through September 30, 2021 or upon termination of the COVID-19 federal public health emergency declaration, whichever is sooner.

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

__X__ The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

a. __X__ SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

b. __X__ Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans), 42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

c. __X__ Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

Please describe the modifications to the timeline. To the extent there is a direct impact to Tribal Health Programs requiring a notice, California requests a 10 business-day notice period that will occur after the SPA is submitted to CMS for approval.

Section A – Eligibility

1. _____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

   a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

      Income standard: _____

      -or-

   b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

      Income standard: _____

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

   Less restrictive income methodologies:

   Less restrictive resource methodologies:

4. _____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. _____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. _____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistences or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. _____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

2. _____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. _____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. _____ The agency adopts a total of _____ months (not to exceed 12 months) continuous eligibility for children under age enter age _____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.

5. _____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every _____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).

6. _____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).

    a. _____ The agency uses a simplified paper application.

    b. _____ The agency uses a simplified online application.

    c. _____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. _____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

2. _____ The agency suspends enrollment fees, premiums and similar charges for:

    a. _____ All beneficiaries

    b. _____ The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

3. _____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. __X__ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

Add **Intensive Transition Services** as a new 1915(i) service, effective April 1, 2020. Intensive Transition Services (ITS) is a service providing support to those individuals who have been assessed to have complex behavioral health needs and who have transitioned into a community living option. Provision of Intensive Transition Services will begin once the individual has transitioned into the community setting. The IPP team determines if ITS would be of benefit to the consumer based on an individualized need of a more intensive service that would make the transition possible. ITS provides a team that will work in a person-centered approach to create a network of resources that will eventually allow the individual to live independently in the community. Services are directly provided by the team members consisting of the following:

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

- Assessment – Initial and ongoing assessment to provide the below services in an individualized approach and continuously pivot based on the ongoing needs;
- Substance use recovery treatment;
- Anger management;
- Self-advocacy;
- Medication management;
- Health and dietary education;
- Sex education/fostering healthy relationships;
- Behavioral support and modification training for the individual - ITS engages with service providers and circle of support to provide consultative information on managing the consumers behavior if deemed appropriate and necessary to support the consumers transition;
- Outpatient therapy – counseling by professionals who specialize with intellectual/developmental disabilities crisis work;
- Co-occurring disorders integrated treatment – a treatment organizational approach that allows all counseling, trainings, and treatments to work cohesively together in order to address every impacting disorder to successfully transition;
- Transition Planning – Ongoing planning throughout the services that adjusts based on progression of the individual.

ITS team members operate 24 hours a day, 7 days a week, including holidays, and are available in the event of a crisis.
Services shall not exceed 24 total months (may be non-consecutive), unless IPP team agreement coinciding with Department of Developmental Services director approval for additional time is granted to ensure a successful transition into the community.

Provider types (agency only):
Intensive Transition Services Agency
ITS agency staff include a Board Certified Behavior Specialist, Transition/Care Coordinator, Program Director, Mental Health Professional, and Registered Nurse
The agency shall employ staff who possess the skill, training and education necessary to support individuals with complex service needs during the transition.

Program Director
Doctoral PhD or master's level Psychologist licensed in the state of practice or a licensed master's level therapist who holds a license in the state of practice. This may include: LPC, LSW, LICSW, or Licensed Behavioral Specialist where accepted with no less than 6 years' experience in the behavioral health field.

These 6 years should be composed of a minimum of two years of experience in a mental health setting: two years working with individuals with intellectual disabilities; and at least two years of program management experience.

An unlicensed masters level staff can be considered with 10 or more years' experience outlined above with approval from the vendoring Regional Center.

Transition/Care Coordinator

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

Must have bachelor's degree in social work, Psychology, or another human service-related field. No less than three years of experience in the behavioral health field with at least one year of experience in a mental health setting and one year working in a developmental disability setting.

Behavioral Specialist
Licensed in accordance with Business and Professions Code as appropriate to the skilled professions staff.

As appropriate, a business license as required by the local jurisdiction where the business is located.
Certification by the Behavior Analyst Certification Board and accredited by the National Commission for Certifying Agencies.
Must demonstrate through the interview process, knowledge and experience working with both individuals who have an intellectual disability as well as a serious mental illness; have knowledge and be certified, in one of the established behavior modification techniques, such as Applied Behavioral Analysis (ABA), Functional Behavioral Analysis (FBA) as well as have experience with EBP such as CBT and Trauma Informed Care; and have prior experience providing clinical supervision to non-clinical staff.

Must possess valid CA driver's license and appropriate state and federal clearances.

Registered Nurse
Licensed Registered Nurse by the Department of Consumer Affairs Board of Registered Nursing pursuant to Business and Professions Code §§ 2725-2742. As appropriate, a business license as required by the local jurisdiction where the business is located.

Work experience in either the intellectual disability or mental health system. Must possess a valid CA Driver's License and ability to pass appropriate state and federal clearances.

Mental Health Professional
Licensed Psychologist by the Board of Psychology pursuant to Business and Professions Code §§2940-2948
Or
Licensed Clinical Social Worker by the California Board of Behavioral Science Examiners pursuant to Business and Professions Code §§4996-4996.2Or
Licensed Marriage Family Therapist by the Board of Behavioral Sciences pursuant to Business and Professions Code §4980 (b)
As appropriate, a business license as required by the local jurisdiction where the business is located.

Must possess two years' experience designing and implementing behavior modification intervention services.

Verification of Provider Qualifications

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

ITS Agency:
Regional centers, through the vendorization process, verify providers meet requirements/qualifications outlined in Title 17, CCR, § 54310 including the following, as applicable: any license, credential, registration, certificate, permit, or academic degree required for the performance or operation of the service; the staff qualifications and duty statements; and service design.

Verified upon application for vendorization and at least biennially thereafter.

Agency Providers:
ITS Agency, Regional Center, through the annual quality assurance review and contract reviews when a new professional is hired. Verified Annually.

2. __X__ The agency makes the following adjustments to benefits currently covered in the state plan:

Add **Speech Language Pathologist Assistant** as a provider type under the Speech, Hearing and Language 1915(i) Service, effective April 1, 2020.

Provider qualifications - Registered as a Speech-Language Pathology Assistant by the Speech-Language Pathology and Audiology and Hearing Aid Dispensers Board of the California Department of Consumer Affairs, pursuant to Business and Professions Code §2538-2538.7 and Title 16 CCR § 1399.170.11.

As appropriate, a business license as required by the local jurisdiction where the business is located. Minimum continuing professional development requirements for the speech-language pathology assistant, of 12 hours in a two-year period.

3. _____ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

4. _____ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

   a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.

   b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

Telehealth:

5. _____ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Please describe.

Drug Benefit:

6. _____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

7. _____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. _____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

9. _____ The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. __X__ Newly added benefits described in Section D are paid using the following methodology:

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

a. ____ Published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

b. __X__ Other:

Rate Methodology for 1915(i) ITS

In effect as of April 1, 2020 until 9/30/21 or the end of the PHE, whichever is earlier, the permanent, single statewide rate for Intensive Transition service and supports will be established using the average cost of services rendered to Medi-Cal beneficiaries in state fiscal year 2019-20. The costs used to calculate the rate are salaries, wages, payroll taxes, and benefits of direct care staff providing Intensive Transition services and supports, in addition to direct care staff travel and operating costs (consisting of office lease, communications, equipment, and office supplies, liability insurance, property insurance, training expenses, independent audit, and general administrative costs consistent with 45 CFR Section 75.414) needed to support a consumer during a transition. The costs will be drawn from actual expenditures as reported by providers of ITS services. Upon regional center approval, the providers of this service will be informed of the rate in writing. This rate will be used for all ITS vendors including any new vendors that get vendored after 2019-20.

Components of this service are assessments; substance use and recovery treatment, anger management, self-advocacy, medication management, health and dietary education, sex education, fostering healthy relationships, behavioral support and modification training for the individual, outpatient therapy, co-occurring disorders integrated treatment, and transition planning. This service is paid as a monthly unit. Any provider delivering services through ITS will be billed and paid through the ITS agency and not individually. If a provider delivers services outside of the ITS services agency purview, that provider should bill such services separately. At least one of the services included in ITS must be provided per month for the ITS agency to bill for payment. The regional center conducts yearly monitoring of the IPP to ensure services are needed and that also includes a verification of rates paid in accordance with approved payment methodology. The IPP process includes initial and ongoing review on no later than an annual basis to ensure that services are provided efficiently and continue to meet the individual need of the consumer. Additionally, service-specific plans from the provider that demonstrate the frequency and manner in which services are actually provided are reviewed on no less than a quarterly basis.

Computation of allowable costs and their allocation methodology must be determined in accordance with the Centers for Medicare and Medicaid Services (CMS) Provider Reimbursement Manual (CMS Pub. 15-1), CMS non-institutional reimbursement policies, and 2 C.F.R. Part 200 as implemented by HHS at 45 C.F.R., part 75, which

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

establish principles and standards for determining allowable costs and the methodology for allocation and apportioning those expenses to the Medicaid program.

The state assures that it will only begin seeking Federal Financial Participation for ITS once an individual is eligible to receive the service.

Increases to state plan payment methodologies:

2. __X_ The agency increases payment rates for the following services:

The following 1915i Services are subject to the increase.

Habilitation – Community Living Arrangement Services
Habilitation – Day Services
Habilitation – Behavioral Intervention Services
Respite Care Services
Enhanced Habilitation – Supported Employment (Individual)
Enhanced Habilitation – Prevocational Services
Homemaker Services
Non-Medical Transportation
Community-Based Training Services

a. __X__ Payment increases are targeted based on the following criteria:

The methodologies for the following 1915i services are subject to the increase.

Habilitation – Community Living Arrangement Services (Licensed/Certified Residential Services) – ARM rate, Median Rate
Habilitation – Community Living Arrangement Services (Supported Living Services provided in a Consumer's Own Home) – Median Rate
Habilitation – Day Services (Community Based Day Services) – Cost Statement, Median Rate
Habilitation – Day Services (Mobility Related Day Services) – Median Rate
Habilitation – Behavioral Intervention Services - Median Rate
Respite Care (Cost Statement, State Regs.)
Enhanced Habilitation – Supported Employment (Individual) – State Statute
Enhanced Habilitation – Prevocational Services – State Statute
Homemaker Services - Median Rate
Non-Medical Transportation – Median Rate
Community-Based Training Services – State Statute

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

b. Payments are increased through:

i. ____ A supplemental payment or add-on within applicable upper payment limits:

Please describe.

ii. ____ An increase to rates as described below.

Rates are increased:

_____ Uniformly by the following percentage: _____

_____ Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

_____ Up to the Medicare payments for equivalent services.

_X__ By the following factors:

Effective 3/1/2020 until the end of the PHE or 9/30/21, whichever is earlier, the rates in effect 12/31/19 are increased by 8.2% (unless noted otherwise) for the 1915(i) provider types listed below (who meet the criteria in Section E2a)

Habilitation-Community Living Arrangement Services:

- Adult Residential Facility
- Adult Residential Facility for Persons with Special Health Care Needs
- Family Home Agency
- Group Home
- In Home Day Program
- Residential Care Facility for the Elderly

Habilitation-Community Living Arrangement Services (Supported Living Services provided in a Consumer's Own Home (Non-Licensed/Non-Certified):

- Supported Living Provider

This SPA is in addition to the California Disaster Relief SPAs approved on 5/13/20, 8/20/20, 3/16/21, 3/26/21, 6/4/21, 7/28/21, and 12/15/21 it does not supersede anything approved in those SPAs.

Habilitation – Day Services:
- Adult Development Center
- Behavior Management Program

Habilitation – Day Services (Community Based Day Services):
- Adaptive Skills Trainer; 3.90%
- Community Integration Training Program
- Community Activities Support Services
- Creative Art Program
- Independent Living Specialist; 2.40%
- Personal Assistance
- Socialization Training Program

Habilitation – Day Services (Mobility Related Day Services):
- Mobility Training Services Agency
- Mobility Training Services Specialist

Habilitation – Behavioral Intervention Services:
- Associate Behavior Analysts
- Behavior Analysts
- Behavior Management Assistants
- Behavior Technician
- Crisis Team-Evaluation and Behavioral Intervention
- Client/Parent Support and Behavioral Intervention Training
- Parent Support Services

Respite Care:
- In-Home Respite Agencies
- Individual Respite Providers

Enhanced Habilitation – Supported Employment (Individual):
- Supported Employment Programs; 7.60%

Enhanced Habilitation – Prevocational Services:
- Supported Employment Groups

Homemaker Services:
- Homemaker

Non-Medical Transportation:
- Transportation-Additional Component
- Transportation Assistant
- Transportation Company

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Community-Based Training Services
- Community Based Training Services

The rate is increased by 8.2% above the rate as authorized on 12/31/20 for the 1915(i) provider type below effective 1/1/2021 until the end of the PHE or 9/30/2021, whichever is earlier.

Habilitation – Day Services (Community Based Day Services):
- Independent Living Program

Payment for services delivered via telehealth:

3. _____ For the duration of the emergency, the state authorizes payments for telehealth services that:

    a. ____ Are not otherwise paid under the Medicaid state plan;

    b. ____ Differ from payments for the same services when provided face to face;

    c. ____ Differ from current state plan provisions governing reimbursement for telehealth;

    Describe telehealth payment variation.

    d. ____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:

        i. ____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.

        ii. ____ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a Medicaid service is delivered.

Other:

4. _____ Other payment changes:

Please describe.

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Section F – Post-Eligibility Treatment of Income

1. ____ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:

    a. ____ The individual's total income

    b. ____ 300 percent of the SSI federal benefit rate

    c. ____ Other reasonable amount: _____

2. ____ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

    The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection

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burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.

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