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State/Territory Name: California

State Plan Amendment (SPA) #: 22-0003

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 10, 2022

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: California State Plan Amendment (SPA) 22-0003

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) California 22-0003. This amendment proposes to add asthma preventive services as a preventive service.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.130(c) and 42 CFR Part 447. This letter is to inform you that California Medicaid SPA 22-0003 was approved on August 10, 2022, with an effective date of July 1, 2022.

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

Sincerely,

 Digitally signed by Ruth Hughes
DN: cn=es-5, o=CMS, ou=2022.08.10, email=es-5@cms.hhs.gov

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Lisa Murawski, DHCS
Michelle Tamai, DHCS
Angeli Lee, DHCS

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 3

2. STATE

CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.130(c) and 42 CFR Part 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 311,761
b. FFY 2023 \$ 1,003,495

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Limitations on Attachments 3.1-A and 3.1-B, Pages 18h & 18i
Attachment 4.19-B, Pages 30 and 3.5-3.6

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Pages 3.5, 3.6 and 30

9. SUBJECT OF AMENDMENT

Adds asthma preventive services as a preventive service

10. 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:

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

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Jacey Cooper

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

June 29, 2022

15. RETURN TO

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

FOR CMS USE ONLY

16. DATE RECEIVED

June 29, 2022

17. DATE APPROVED

August 10, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by Ruth Hughes - S
Date: 2022.08.10 17:11:42 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Box 5: CMS pen & ink change to add federal regulatory citation made on 8/1/22 per email with DHCS.
Boxes 7 and 8: CMS pen & ink changes to add page numbers added per CA response to CMS informal questions dated 7/27/22 and per email with DHCS on 8/1/22.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13c. Asthma Preventive Services	<p>Covered as medically necessary for asthma preventive services that prevent disease progression, prolong life, and promote physical health.</p> <p>Asthma preventive services include evidence-based asthma self-management education and asthma trigger assessments, consistent with the National Institutes of Health's Guidelines for the Diagnosis and Management of Asthma.</p> <p>Asthma trigger assessment means the identification of common asthma triggers, including allergens and irritants. This assessment will guide the self-management education about actions to mitigate or control exposures to asthma triggers.</p>	<p>Pursuant to 42 CFR 440.130(c), asthma preventive services must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.</p> <p>Asthma preventive services are limited to two services per year and asthma trigger assessments are limited to two assessments per year, although additional services and assessment may be provided with prior authorization for medical necessity.</p> <p>Unlicensed asthma preventive service providers must be supervised by either a physician; physician assistant; nurse practitioner; clinic; hospital; a Medi-Cal-enrolled local health jurisdiction or community-based organization.</p> <p>Asthma preventive services may be provided by licensed practitioners within their scope of practice and by unlicensed asthma preventive service providers who meet the qualifications listed here.</p> <p>Unlicensed asthma preventive service providers must have completed either of the following:</p> <ul style="list-style-type: none"> • A certificate from the California Department of Public Health Asthma Management Academy, or • A certificate demonstrating completion of a training program consistent with the

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 22-0003

Supersedes

TN No. None

Approval Date: 8/10/2022

Effective Date: 7/1/2022

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
		<p>guidelines of the National Institutes of Health’s Guidelines for the Diagnosis and Management of Asthma with core competences in the following areas:</p> <ul style="list-style-type: none"> ○ Basic facts of asthma’s impact on the human body, including asthma control ○ Roles of medications ○ Enviornmental control measures ○ Teaching individuals about asthma self-monitoring ○ Implementation of a plan of care ○ Effective communication strategies, including at a minimum, cultural and linguistic competency and motivational interviewing ○ Roles of a care team and community referrals <p>All unlicensed asthma preventive service providers must also complete both of the following:</p> <ul style="list-style-type: none"> ○ A minimum of 16 hours of face-to-face client contact focused on asthma management and prevention. ○ Four hours annually of continuing education on asthma.

* Prior authorization is not required for emergency services.

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

REIMBURSEMENT METHODOLOGY FOR
ASTHMA PREVENTIVE SERVICES

1. Notwithstanding any other provision of this Attachment, the methodology utilized by the State Agency in establishing reimbursement rates for Asthma Preventive Services, as described in State Plan Attachment 3.1-A, section 13c, 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, 2022, the reimbursement rates shall be the lowest of the following;
 - i. the amount billed,
 - ii. the charge to the general public, or
 - iii. 80 percent of the lowest maximum allowance as established on July 1, 2022 by the federal Medical program for the same or similar item or service.
 1. The rate described in paragraph 1.a.iii may be adjusted to keep the Medi-Cal rate below 80 percent of the lowest maximum allowance as established on July 1, 2022 by the federal Medicare program, if in calculating the Medi-Cal rate, the conversion indicator or conversion factor used to calculate a unit value results in a rate greater than 80 percent.
 - b. The services described in this section are exempt from the ten percent payment reduction described in paragraph (13) on page 3.3 of this Attachment.
 - c. All Medi-Cal Fee-For-Service rates for Asthma Preventive Services established using this methodology can be found at:
<https://files.medi-cal.ca.gov/rates/rateshome.aspx>

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

- (22) For dates of service on or after July 1, 2015, the payment reduction specified in paragraph (13), set forth on page 3.3, does not apply to dental services and applicable ancillary services provided to beneficiaries of all ages.
- (23) For dates of service on or after July 1, 2022, the payment reductions specified in paragraph (13), at page 3.3, do not apply to Community Health Worker Services, as described on page 3N of this Attachment.
- (24) For dates of service on or after July 1, 2022, the payment reductions specified in paragraph (13), at page 3.3, do not apply to Asthma Preventive Services, as described on page 3O of this Attachment.