

## **Table of Contents**

**State/Territory Name: CA**

**State Plan Amendment (SPA) CA: 22-0022**

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



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**Financial Management Group**

April 21, 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: TN 22-0022

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0022, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 31, 2022. This SPA exempts Durable Medical Equipment (DME) Complex Rehabilitation Technology (CRT) and Complex Rehabilitation Technology Services (CRTS) from the ten percent payment reductions described at Attachment 4.19-B, page 3.3, paragraph 13.

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 2 — 0 0 2 2

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  
**January 1, 2022**

5. FEDERAL STATUTE/REGULATION CITATION  
Title 42 CFR 447 Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 792,000  
b. FFY 2023 \$ 1,056,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Attachment 4.19-B Page 3.4**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  
**Attachment 4.19-B Page 3.4**

9. SUBJECT OF AMENDMENT  
**Exempts Durable Medical Equipment Complex Rehabilitation Technology (DME CRT) and Complex Rehabilitation Technology Services (CRTS) from the AB 97 ten percent payment reduction.**

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  
January 31, 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  
January 31, 2022

17. DATE APPROVED  
April 21, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS  
4/18/22: State concurs with pen and ink change to Box 5, striking "Subpart F."

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

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(14) The payment reductions specified in paragraphs (6) through (13) do not apply to supplemental payments and only apply to the basic Medi-Cal reimbursement rate.

(15) The payment reductions specified in paragraphs (6) through (13) apply only to those services described in Attachment 3.1-A entitled, Amount, Duration, and Scope of Medical and Remedial Care and Service- Provided to the Categorically Needy and Attachment 3.1-8 entitled, Amount, Duration and Scope of Services Provided Medically Needy Group(s), which are billed to the Department directly by the provider that rendered the service.

(16) The payment reductions specified in paragraphs (6) through (13), set forth on pages 3.1 through 3.4 do not apply to the following provider types and services:

- Federally qualified health center services, described in Attachment 3.1-A, sections 2c and 2d, including those facilities deemed to have federally qualified health center status pursuant to a waiver under subdivision (a) of Section 1115 of the federal Social Security Act.
- Rural health clinic services, as described in Attachment 3.1-A, section 2b.
- Payments to facilities owned or operated by the State Department of Mental Health for psychology services, as defined in Attachment 3.1-A, section 6d.1 or to the State Department of Developmental Services for targeted case management services, as defined in Attachment 3.1-A, section 19.
- Services provided by local education agencies, as described in Attachment 3.1-A, section 24g, and Attachment 3.1-8, section 23g.
- Breast and cervical cancer treatment services, including but not limited to diagnostic, screening, and treatment services related to breast and cervical cancer, as described in Attachment 3.1-A, sections 2a and Sa.
- Family planning services and supplies, as described in Attachment 3.1-A, item 4c, provided by the Family Planning, Access, Care, and Treatment (Family PACT) Program.
- Hospice services, as described in Attachment 3.1-A, section 18.
- For dates of service on or after January 1, 2022, durable medical equipment classified as complex rehabilitation technology and complex rehabilitation technology services, as described in Attachment 3.1-A, sections 2.a – 2.d under “Outpatient hospital services,” and section 7.c under “Medical supplies, equipment, and appliances suitable for use in the home.”

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TN. No. 22-0022

Supersedes

TN No. 11-009

Approval Date: April 21, 2022

Effective Date: January 1, 2022