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State/Territory Name: California

State Plan Amendment (SPA) #: 22-0045

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

December 16, 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) 22-0045

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0045, which was submitted in response to a same page review letter issued with the approval of SPA 20-0039 to address how the California Department of Health Care Services (DHCS) will comply with federal requirements on premium and cost sharing tracking and assessing copays on non-emergency use of services provided in emergency departments. This amendment proposes to eliminate copayments in the Medi-Cal program effective July 1, 2022.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 Code of Federal Regulations (CFR) 447.56(f). This letter is to inform you that California Medicaid SPA 22-0045 was approved on December 15, 2022, with an effective date of July 1, 2022 and the approval of this SPA also closes the same page review letter issued under SPA 20-0039.

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

Sincerely,

A black rectangular redaction box covers the signature area of the letter.

Digitally signed by
James G. Scott -S
Date: 2022.12.16
16:01:33 -06'00'

James G. Scott, Director
Division of Program Operations

cc: Rene Mollow, DHCS
Lisa Murawski, DHCS
Jim Elliott, DHCS
Raquel Saunders, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS
Farrah Samimi, DHCS

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 4 5</u>	2. STATE <u>CA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> 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 447.50 through 447.56
Section 1916 and 1916A of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachments 4.18-A and 4.18-C, Pages 1, 1a, 2, and 3.
Forms G1, G2a, G2b, and G2c


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachments 4.18-A and 4.18-C, Pages 1, 1a, 2, and 3.
Form G3
NOTE: This SPA supersedes state plan pages that were originally approved under California SPAs 20-0039 (Att. 4.18-A/C p.1-1a); 85-18 (Att. 4.18-A/C p.2); and 13-014 (Att. 4.18-A/C, p. 3).

9. SUBJECT OF AMENDMENT
Elimination of copayments in the Medi-Cal program

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

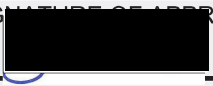
14. DATE SUBMITTED
September 30, 2022

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 <u>September 30, 2022</u>	17. DATE APPROVED <u>December 15, 2022</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.12.16 16:02:12 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS
Box 5: CMS pen and ink change to add federal statutory citation made on 12/6/22.
Box 8: Per email from CA dated 10/6/22, CMS made a pen and ink correction to remove Form G3, which was added to Box 8 in error. CA did not submit Form G3 as part of the original submission and Form G3 is not part of the current state plan. On 12/6/22, CMS added information on the superseded state plan pages' corresponding SPAs.

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

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TN No. 22-0045
Supersedes
TN No. 20-0039

Approval Date: December 15, 2022 Effective Date: July 1, 2022

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

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State: California

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Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: CA - 22 - 0045

Cost Sharing Requirements	G1
1916 1916A 42 CFR 447.50 through 447.57 (excluding 447.55)	
The state charges cost sharing (deductibles, co-insurance or co-payments) to individuals covered under Medicaid.	<input type="text" value="No"/>

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. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20160722



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: CA - 22 - 0045

Cost Sharing Amounts - Categorically Needy Individuals	G2a
1916 1916A 42 CFR 447.52 through 54	
The state charges cost sharing to <u>all</u> categorically needy (Mandatory Coverage and Options for Coverage) individuals.	<input type="text" value="No"/>

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. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20181119



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: CA - 22 - 0045

Cost Sharing Amounts - Medically Needy Individuals	G2b
1916 1916A 42 CFR 447.52 through 54	
The state charges cost sharing to <u>all</u> medically needy individuals.	<input type="text" value="No"/>

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. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20181119



Medicaid Premiums and Cost Sharing

State Name:

OMB Control Number: 0938-1148

Transmittal Number: CA - 22 - 0045

Cost Sharing Amounts - Targeting	G2c
1916 1916A 42 CFR 447.52 through 54	
The state targets cost sharing to a specific group or groups of individuals.	<input type="text" value="No"/>

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. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. 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.

V.20181119

TN No. 22-0045

TN No. New

Approval Date: December 15, 2022

Effective Date: July 1, 2022