

## **Table of Contents**

**State/Territory Name: CA**

**State Plan Amendment (SPA) #: 22-0052**

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 6, 2023

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 22-0052

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0052, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 20, 2022. This SPA authorizes a supplemental add-on payment for eligible air transportation trips provided during state fiscal year 2023.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 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,

A solid black rectangular box redacting the signature of Todd McMillion.

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 5 2

2. STATE

CA3. 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

Title 42 CFR 447 Subpart F

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 1,000,350b. FFY 2023 \$ 3,001,050

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 16 to Attachment 4.19-B pages 6 and 7

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Supplement 16 to Attachment 4.19-B pages 6 and 7

9. SUBJECT OF AMENDMENT

Continue supplemental payments for Emergency Air Medical Transportation Services.

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 16, 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

September 20, 2022

17. DATE APPROVED

April 6, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 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

11/3/22: State concurs with pen and ink change to Box 5: striking, "42 CFR 447 Subpart F" and adding "42  
CFR Section 440.170."

3/9/23: State concurs with pen and changes to Box 7, deleting "and 7" and to Box 8, adding "and 8."

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

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4. Effective July 1, 2014, the payment augmentation rate for each emergency air medical transportation service will be calculated as described in section (b).
- (a) Base rates for emergency air medical transportation services are the State Agency's rates per procedure code as posted on the Medi-Cal Rates website: <https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>
  - (b) The payment rate augmentation for emergency air medical transportation services is the difference between the base rate and the maximum allowable amount per transport based on the state average of providers' usual and customary rates charged to the general public for an emergency air medical transport, adjusted by the maximum pool amount and by the projected utilization. The projected utilization is the calculated average of total transports from the previous three state fiscal years. The payment augmentation rates are established as a fixed rate for rotary transports, and as a fixed rate for fixed wing transports.
    - i. For the 2022/23 state fiscal year, the maximum annual amount available for aggregate augmentation payments to providers will be based on a total pool amount of up to \$8,000,000. Payments from this pool amount will be distributed to eligible air medical transportation providers, using the methodology described in (b) for the dates of service July 1, 2022 through June 30, 2023, or until the annual pool amount is exhausted.
    - ii. The augmentation rates for rotary and fixed wing transports for the 2022/23 state fiscal year shall not exceed the applicable total maximum allowable amount per transport under (b).
  - (c) Payment Augmentation
    - i. Effective July 1, 2022 through June 30, 2023, the payment augmentation rates for rotary and fixed wing transports are paid in addition to the base rate for FFS emergency air medical transportation.
    - ii. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of air emergency services. The payment augmentation rates will be posted on the Notes to Rates page of the Department's Medi-Cal website for the applicable state fiscal year. All rates are published [https://files.medi-cal.ca.gov/Rates/rates\\_notes.aspx](https://files.medi-cal.ca.gov/Rates/rates_notes.aspx).