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State/Territory Name: California

State Plan Amendment (SPA) #: 23-0034

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

September 29, 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: California State Plan Amendment (SPA) 23-0034

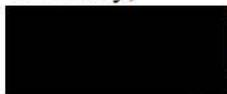
Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0034. This amendment proposes to clarify existing policy for preventive services regarding mandatory coverage requirements for approved adult vaccines to comply with CMS guidance in State Health Official (SHO) Letter 23-0003.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 Code of Federal Regulations (CFR) 440.130(c). This letter is to inform you that California Medicaid SPA 23-0034 was approved on September 29, 2023, with an effective date of October 1, 2023.

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

Sincerely,

 Digitally signed by
James G. Scott -S
Date: 2023.09.29
16:32:48 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER 2 3 — 0 0 3 4 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
October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
Section 1905(a)(13)(B) of the Social Security Act; 42 CFR 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 0
b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Limitations on Attachment 3.1-A, page 18a
Limitations on Attachment 3.1-B, page 18a

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Limitations on Attachment 3.1-A, page 18a
Limitations on Attachment 3.1-B, page 18a

9. SUBJECT OF AMENDMENT
Technical correction for Advisory Committee on Immunization Practices (ACIP) covered vaccines.

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
August 29, 2023

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

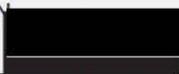
FOR CMS USE ONLY

16. DATE RECEIVED
August 29, 2023

17. DATE APPROVED
September 29, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2023

19. SIGNING OFFICIAL
 Digitally signed by James G. Scott -S
Date: 2023.09.29 16:33:44 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
12d. Eyeglasses and other eye appliances	Covered as medically necessary on the prescription of a physician or optometrist.	Prior authorization is required for low vision devices when the billed amounts are over \$100 and for contact lenses when medically indicated for conditions such as aphakia, keratoconus, anisometropia, or when facial pathology or deformity preclude the use of glasses. Prior authorization is required for ophthalmic lenses and specialty frames that cannot be supplied by the fabricating optical laboratory.
13a. Diagnostic Services	Covered under this state plan only for the EPSDT benefit.	
13b. Screening Services	Covered under this state plan only for the EPSDT benefit.	
13c. Preventive Services	<p data-bbox="459 769 1352 1114">Includes, at a minimum, a broad range of preventive services, including “A” or “B” services recommended by the United States Preventive Services Task Force (USPSTF); approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP), and their administration, as described in section 1905(a)(13)(B) of the Social Security Act; preventive care and screening for infants, children, and adults recommended by Health Resources and Services Administration’s Bright Futures program/project; and additional preventive services for women as recommended by the Institute of Medicine (IOM).</p> <p data-bbox="459 1154 1352 1289">Services are provided and covered by a physician or other licensed practitioner within the scope of his or her practice under State law and are reimbursed according to the methodologies for those services in that portion of the state plan.</p>	<p data-bbox="1392 769 1986 862">Prior authorization is not required and services are exempt from cost sharing in accordance with ACA Section 4106.</p> <p data-bbox="1392 911 1986 1003">The State assures the availability of documentation to support the claiming of federal reimbursement for these services.</p> <p data-bbox="1392 1052 1986 1219">The State assures that the benefit package will be updated as changes are made to USPSTF, ACIP, and IOM recommendations, and that the State will update coverage and billing codes to comply with these revisions.</p>

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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