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State/Territory Name: California

State Plan Amendment (SPA) #: 24-0037

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

October 25, 2024

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

Re: California State Plan Amendment (SPA) 24-0037

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0037. This amendment adds pharmacies as supervisors of Community Health Workers (CHWs).

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 24-0037 was approved on October 25, 2024 with an effective date of October 1, 2024.

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 box redacts the signature of James G. Scott. A blue ink scribble is visible below the box.

Digitally signed by James G.
Scott -S
Date: 2024.10.25 15:14:53
-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 4 — 0 0 3 7

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

October 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION

SSA 1905(a)(13), 42 CFR 440.130(c)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025\$ 0b. FFY 2026\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Limitations on Attachment 3.1-A, page 18e

Limitations on Attachment 3.1-B, page 18e

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Limitations on Attachment 3.1-A, page 18e

Limitations on Attachment 3.1-B, page 18e

9. SUBJECT OF AMENDMENT

Add pharmacies as supervisors of Community Health Workers

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:

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

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

Tyler Sadwith

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

September 27, 2024

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 27, 2024

17. DATE APPROVED

October 25, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.10.25 15:15:28 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

STATE PLAN CHART

Limitations on Attachment 3.1-A
Page 18e

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13c. Community Health Worker Services	<p>Community Health Worker (CHW) services are preventive health services, as defined in 42 CFR 440.130(c), to prevent disease, disability, and other health conditions or their progression; to prolong life; and promote physical and mental health and efficiency. CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs.</p> <p>CHW services may:</p> <ul style="list-style-type: none"> • Be provided in an individual or group setting. • Address issues that include but are not limited to: control and prevention of chronic conditions or infectious diseases; mental health conditions and substance use disorders; perinatal health conditions; sexual and reproductive health; environmental and climate-sensitive health issues; child health and development; oral health; aging; injury; domestic violence; and violence prevention. • Include: <ul style="list-style-type: none"> ○ Health education to promote the beneficiary's health or address barriers to health care, including providing information or instruction on health topics. The content of health education must be consistent with established or recognized health care standards. Health education may include coaching and goal setting to improve a beneficiary's health or ability to self-manage health conditions. 	<p>Pursuant to 42 CFR Section 440.130(c), CHW services are provided as preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law.</p> <p>CHWs must be supervised by a Medi-Cal-enrolled community-based organization, local health jurisdiction, licensed provider, pharmacy, hospital, or clinic, as defined in 42 CFR 440.90.</p> <p>CHWs must have lived experience that aligns with and provides a connection between the CHW and the community being served.</p> <p>CHWs must demonstrate minimum qualifications through one of the following pathways:</p> <ul style="list-style-type: none"> • Certificate Pathway: <ol style="list-style-type: none"> 1. CHW Certificate: A certificate of completion, including but not limited to any certificate issued by the State of California or a State designee, of a curricula that attests to demonstrated skills and/or practical training in the following areas: communication, interpersonal and relationship building, service coordination and navigation, capacity building, advocacy, education and facilitation, individual and

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 24-0037

Supersedes

TN No. 22-0001

Approval Date: October 25, 2024

Effective Date: October 1, 2024

STATE PLAN CHART

 Limitations on Attachment 3.1-B
 Page 18e

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