

## **Table of Contents**

**State/Territory Name: CA**

**State Plan Amendment (SPA) #: 24-0039**

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  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

August 4, 2025

Tyler Sadwith  
State Medicaid Director  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

RE: TN 24-0039

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed California state plan amendment (SPA) to Attachment 4.19-B CA-24-0039, which was submitted to CMS on September 24, 2024. This plan amendment rescinds the alternative payment methodology (APM) for Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and Tribal Health Programs (THPs) when COVID-19 vaccines are administered on their own and outside of a billable visit.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. 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 via email at [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov),

Sincerely,

[Redacted Signature]

Todd McMillion  
Director  
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 3 9

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

42 CFR 447, 1902(bb) of the Act 1905(a)(9) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ (1,819,810)b. FFY 2026 \$ (1,819,810)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

FQHC/RHC: Attachment 4.19-B, page 6AA5

IHS-MOA: Supplement 6 to Attachment 4.19-B, page 2b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

None

Att. 4.19-B, page 6AA5 and Supplement 6 to Attachment  
4.19-B, page 2b

9. SUBJECT OF AMENDMENT

Eliminate the alternative payment methodology to Federally Qualified Health Centers, Rural Health Clinics, and Tribal Health Programs for COVID-19 vaccine-only administration visit previously established with SPA 22-0067-A following the end of the Public Health Emergency.

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

Tyler Sadwith

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

September 24, 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 24, 2024

17. DATE APPROVED

August 4, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2024

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

12/4/24: State concurs with pen and ink change to Box 8.

7/11/25: State concurs with pen and ink change to Box 5.

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