

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 22-0067**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



February 24, 2023

Jacey Cooper  
Chief Deputy Director  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 22-0067

Dear Ms. Cooper:

We have reviewed the proposed amendment to add section 7.4.A. Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency to California's Medicaid state plan, as submitted under transmittal number (TN) 22-0067. This amendment proposes to rescind temporary policies in section 7.4. Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number 22-0067 is approved effective January 1, 2023.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Cheryl Young at 415-744-3598 or by email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov) if you have any questions about this approval.

Sincerely,

Courtney L.  
Miller -S

Digitally signed by  
Courtney L. Miller -S  
Date: 2023.02.24  
08:04:54 -06'00'

Courtney Miller  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 6 7

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

January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 11,873,000 \$<sup>0</sup>  
b. FFY 2024 \$ 20,353,000 \$<sup>0</sup>

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~FQHC/RHC: Attachment 4.19-B, page 6AA5~~  
~~IHS-MOA: Supplement 6 Attachment 4.19-B, page 2c~~  
~~Tribal FQHC: Supplement 6 Attachment 4.19-B, page 4.4~~  
Section 7.4.A, page 1: Rescission to the State's Disaster Relief Policies for for the COVID-19 National Emergency

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

None

9. SUBJECT OF AMENDMENT

~~Rescission of supplemental payments to Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), Indian Health Services-Memorandum of Agreement (IHS-MOA), and Tribal FQHCs for COVID-19 vaccine-only visits following the end of the Public Health Emergency (PHE).~~

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

~~TYPED NAME~~  
Jacey Cooper

13. TITLE  
State Medicaid Director

14. DATE SUBMITTED  
December 23, 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  
December 23, 2022

17. DATE APPROVED  
February 24, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL  
Digitally signed by Courtney Miller -S  
Date: 2023.02.24 08:05:16 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL  
Courtney Miller

21. TITLE OF APPROVING OFFICIAL  
On behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS

Boxes 6, 7 and 9: CMS made pen & ink changes per email with CA DHCS dated 2/15/23 to reflect changes to convert CA 22-0067 to a disaster relief rescission SPA.

**Section 7 General Provisions**

**7.4.A. Rescission to the State's Disaster Relief Policies for the COVID-19 National Emergency**

Effective January 1, 2023, the State rescinds the election at Item E.4 of Section 7.4 (approved on March 16, 2021, in DR SPA Number 20-0040) of the state plan for COVID-19 vaccine administration by a Tribal 638 non-FQHC clinic provider that would not otherwise have qualified for an All-Inclusive Rate (AIR) payment, reimbursed based on the fee schedule rates established under E.2.

Effective January 1, 2023, the State rescinds the election at Item E.4. of Section 7.4 (approved on March 2, 2022, in DR SPA Number 21-0020) for supplemental reimbursement to Federally Qualified Health Center (FQHC), Rural Health Center (RHC), and Tribal FQHC providers for COVID-19 vaccine-only visits.