DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

JUN 1 6 2014

Toby Douglas, Director California Department of Health Care Services P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 14-010. SPA 14-010 was submitted in response to the companion letter for approved SPA CA-13-006. The SPA amends the descriptions of California's PACE program.

The effective date of this SPA is April 1, 2014. Enclosed is the following approved SPA pages that should be incorporated into your approved State Plan:

- Section 3, page 20c
- Attachment 2.2-A, page 11
- Attachment 3.1-B, page 10

In addition, approval of this SPA has the impact of removing the following pages from the California State Plan:

• Supplement 4 to Attachment 3.1-B, pages 1-8

If you have any questions, please contact Tom Schenck by phone at (415) 744-3589 or by email at Tom.Schenck@cms.hhs.gov.

ORIGINAL SIGNED

Enclosure

cc: John Shen, California Department of Health Care Services Frances Magao, California Department of Health Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	14-010	California
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TI SOCIAL SECURITY ACT (MEDIC	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	April 1, 2014	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		h amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
42 CFRPart440 Subpart B 1905(a)(26)	a. FFY \$0	
42 CFR 435.217 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	b. FFY . \$0 9. PAGE NUMBER OF THE SUPERS	
Supplement 4 to Attachment 3.1-B will be removed.	OR ATTACHMENT (If Applicable)	
Section 3, page 20c	Supplement 4 to Attachment 3.1	
Attachment 3.1-B, page 10	T. F.	
Attachment 2.2-A, page 11		
rateemment wew ray but it		
10. SUBJECT OF AMENDMENT:		
Updates to the eligibility procedures for the Program of All-l	naturine Core for the Elderly	
opulates to the engionity procedures for the Hogian of An-	merasive care for the Exactly	
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	☑ OTHER, AS SPEC	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	The Governor's O	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	wish to review the	State Plan Amendment.
	TE RETURN TO:	
ORIGINAL SIGNED	T6. RETURN TO:	
ORIGINAL SIGNED	Department of Health	
	Department of Health Attn: State Plan Coor	rdinator
14. TITLE:	Department of Health Attn: State Plan Coor 1501 Capitol Avenue,	rdinator
14. TITLE: Director	Department of Health Attn: State Plan Coor	dinator Suite 71.326
14. TITLE:	Department of Health Attn: State Plan Coor 1501 Capitol Avenue, P.O. Box 997417	dinator Suite 71.326
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State of California PACE State Plan Amendment Pre-Print

Citation

3.1(a)(2)

Amount, Duration, and Scope of Services: Medically

Needy (continued)

1905(a)(26) and (xii) X. 1934

Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 4 to Attachment 3.1-A.

(Note: Other programs to be offered to Medically Needy beneficiaries would specify all limitations on the amount, duration and scope of those services. As PACE provides services to the frail elderly population without such limitation, this is not applicable for this program. In addition, other programs to be offered to Medically Needy beneficiaries would also list the additional coverage that is in excess of established service limits for pregnancy-related services for conditions that may complicate the pregnancy. As PACE is for the frail elderly population, this also is not applicable for this program.)

December 1991

Attachment 2.2-A Page 11

	State/ Territory:	CALIFORNIA .	
***************************************	Hara (1800) (1800) (1800) (1800) (1800) (1800) (1800) (1800) (1800) (1800) (1800) (1800) (1800) (1800) (1800)		**********
Agency*	Citations (s)	Groups Covered	

Optional Groups Other Than The Medically Needy (Continued)

42 CFR 435.217

DHS

X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group (s) is covered. In the event an existing 1915 (c) waiver is amended to cover this group (s), this option is effective on the effective date of the amendment.

42 CFR 435.217

X 4a. The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided in section 1902(a) 10(A) (ii) (VI) of the ACT (42 CFR 435.217) State of California PACE State Plan Amendment Pre-Print

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE SERVICES PROVIDED TO THE MEDICALLY NEEDY

26.		Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 4 to Attachment 3.1-A.
	X	Election of PACE: By virtue of this submittal, the State elects PACE as an optional State Plan service.
		No election of PACE: By virtue of this submittal, the State elects to not add PACE as an optional State Plan service.