

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**

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December 9, 2015

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

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 15-007. This SPA was submitted to my office on September 30, 2015 and makes technical updates to the Pediatric Immunization Program pages, which were last approved in 1994. The Pediatric Immunization Program is now called the Vaccines for Children Program (VFC) and the California Department of Public Health is responsible for the provisions of the Social Security Act, Section 1928. The SPA does not change the VFC benefit.

The effective date of this SPA is July 1, 2015. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- **Section 1, pages 9a -9b**
- **Attachment 4.19(m), page 66(b)**

If you have any questions, please contact Cheryl Young by phone at (415) 744-3598 or by email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).

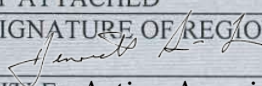
Sincerely,

/s/

Henrietta Sam-Louie  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Laurie Weaver, California Department of Health Care Services  
Jim Elliott, California Department of Health Care Services  
Nathaniel Emery, California Department of Health Care Services

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>15-007</b>	2. STATE California
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2015	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act, Section 1928		7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$0 b. FFY 2016 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 1.5 page 9a Section 1.5 page 9b Attachment <del>4.19-B, page 66b</del> 4.19(m), page 66(b)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Section 1.5 page 9a Section 1.5 page 9b  Attachment <del>4.19-B, page 66b</del> 4.19(m), page 66(b)	
10. SUBJECT OF AMENDMENT: Technical changes to the Pediatric Immunization Program pages, now titled Vaccines for Children program.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: ORIGINAL SIGNED		16. RETURN TO:  Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, MS 4506 P.O. Box 997413 Sacramento, CA 95899-7413	
13. TYPED NAME: Mari Cantwell		SEP 30 2015	
14. TITLE: Chief Deputy Director Health Care Programs State Medicaid Director			
15. DATE SUBMITTED:			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: September 30, 2015		18. DATE APPROVED: December 9, 2015	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Henrietta Sam-Louie		22. TITLE: Acting Associate Regional Administrator, Division of Medicaid & Children's Health Operations	
23. REMARKS: Boxes 8 & 9: Pen and ink change to correct page reference made by CMS and approved by CA via email dated 12/7/15. Other page references made by state per CMS request on 10/30/15.			

Revision: HCFA-PM-94-3 (MB)  
 July 2015  
 State/Territory: California

Citation 1 Vaccines For Children Program

1928 of the Act

1. The Vaccines for Children (VFC) program is administered by the California Department of Public Health (CDPH). Vaccines available through the VFC program are those recommended by the Centers for Disease Control and Prevention (CDC), Advisory Committee on Immunization Practices (ACIP). The VFC program maintains a list of program-enrolled providers. The VFC distributes vaccines to program-enrolled providers for immunization of federally vaccine-eligible children in accordance with the Social Security Act (SSA), Section 1928, as indicated below.
  - a. The VFC program will provide each federally vaccine-eligible child, 18 years of age and younger, with medically appropriate vaccines according to the recommended vaccine periodicity schedule developed by ACIP. All ACIP vaccines are preventive and administered without cost-sharing.
  - b. The VFC program will outreach and encourage providers to participate in the program and to administer vaccines in multiple settings. This includes, but is not limited to, private health care providers, providers that receive funds under Title V of the Indian Health Care Improvement Act and health programs or facilities operated by Indian tribes.
  - c. With respect to any population of federally vaccine-eligible children, a substantial portion of whose parents/guardians have limited ability to speak English, the VFC program will identify program-enrolled providers who are able to communicate with this population in the language and cultural context that is most appropriate.
  - d. The VFC program will instruct program-enrolled providers to determine eligibility in accordance with SSA Section 1928(b) and (h).
  - e. The VFC program will assure that program-enrolled providers submit to the State an executed provider agreement in accordance with SSA Section 1928(c) and current VFC program provider agreement terms. No vaccine will be distributed under the program to a provider unless the provider is a program-enrolled provider with an executed participation provider agreement with CDPH.
  - f. Except as authorized under SSA Section 1915(b) or as permitted by the Secretary to prevent fraud or abuse, the State will not impose any additional qualifications or conditions, in addition to those indicated above, in order for a provider to qualify as a program-enrolled provider.

Revision: HCFA-PM-94-3 (MB)  
July 2015  
State/Territory: California

Citation

- 1928 of the Act
2. The State Medicaid Agency has coordinated with the California Department of Public Health in the completion of this preprint page.
  3. The State agency with overall responsibility for the implementation, management and enforcement of the provisions of SSA Section 1928 is:  
  
    \_\_\_ State Medicaid Agency  
  
    X California Department of Public Health

Revision: HCFA-PM\_94-8(MB)  
October 2015

State/Territory: CA

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization (Vaccines For Children) Program

1928 (c)(2) (i) A provider may impose a charge for the administration of a qualified pediatric  
(C)(ii) or vaccine as stated in 1928 (c) (2) (C) (ii) of the Act. Within this overall provision,  
The Act Medicaid reimbursement to providers will be administered as follows:

(ii) The State:

\_\_\_ sets a payment rate at the level of the regional maximum established by the DHHS Secretary.

\_\_\_ is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.

X sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

\_\_\_ is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal Purchase State.

The State pays the following rate for the administration of a vaccine:

VFC: \$9

Non VFC: \$4.46

Costs associated with the administration of vaccines by a FQHC/RHC are included in the development of the Prospective Payment System (PPS) rate. Providers cannot bill an FQHC visit when only a vaccine is administered.