



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

June 20, 2022

Mr. James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 22-0033: MANDATORY COVERAGE FOR VACCINES AND
TREATMENT OF COVID-19

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting the enclosed Title XXI Children's Health Insurance Program (CHIP) State Plan Amendment (SPA) 22-0033. This proposed amendment demonstrates compliance to guidance provided by the Centers for Medicare and Medicaid Services (CMS) in State Health Official Letter 21-003, relating to the inclusion of vaccines and treatment of COVID-19 to CHIP coverage under the American Rescue Plan Act.

The State requests that this CHIP SPA have an effective date of March 11, 2021. To address the Federal COVID-19 public health emergency, the State seeks a waiver under section 1135 of the Social Security Act to submit a state plan amendment that took effect in the prior state fiscal year. DHCS has reviewed and submitted the updated SPA sections.

In compliance with the policy set forth by the American Recovery and Reinvestment Act of 2009, DHCS notified Indian Health Programs (IHPs) and Urban Indian Organizations of 22-0033. The state completed Tribal consultation after the effective date of the SPA. On March 10, 2022, CMS approved DHCS' rationale that no tribal consultation was needed for CHIP SPA 22-0033.

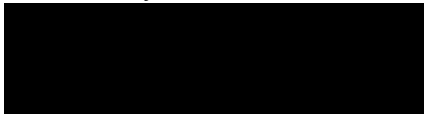
Included in this SPA submission is the justification for no Tribal notice, as well as the amended State Plan sections. Also included with this submission is the CMS 179 form indicating no fiscal impact for this change. The state has been including the federally subsidized vaccines and treatment for the duration of the Public Health Emergency. It is

Mr. James G. Scott
Page 2
June 20, 2022

available to all CHIP individuals regardless of coverage group, and this SPA demonstrates compliance with the federal guidance.

If you have any questions or need additional information, please contact Sandra Williams, Chief, Medi-Cal Eligibility Division by email at Sandra.Williams@dhcs.ca.gov.

Sincerely,



Jacey Cooper
State Medicaid Director
Chief Deputy Director
Health Care Programs

Enclosures

cc: René Mollow
Deputy Director
Health Care Benefits and Eligibility
Department of Health Care Services
Rene.Mollow@dhcs.ca.gov

Sandra Williams, Chief
Medi-Cal Eligibility Division
Department of Health Care Services
Sandra.Williams@dhcs.ca.gov

Aaron Toyama
Senior Advisor
Health Care Programs
Department of Health Care Services
Aaron.Toyama@dhcs.ca.gov

Saralyn M. Ang-Olson, JD, MPP
Chief Compliance Officer
Office of Compliance
Department of Health Care Services
Saralyn.Ang-Olson@dhcs.ca.gov

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

1. TRANSMITTAL NUMBER

2. STATE

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

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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

9. SUBJECT OF AMENDMENT

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

13. TITLE

14. DATE SUBMITTED

June 20, 2022

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

- 1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

CA RESPONSE:

Date Original Plan Submitted: November 19, 1997
Date Plan Approved: March 24, 1998
Date Plan Effective/Implemented: July 1, 1998

SPA # 22-0033 Purpose of SPA: To demonstrate compliance with the American Rescue Plan Act provisions that require states to cover COVID-19 treatment (including treatment of a condition that may seriously complicate COVID-19 treatment), testing, and vaccinations without cost sharing in CHIP.

Proposed effective date: March 11, 2021

Proposed implementation date: March 11, 2021

- 1.4-TC **Tribal Consultation.** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

CA RESPONSE:

SPA # 22-0033 For American Rescue Plan Act provisions that require states to cover testing, treatment and vaccinations for COVID-19 without any cost sharing, CMS guidance allowed states to seek an 1135 waiver to modify the Tribal consultation policy. Specifically, to address the Federal COVID-19 public health emergency, the State seeks a waiver under section 1135 of the Act to modify its Tribal consultation policy as follows: Regarding SPA 22-0033, the state completed Tribal consultation after the effective date of March 11, 2021.

On March 10, 2022, CMS determined that Tribal consultation was not necessary for SPA 22-0033. Currently, the state provides disaster relief through the approval of CHIP SPA 17-0043 (4/11/2018). This CHIP SPA is administrative in nature, and provides revised universal language provided by CMS.

- 6.2.28. Any other health care services or items specified by the Secretary and not included under this Section (Section 2110(a)(28))

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of the Act, and for all populations covered in

the CHIP state child health plan:

COVID-19 Vaccine:

- The state provides coverage of COVID-19 vaccines and their administration, in accordance with the requirements of section 2103(c)(11)(A) of the Act.

COVID-19 Testing:

- The state provides coverage of COVID-19 testing, in accordance with the requirements of section 2103(c)(11)(B) of the Act.
- The state assures that coverage of COVID-19 testing is consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.
- The state assures that coverage includes all types of FDA authorized COVID-19 tests.

COVID-19 Treatment:

- The state assures that the following coverage of treatments for COVID-19 are provided without limitations in amount, duration, or scope, in accordance with requirements of section 2103(c)(11)(B) of the Act:
 - The state provides coverage of treatments for COVID-19 including specialized equipment and therapies (including preventive therapies);
 - The state provides coverage of any non-pharmacological item or service described in section 2110(a) of the Act, that is medically necessary for treatment of COVID-19; and
 - The state provides coverage of any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without limitations in amount, duration, or scope, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) of the Act.

8.2.3. Coinsurance or copayments:

CA RESPONSE:

POPULATION 1 (CCHIP)

Depending on the family income, the copayment may be \$5, \$10, or \$15 a visit. The maximum out-of-pocket amount for services in one benefit year is \$250/household.

No Copay: Preventative Care Services
Maternity Care
Medical Transportation
X-Ray and Laboratory Services
Inpatient Hospital Services
Durable Medical Equipment
Family Planning Services
Inpatient Mental Health
Serious Emotional Disturbance (SED)
Inpatient Alcohol and Substance Abuse Treatment
Inpatient Physical, Occupational, and Speech Therapy
Skilled Nursing Care
Dental: Preventative
Dental: Fillings
Dental: Sealants
Dental: Diagnostic X-Rays
Dental: Orthodontia

\$10 Copay: Physician Services
Generic Prescription Drugs
Emergency Care Services
Outpatient Mental Health
Outpatient Alcohol and Substance Abuse Treatment
Outpatient Physical, Occupational, and Speech Therapy
Acupuncture (optional)
Chiropractic (optional)
Biofeedback (optional)
Vision: Examination
Vision: Prescription Glasses
Dental: Major Services (Root canal, oral surgery, crowns, bridges, dentures)

\$15 Copay: Name Brand Prescription Drugs
Outpatient Hospital Services (unless hospitalized)

POPULATION 2 (Unborn)/POPULATION 3 (MCAP)/POPULATION 4 (MCAIP)

Not applicable

Effective March 11, 2021 and through the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period described in section 1135(g)(1)(B) of

the Act, and for all populations covered in the CHIP state child health plan, the state assures the following:

COVID-19 Vaccine:

- The state provides coverage of COVID-19 vaccines and their administration without cost sharing, in accordance with the requirements of section 2103(c)(11)(A) and 2013(e)(2) of the Act.

COVID-19 Testing:

- The state provides coverage of COVID-19 testing without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

COVID-19 Treatment:

- The state provides coverage of COVID-19-related treatments without cost sharing, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act.

Coverage for a Condition That May Seriously Complicate the Treatment of COVID-19:

- The state provides coverage for treatment of a condition that may seriously complicate COVID-19 treatment without cost sharing, during the period when a beneficiary is diagnosed with or is presumed to have COVID-19, in accordance with the requirements of section 2103(c)(11)(B) and 2103(e)(2) of the Act. This coverage includes items and services, including drugs that were covered by the state as of March 11, 2021.