

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

July 10, 2020

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

RE: TN 19-0005

Dear Ms. Cooper:

I am issuing a correction to the approval letter issued for transmittal number (TN) 19-0005 approved on February 24, 2020 and effective January 1, 2019. This State Plan Amendment (SPA) adjusts the Medi-Cal Fee-for-Service (FFS) reimbursement rates for Durable Medical Equipment (DME) services using the Medicare rural fee schedule for DME, Prosthetics, Orthotics, and Supplies.

The original approval letter erroneously stated that the SPA was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 13, 2019. Please note that the CMS-179 Form included in the approval package includes the correct submission date of March 29, 2019. I am re-issuing this approval letter to correctly indicate that the SPA was submitted to CMS on March 29, 2019.

No other changes have been made to the SPA approval as a result of this errata letter.

If you have any questions, please contact Blake Holt at 415-744-3754 or at Blake.Holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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 <u>1 9 - 0 0 05</u>	2. STATE California
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SSA (MEDICAID)	
4. PROPOSED EFFECTIVE DATE January 1, 2019	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447, Subpart F	7. FEDERAL BUDGET IMPACT a. FFY <u>2019</u> \$ <u>1,639,426</u> (553,309) b. FFY <u>2020</u> \$ <u>546,475</u> (737,745)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B page 3a-f <u>Supplement 17 to Attachment 4.19-B, page 1-3</u> <u>Attachment 4.19-B page 1, 3a, 3b, 3c, 3e, 3f</u>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B page 3a-f <u>Supplement 17 to Attachment 4.19-B, pages 1-3</u> <u>Attachment 4.19-B page 1, 3a, 3b, 3c, 3e, 3f</u>

10. SUBJECT OF AMENDMENT


Medi-Cal reimbursement rates for Durable Medical Equipment

11. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
13. TYPED NAME Mari Cantwell	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED March 29, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED March 29, 2019	18. DATE APPROVED February 24, 2020
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Acting Director, Division of Reimbursement Review

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

10/9/19: The state updated the federal budget impact amounts.
10/25/19: CMS pen and ink changes to boxes 8-9 per email to CA dated 10/25/19.