

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 8, 2021

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

Dear Ms. Cooper:

Enclosed is an approved copy of California State Plan Amendment (SPA) 21-0056, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 27, 2021. This SPA will add the state's attestation that it meets all the minimum requirements under Section 1902(a)(87) of the Social Security Act – also known as Section 209 of the Medicaid Coverage of Certain Medical Transportation Under the Consolidated Appropriations Act of 2021 (P.L. 116-260). Separately, the SPA also removes the requirement for prior authorization for nonmedical transportation.

The effective date of this SPA is December 1, 2021. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Limitations on Attachment 3.1-A, page 24b
- Limitations on Attachment 3.1-B, page 24a
- Attachment 3.1-D, page 1

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

 Digitally signed by
James G. Scott -S
Date: 2021.11.08
12:56:11 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosure

cc: Lisa Murawski, Department of Health Care Services (DHCS)
Jim Elliott, DHCS
Raquel Sanchez, DHCS
Jonathan Ring, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 56

2. STATE

California

3. PROGRAM IDENTIFICATION:

Title XIX of the Social Security Act (Medicaid)

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

4. PROPOSED EFFECTIVE DATE

December 1, 2021

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 440.170 and 1902(a)(87) of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Limitations on Attachments 3.1-A, page 24b
Limitations on Attachments 3.1-B, page 24a
Attachment 3.1-D, pages 1-2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

Limitations on Attachments 3.1-A, page 24b
Limitations on Attachments 3.1-B, page 24a
Attachment 3.1-D, page 1

10. SUBJECT OF AMENDMENT

Proposes ^{state} driver attestation requirement for all transportation providers ^{and drivers} in compliance with ^{Section 209 of the} Consolidated Appropriations Act of 2021.

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

[Redacted Signature]

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
Jacey Cooper

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
September 27, 2021

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
September 27, 2021

18. DATE APPROVED
November 8, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

December 1, 2021

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

Digitally signed by James G. Scott -S
Date: 2021.11.08 12:56:50 -06'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

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

For Box 6, CMS made a pen and ink change with CA's concurrence via email dated 11/1/21. For Box 8, CMS deleted page 2 per CA's request in its response to CMS' informal questions dated 10/28/21. The proposed new page 2 has been withdrawn since it is no longer needed. For Box 10, CMS made pen and ink changes with CA's concurrence via email dated 11/1/21.

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
24a. Transportation services	<p>Nonemergency medical transportation (NEMT) is covered by litter van, wheelchair van, or ambulance when transportation by ordinary means is contraindicated and transportation is required for a covered Medi-Cal benefit, subject to limitations.</p> <p>Nonmedical transportation (NMT), which includes roundtrip transportation by public or private conveyance, is covered, subject to utilization controls and permissible time and distance standards, to obtain covered Medi-Cal services.</p> <p>For more information, please see Attachment 3.1-D.</p>	<p>All NEMT services require prior authorization and a written prescription by a licensed provider.</p> <p>Only the lowest cost type of medical transportation adequate for the patient's needs is covered.</p> <p>Emergency claims must be accompanied by justification.</p>

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

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CALIFORNIA'S TITLE XIX STATE PLAN FOR ASSURANCE OF TRANSPORTATION

Under California's Title XIX State Plan, transportation of eligible recipients to and from covered Medi-Cal services is assured.

California provides emergency, nonemergency medical, and nonmedical transportation in accordance with 42 CFR 440.170 and includes other travel related expenses. Transportation services are covered as follows:

1. Emergency medical transportation services are covered to the nearest facility capable of meeting the medical needs of the beneficiary. Emergency medical transportation does not require prior authorization, but must be medically justified and documented.
2. Nonemergency medical transportation (NEMT) services require a written prescription from a licensed provider and prior authorization. Transportation provided by ambulance, wheelchair van, or litter van is covered under 42 CFR 440.170 when the recipient's medical and physical condition is such that transport by ordinary means (public or private conveyance) is medically contraindicated and the transportation is required for the purpose of obtaining necessary health care covered by the Medi-Cal program.
3. Nonmedical Transportation (NMT) services include, at a minimum, roundtrip transportation for a beneficiary to obtain covered Medi-Cal benefits if the beneficiary attests that other currently available resources have been reasonably exhausted. Transportation can be provided by passenger car, taxicab, or any other form of public or private conveyance.

California attests that all the minimum requirements outlined in 1902(a)(87) of the Social Security Act are met.

California also covers NMT services at the county level through CMAA and Tribal Medi-Cal Administrative Activities (TMAA) as optional programs for the county. Under CMAA/TMAA, local governmental agencies (LGA) that choose to provide NMT participate in CMAA/TMAA to perform administrative activities that directly support access to health care for beneficiaries. Beneficiaries may contact their LGA in participating counties to see if NMT is available to them through CMAA/TMAA program.

Medi-Cal managed care plans provide NMT to managed care members.