

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 63

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

July 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 440.60

7. FEDERAL BUDGET IMPACT

a. FFY 2021 \$ 0  
b. FFY 2022 \$ 427,725

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-L, Pages 1-57

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 3.1-L, Pages 1-57

10. SUBJECT OF AMENDMENT

Adds Medication Therapy Management (MTM) under Pharmacist Services in the Alternative Benefit Plan, effective July 1, 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

13. TYPED NAME  
Jacey Cooper

14. TITLE  
State Medicaid Director

15. DATE SUBMITTED  
September 30, 2021

16. RETURN TO

Department of Health Care Services  
Attn: Director's Office  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

18. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

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



# Alternative Benefit Plan

Other:

Obstetrical and delivery services throughout pregnancy and through the end of the month following 60 days after the pregnancy ends.

Other 1937 Benefit Provided:

Diabetes Prevention Program (DPP)

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None.

Duration Limit:

None.

Scope Limit:

All DPP services must be provided by an organization with recognition from the federal Centers for Disease Control and Prevention's Diabetes Prevention Recognition Program (DPRP).

Other:

The DPP is a lifestyle change program, consisting of 22 peer coaching sessions over a period of at least one year and one year of additional, less intensive ongoing maintenance sessions for beneficiaries who achieve 5 percent weight loss from his or body weight, to prevent or delay the onset of type 2 diabetes. Beneficiaries must meet the eligibility criteria defined by the federal CDC's DPRP to participate in the program. Services include behavioral and nutritional interventions. DPP services are provided by licensed physicians, licensed health care practitioners, and unlicensed peer coaches who have received at least 12 hours of training using a CDC-approved curriculum and are certified as meeting the requirements of peer coaches as defined by the CDC.

Other 1937 Benefit Provided:

Pharmacist Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Licensed Pharmacists may perform all services under California's Scope of Practice Act law.

Other:

Specified pharmacist services, when provided by an enrolled Medi-Cal pharmacy provider and consistent with California law, are covered Medi-Cal benefits when medically necessary. Does not include dispensing services. Treatment Authorization Request (TAR) is required for Licensed Pharmacist Services visits that exceed six visits in 90 days. Includes Medication Therapy Management.

Add