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**State/Territory Name: CA**

**State Plan Amendment (SPA) #: CA-22-0009**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

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



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**Financial Management Group**

April 12, 2022

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 22-0009

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0009, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on January 31, 2022. This SPA extends the supplemental payments for Non-Emergency Medical Transportation (NEMT) services past the current sunset date of December 31, 2021.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

January 31, 2022

**FOR CMS USE ONLY**

16. DATE RECEIVED

January 31, 2022

17. DATE APPROVED

April 12, 2022

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA**SUPPLEMENTAL PAYMENT PROGRAM FOR NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES**

This program provides a supplemental reimbursement for eligible non-emergency medical transportation (NEMT) services provided to Medi-Cal beneficiaries. The supplemental payment will be provided in addition to the base rates, for qualified NEMT services rendered during the applicable time period listed below. The base rates for NEMT services will remain unchanged through this amendment.

A. Supplemental Reimbursement Methodology – General Provisions for services provided from January 1, 2020 – December 31, 2021

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible NEMT service listed by Procedure Code. The supplemental payment is paid on a per claim basis for each eligible NEMT service.
2. Base rates for NEMT services are the rates established by the Department of Health Care Services (Department) for each Procedure Code, as published on the Medi-Cal Rates website:  
<https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>

Procedure Code	Supplemental Amount	Procedure Code	Supplemental Amount	Procedure Code	Supplemental Amount
93005	\$1.64	A0424	\$1.64	A0435	\$1.43
93041	\$0.51	A0425	\$0.36	A0436	\$2.21
A0130	\$4.41	A0426	\$10.72	T2001	\$0.55
A0380	\$0.33	A0428	\$10.72	T2005	\$2.63
A0420	\$1.98	A0430	\$127.50	T2007	\$1.13
A0120	\$1.77	A0390	\$0.13		
A0422	\$1.00	A0431	\$180.00		

3. Providers eligible for the supplemental payments under this section do not include Rural Health Centers (RHCs), Local Educational Agencies (LEA), Federally Qualified Health Centers (FQHCs), Indian Health Services (IHS), Tribal 638 Facilities, or other providers who are reimbursed on a cost-based system.

TN: 22-0009  
Supersedes  
TN: 20-0007

Approval Date: April 12, 2022

Effective Date: January 1, 2022

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

## B. Supplemental Reimbursement Methodology – General Provisions for Services, Effective January 1, 2022.

1. The supplemental payment amounts are fixed at the amounts listed in the chart below for each eligible NEMT service, listed by Procedure Code. The supplemental payment is paid on a per claim basis for each eligible NEMT service.
2. Base rates for NEMT services are the rates established by the Department for each Procedure Code, as published on the Medi-Cal Rates website:

<https://files.medi-cal.ca.gov/Rates/RatesHome.aspx>

Procedure Code	Supplemental Amount	Procedure Code	Supplemental Amount
93005	\$1.64	A0428	\$10.72
93041	\$0.51	A0430	\$127.50
A0130	\$4.41	A0431	\$180.00
A0380	\$0.33	A0435	\$1.43
A0420	\$1.98	A0436	\$2.21
A0422	\$1.00	T2001	\$0.55
A0424	\$1.64	T2005	\$2.63
A0425	\$0.36	T2007	\$1.13
A0426	\$10.72		

3. Providers eligible for the supplemental payments under this section do not include RHCs, LEAs, FQHCs, IHS, Tribal 638 Facilities or other providers who are reimbursed on a cost-based system.