

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

For Box 10 "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

July 1, 2022

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



Alternative Benefit Plan

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.

Other 1937 Benefit Provided:

Community Health Worker 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:

Preventive services, as defined in 42 CFR 440.130(c).

Other:

Community health workers assist beneficiaries by providing health education, health navigation, support, and advocacy assist them in accessing health care services, and provide key linkages with other similar and related community-based resources. Includes violence prevention services. CHWs must be supervised by a licensed provider, clinic, hospital, community-based organization, or local health jurisdiction.

Other 1937 Benefit Provided:

Asthma Preventive Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan



Alternative Benefit Plan

Amount Limit:

Two annually for education and home assessment.

Duration Limit:

None

Scope Limit:

Unlicensed providers must be supervised.

Other:

Asthma preventive services are provided by licensed and unlicensed practitioner's. Services include evidence-based asthma self-management education and home environmental trigger assessments. Limits may be exceeded for medical necessity.

Other 1937 Benefit Provided:

Routine patient costs for clinical trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

Coverage for routine patient costs for a beneficiary participating in a qualifying clinical trial, including any item or service provided to prevent, diagnose, monitor, or treat complications resulting from participation in the qualifying clinical trial to the extent that the provision of such items or services for the beneficiary would otherwise be covered outside the course of participation in the qualifying clinical trial.

Add



Alternative Benefit Plan

15. Additional Covered Benefits (This category of benefits is not applicable to the adult group under section 1902(a)(10)(A)(i)(VIII) of the Act.) Collapse All

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20140415