

## **Table of Contents**

**State/Territory Name: CA**

**State Plan Amendment (SPA) #: 22-0046**

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**

February 22, 2023

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 22-0046

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-22-0046, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 21, 2022. This SPA authorizes one supplemental payment per beneficiary per calendar year for the provision of a cognitive health assessment.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

September 21, 2022

15. RETURN TO

**FOR CMS USE ONLY**

16. DATE RECEIVED

September 21, 2022

17. DATE APPROVED

February 22, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 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

1/24/23: State concurs with pen and ink change to Box 5; striking "Title 42 CFR 447, Subpart F" and adding "1905(a)(5)(A), 1905(a)(6), 1905(a)(21), and 1905(a)(13) of the SSA."  
1/25/23: State concurs with pen and ink change to Box 7, striking "3Q", adding "3T".

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: CALIFORNIA

REIMBURSEMENT METHODOLOGY FOR COGNITIVE HEALTH ASSESSMENT  
UNDER THE DEMENTIA CARE AWARE INITIATIVE

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1. Notwithstanding any other provision in this Attachment, the reimbursement rate for the annual cognitive health assessment for the Dementia Care Aware initiative, as authorized in Attachment 3.1-A, section 13c, is established as follows:
  - a. Effective for dates of service on or after July 1, 2022, the Medi-Cal reimbursement rate for the annual cognitive health assessment is \$29.00.
2. A Medi-Cal provider will only be eligible to receive the reimbursement for the cognitive health assessment specified in paragraph (1) if the provider completes the Department of Health Care Services (DHCS) Dementia Care Aware cognitive health assessment training prior to conducting the assessment.
3. The reimbursement described in paragraph 1(a) is limited to one payment per calendar year, for a cognitive health assessment provided to an eligible beneficiary.
4. The ten percent payment reduction, described in paragraph (13) on page 3.3 of this Attachment, shall apply to these services if billed by a non-exempt provider, as described on pages 3.4 and 3.5 of this Attachment.
5. Medi-Cal Fee-For-Service rates for the annual cognitive health assessment are published at <https://files.medi-cal.ca.gov/rates/rateshome.aspx>.

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TN: 22-0046  
Supersedes  
TN: None

Approval Date: February 22, 2023

Effective Date: July 1, 2022