DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services San Francisco Regional Office 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



## DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

November 29, 2017

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

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 17-029, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 7, 2017. This SPA implements time-limited supplemental reimbursements to providers under the Family Planning, Access, Care and Treatment (Family PACT) program for Evaluation and Management (E&M) office visits rendered for comprehensive family planning services during the period of July 1, 2017 through June 30, 2018.

The effective date of this SPA is July 1, 2017. Enclosed is the following approved SPA page to be incorporated into your approved state plan:

• Supplement 26 to Attachment 4.19-B, 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,

/s/

Henrietta Sam-Louie Associate Regional Administrator Division of Medicaid & Children's Health Operations

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Laurie Weaver, DHCS
Christina Moreno, DHCS
Nathaniel Emery, DHCS
Wendy Ly, DHCS

DEPARTMENT	OF HEALTH	AND HUMAN	SERVICES
CENTERS FOR	MEDICARE	8. MEDICALD	SERVICES:

FORM APPROVED OMB No. 0028-0103

CENTERS FOR MEDICARE & MEDICAID SERVICES	CAMB NO, CARBOUTE	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE CA 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, 2017	
5. TYPE OF PLAN MATERIAL (Check One)		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT	
1902(a)(10)(A)(iii)(XXI), 42 CFR 447, Subpart F	a, FFY 19/18 \$ \$55,074,964 b, FFY 17/18 \$ \$148,832,385	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 4.19B-Supplement 26 to Attachment 4.19-B, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 4. 19B Page 1 Supplement 26 None	
10. SUBJECT OF AMENDMENT Evaluation and Management Office Visit Supplemental Reimburse made appropriations that revenues from Prop 56- California Health be used for reimbursement for comprehensive family planning services.	ncare Research and Prevention Tobacco Tax Act of 2016, are to	
11. GOVERNOR'S REVIEW (Check One)		
<ul> <li>■ GOVERNOR'S OFFICE REPORTED NO COMMENT</li> <li>□ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</li> <li>□ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</li> </ul>	☐ OTHER, AS SPECIFIED	
ORIGINAL SIGNED	16. RETURN TO	
Mari Canàwell	Department of Health Care Services ATTN: State Plan Coordinator 1501 Capitol April 2014 17	
14. TITLE	P.O. Box 997417 Sacramento, CA 95899-7417	
State Medicaid Director  15. DATE SUBMITTED  September 7, 2017		
September 7, 2017 FOR REGIONAL O	FFICE USE ONLY	
17. DATE RECEIVED September 7, 2017	18. DATE APPROVED November 29, 2016	
PLAN APPROVED - O		
19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL /S/	
21. TYPED NAME Henrietta Sam-Louie	TITLE Associate Regional Administrator, Division of Medicaid & Children's Health Operations	
23. REMARKS  Boxes 6-9: CMS made pen and ink changes with state's permission via Boxes 15-16: CMS made pen and ink changes with state's permission v		

Effective Date:7/1/2017

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: California

## One-Year Supplemental Payments for Certain Family Planning, Access, Care and Treatment Program Services

The Family Planning, Access, Care and Treatment (Family PACT) program will provide time-limited supplemental payments, to Family PACT providers for Evaluation and Management (E&M) office visits rendered for comprehensive family planning services for the period of July 1, 2017 through June 30, 2018. These supplemental payments are equal to 150 percent of the reimbursement amount determined based on the methodology described in Attachment 4.19-B, Page 3g, last paragraph of the state plan for procedure codes 99201, 99202, 99203, 99204, 99211, 99212, 99213, and 99214.

These supplemental payments do not change the underlying reimbursement amount for these E&M procedure codes noted in Attachment 4.19-B, Page 3g of the state plan.