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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



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.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

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 <u>2 2</u> — <u>0 0 4 6</u>	2. STATE <u>CA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2022
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5. FEDERAL STATUTE/REGULATION CITATION <u>Title 42 CFR 447, Subpart F</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>74,000</u> b. FFY <u>2023</u> \$ <u>298,000</u>
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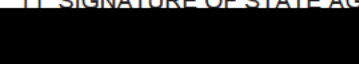
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>Attachment 4.19-B Page 3Q</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>N/A</u>
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9. SUBJECT OF AMENDMENT
To establish a reimbursement rate for the annual Cognitive Health Assessment benefit

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

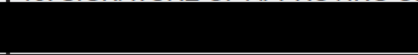
OTHER, AS SPECIFIED:
Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
12. TYPED NAME <u>Jacey Cooper</u>	
13. TITLE <u>State Medicaid Director</u>	
14. DATE SUBMITTED <u>September 21, 2022</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>September 21, 2022</u>	17. DATE APPROVED <u>February 22, 2023</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2022</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>Todd McMillion</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Reimbursement Review</u>

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

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>.

TN: 22-0046
Supersedes
TN: None

Approval Date: February 22, 2023

Effective Date: July 1, 2022