

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 19-0041**

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**

November 3, 2020

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 19-0041

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-19-0041, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 31, 2019. This SPA, effective January 1, 2020, authorizes a time-limited payment to support ongoing developmental screenings, effective January 1, 2020, through December 31, 2021 when rendered in Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Services Memorandum of Agreement 638 (HIS-MOA) clinics.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2020. 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 415-744-3754 or [blake.holt@cms.hhs.gov](mailto: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

1 9 — 0 0 41

2. STATE

California

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

January 1, 2020

5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 CFR 447, Subpart B

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 4,086,000

b. FFY 2021 \$ 5,448,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 31 to Attachment 4.19-B, page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

None

10. SUBJECT OF AMENDMENT

Time-limited payment for developmental screenings for children up to 30 months of age using Proposition 56 funds, effective January 1, 2020, through December 31, 2021.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT

OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

STATE AGENCY OFFICIAL

13. TYPED NAME  
Mari Cantwell

14. TITLE  
State Medicaid Director

15. DATE SUBMITTED  
December 31, 2019

16. RETURN TO

Department of Health Care Services  
Attn: Director's Office  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED  
12/31/19

18. DATE APPROVED  
11/3/2020

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL  
1/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME  
Todd McMillion

22. TITLE  
Director, Division of Reimbursement Review

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

The state provided the following pend and ink concurrences: 02/13/2020: Box 7: FFY 2020 from "\$4,086,000 " to "2,393,000 " ; FFY 2021 from "\$5,448,000 " to "3,142,000". 08/12/20 (via RAI response): Box 6 from "Subpart B" to "Subpart F". Box 8 from "Supplement 31 to Attachment 4.19-B, page 1" to "Attachment 4.19-B, page 6x, and Supplement 6 to Attachment 4.19-B, page 3". Box 9 from "None" to "Supplement 6 to Attachment 4.19-B, Page 3."

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

Q. ALTERNATIVE PAYMENT METHODOLOGY (APM) for payments to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) for Developmental Screenings

- a. The APM for Developmental Screenings will consist of the Prospective Payment System (PPS) rate or applicable APM for the visit with the associated eligible screening service and a separate supplemental incentive payment for developmental screenings. FQHCs and RHCs must agree to receive the APM, and the APM will not be less than the PPS rate. The supplemental incentive payment will be available at the fee-for-service rate and will not impact the reconciliation of their PPS rate. FQHCs and RHCs will not put their PPS payment at risk by failing to qualify for the supplemental incentive payment.

Developmental Screening APM = [Applicable Office Visit PPS or Office Visit APM for the visit associated with the eligible screening service] + [Developmental Screening Supplemental Incentive Payment]

- b. APM Pilot Term:
  - i. Dates of service effective January 1, 2020, through December 31, 2021.
- c. Eligible Services:
  - i. Developmental Screenings are Early and Periodic Screening, Diagnostic, and Treatment eligible services pursuant to Section 1905(a)(4)(B) and 1905(r) of the Social Security Act; and regulations at 42 CFR 441, Subpart B for individuals under age 21. Screening services for all eligible Medicaid beneficiaries are described in regulations at 42 CFR 440.130(b).
- d. Billing Requirements: In order to bill the developmental screening supplemental incentive payment portion of the APM, the following code must be used and the provider will be reimbursed the corresponding supplemental incentive payment amount for that code:

Supplemental/ Incentive CPT Code	CPT Description	Reimbursement Amount
96110	Developmental screening, with scoring and documentation, per standardized instrument	\$59.90

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REIMBURSEMENT FOR INDIAN HEALTH SERVICES  
AND TRIBAL 638 HEALTH FACILITIES

The Implantable contraceptive kit (Norplant) will continue to be reimbursed on a fee-for-service basis.

Non-medical transportation and pharmacy are not included as part of the IHS/MOA visit rate and are reimbursed separately under Medi-Cal fee-for-service.

**Supplemental Incentive Payments for Developmental Screenings**

Effective January 1, 2020 - December 31, 2021, a separate fixed rate supplemental incentive payment for developmental screenings will be paid, as described on Page 6X of Attachment 4.19-B, when rendered in Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics between the dates listed. These supplemental incentive payments will be in addition to the amounts paid for the office visit that accompanies the screening. For IHS-MOA clinics, these supplemental incentive payments will be available at the fee-for-service rate and will not impact their all-inclusive rate.

CPT Code	Amount
96110	\$59.90