Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 22-0038

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

September 28, 2022

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: California State Plan Amendment (SPA) 22-0038

Dear Ms. Cooper:

We have reviewed the proposed amendment to add section 7.4 Medicaid Disaster Relief for the COVID-19 National Emergency to your Medicaid state plan, as submitted under transmittal number (TN) 22-0038. This amendment proposes to implement temporary policies, which are different from those policies and procedures otherwise applied under your Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof).

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 *et seq*.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences of the COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and this state plan provision will no longer be in effect, upon termination of the public health emergency, including any extensions.

Pursuant to section 1135(b)(5) of the Act, for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. 430.20 that the state submit SPAs related to the COVID-

19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

The State of California also requested a waiver of public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(1)(C) of the Act, CMS is waiving public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(1)(C) (to waive) of the Act, CMS is approving the state's request to waive these notice requirements otherwise applicable to SPA submissions.

These waivers or modifications of the requirements related to SPA submission timelines and public notice apply only with respect to SPAs that meet the following criteria: (1) the SPA provides or increases beneficiary access to items and services related to COVID-19 (such as by waiving or eliminating cost sharing, increasing payment rates or amending ABPs to add services or providers); (2) the SPA does not restrict or limit payment or services or otherwise burden beneficiaries and providers; and (3) the SPA is temporary, with a specified sunset date that is not later than the last day of the declared COVID-19 public health emergency (or any extension thereof). We nonetheless encourage states to make all relevant information about the SPA available to the public so they are aware of the changes.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Act and implementing regulations. This letter is to inform you that California's Medicaid SPA Transmittal Number 22-0038 is approved effective July 1, 2021. This SPA is in addition to all previous approved Disaster Relief SPAs, and does not supersede anything approved in those SPAs.

Enclosed is a copy of the CMS-179 summary form and the approved state plan pages.

Please contact Cheryl Young at 415-744-3598 by email at Cheryl.Young@cms.hhs.gov if you have any questions about this approval. We appreciate the efforts of you and your staff in responding to the needs of the residents of the State of California and the health care community.

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 22-0038

2. STATE: CA

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
July 1, 2021

5. FEDERAL STATUTE/REGULATION CITATION
1915i of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2021 $ 2,519,470
b. FFY 2022 $ 2,292,064

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Section 7.4 page ~~90vvvvvv-90gggggggg~~ 103 - 116

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
N/A

9. SUBJECT OF AMENDMENT
This amendment adds Self-Directed Services and Technology Services as new services, increases incentive payments for Supported Employment (Individual) and Prevocational Services, and adds a reimbursement methodology for Prevocational Services.

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
[redacted]
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
July 6, 2022

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

FOR CMS USE ONLY

16. DATE RECEIVED
July 6, 2022

17. DATE APPROVED
September 28, 2022

PLAN APPROVED - ONE

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2021

19. [redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Alissa Mooney DeBoy

21. TITLE OF APPROVING OFFICIAL
On Behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS
Box 7: CMS pen & ink change to add correct SPA page numbers per email concurrence with CA DHCS dated 9/21/22.

Instructions on Back

Section 7 – General Provisions
7.4. Medicaid Disaster Relief for the COVID-19 National Emergency

On March 13, 2020, the President of the United States issued a proclamation that the COVID-19 outbreak in the United States constitutes a national emergency by the authorities vested in him by the Constitution and the laws of the United States, including sections 201 and 301 of the National Emergencies Act (50 U.S.C. 1601 et seq.), and consistent with section 1135 of the Social Security Act (Act). On March 13, 2020, pursuant to section 1135(b) of the Act, the Secretary of the United States Department of Health and Human Services invoked his authority to waive or modify certain requirements of titles XVIII, XIX, and XXI of the Act as a result of the consequences COVID-19 pandemic, to the extent necessary, as determined by the Centers for Medicare & Medicaid Services (CMS), to ensure that sufficient health care items and services are available to meet the needs of individuals enrolled in the respective programs and to ensure that health care providers that furnish such items and services in good faith, but are unable to comply with one or more of such requirements as a result of the COVID-19 pandemic, may be reimbursed for such items and services and exempted from sanctions for such noncompliance, absent any determination of fraud or abuse. This authority took effect as of 6PM Eastern Standard Time on March 15, 2020, with a retroactive effective date of March 1, 2020. The emergency period will terminate, and waivers will no longer be available, upon termination of the public health emergency, including any extensions.

The State Medicaid agency (agency) seeks to implement the policies and procedures described below, which are different than the policies and procedures otherwise applied under the Medicaid state plan, during the period of the Presidential and Secretarial emergency declarations related to the COVID-19 outbreak (or any renewals thereof), or for any shorter period described below:

The state seeks to implement the changes to the 1915i State Plan below effective July 1, 2021 through the end of the Public Health Emergency (PHE).

NOTE: States may not elect a period longer than the Presidential or Secretarial emergency declaration (or any renewal thereof). States may not propose changes on this template that restrict or limit payment, services, or eligibility, or otherwise burden beneficiaries and providers.

Request for Waivers under Section 1135

__X__ The agency seeks the following under section 1135(b)(1)(C) and/or section 1135(b)(5) of the Act:

a. __X__ SPA submission requirements – the agency requests modification of the requirement to submit the SPA by March 31, 2020, to obtain a SPA effective date during the first calendar quarter of 2020, pursuant to 42 CFR 430.20.

b. __X__ Public notice requirements – the agency requests waiver of public notice requirements that would otherwise be applicable to this SPA submission. These requirements may include those specified in 42 CFR 440.386 (Alternative Benefit Plans),

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

42 CFR 447.57(c) (premiums and cost sharing), and 42 CFR 447.205 (public notice of changes in statewide methods and standards for setting payment rates).

c. _____ Tribal consultation requirements – the agency requests modification of tribal consultation timelines specified in [insert name of state] Medicaid state plan, as described below:

Please describe the modifications to the timeline.

Section A – Eligibility

1. _____ The agency furnishes medical assistance to the following optional groups of individuals described in section 1902(a)(10)(A)(ii) or 1902(a)(10)(c) of the Act. This may include the new optional group described at section 1902(a)(10)(A)(ii)(XXIII) and 1902(ss) of the Act providing coverage for uninsured individuals.

Include name of the optional eligibility group and applicable income and resource standard.

2. _____ The agency furnishes medical assistance to the following populations of individuals described in section 1902(a)(10)(A)(ii)(XX) of the Act and 42 CFR 435.218:

   a. _____ All individuals who are described in section 1905(a)(10)(A)(ii)(XX)

      Income standard: _____

      -or-

   b. _____ Individuals described in the following categorical populations in section 1905(a) of the Act:

      Income standard: _____

3. _____ The agency applies less restrictive financial methodologies to individuals excepted from financial methodologies based on modified adjusted gross income (MAGI) as follows.

   Less restrictive income methodologies:

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

Less restrictive resource methodologies:

4. _____ The agency considers individuals who are evacuated from the state, who leave the state for medical reasons related to the disaster or public health emergency, or who are otherwise absent from the state due to the disaster or public health emergency and who intend to return to the state, to continue to be residents of the state under 42 CFR 435.403(j)(3).

5. _____ The agency provides Medicaid coverage to the following individuals living in the state, who are non-residents:

6. _____ The agency provides for an extension of the reasonable opportunity period for non-citizens declaring to be in a satisfactory immigration status, if the non-citizen is making a good faith effort to resolve any inconsistences or obtain any necessary documentation, or the agency is unable to complete the verification process within the 90-day reasonable opportunity period due to the disaster or public health emergency.

Section B – Enrollment

1. _____ The agency elects to allow hospitals to make presumptive eligibility determinations for the following additional state plan populations, or for populations in an approved section 1115 demonstration, in accordance with section 1902(a)(47)(B) of the Act and 42 CFR 435.1110, provided that the agency has determined that the hospital is capable of making such determinations.

Please describe the applicable eligibility groups/populations and any changes to reasonable limitations, performance standards or other factors.

2. _____ The agency designates itself as a qualified entity for purposes of making presumptive eligibility determinations described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L.

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

Please describe any limitations related to the populations included or the number of allowable PE periods.

3. _____ The agency designates the following entities as qualified entities for purposes of making presumptive eligibility determinations or adds additional populations as described below in accordance with sections 1920, 1920A, 1920B, and 1920C of the Act and 42 CFR Part 435 Subpart L. Indicate if any designated entities are permitted to make presumptive eligibility determinations only for specified populations.

Please describe the designated entities or additional populations and any limitations related to the specified populations or number of allowable PE periods.

4. _____ The agency adopts a total of _____ months (not to exceed 12 months) continuous eligibility for children under age enter age _____ (not to exceed age 19) regardless of changes in circumstances in accordance with section 1902(e)(12) of the Act and 42 CFR 435.926.

5. _____ The agency conducts redeterminations of eligibility for individuals excepted from MAGI-based financial methodologies under 42 CFR 435.603(j) once every _____ months (not to exceed 12 months) in accordance with 42 CFR 435.916(b).

6. _____ The agency uses the following simplified application(s) to support enrollment in affected areas or for affected individuals (a copy of the simplified application(s) has been submitted to CMS).

    a. _____ The agency uses a simplified paper application.

    b. _____ The agency uses a simplified online application.

    c. _____ The simplified paper or online application is made available for use in call-centers or other telephone applications in affected areas.

Section C – Premiums and Cost Sharing

1. _____ The agency suspends deductibles, copayments, coinsurance, and other cost sharing charges as follows:

Please describe whether the state suspends all cost sharing or suspends only specified deductibles, copayments, coinsurance, or other cost sharing charges for specified items and services or for specified eligibility groups consistent with 42 CFR 447.52(d) or for specified income levels consistent with 42 CFR 447.52(g).

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

2. _____ The agency suspends enrollment fees, premiums and similar charges for:

    a. _____ All beneficiaries

    b. _____ The following eligibility groups or categorical populations:

Please list the applicable eligibility groups or populations.

3. _____ The agency allows waiver of payment of the enrollment fee, premiums and similar charges for undue hardship.

Please specify the standard(s) and/or criteria that the state will use to determine undue hardship.

Section D – Benefits

Benefits:

1. __X__ The agency adds the following optional benefits in its state plan (include service descriptions, provider qualifications, and limitations on amount, duration or scope of the benefit):

Add **Self-Directed Support Services** as a new service: This service guides and assists the individual and/or the participant's family or representative, as appropriate, in arranging for, directing, and managing their services. With planning team oversight, as part of the person-centered service plan process, support providers assist the participant or family as appropriate in identifying immediate and long-term needs, developing options to meet those needs, and accessing identified supports and services. Practical skills training is offered to enable families and participants to independently direct and manage services. In addition, this service provides training on managing an annual budget for service expenditures. This service is available to consumers who have identified an interest in self-directing some or all their services. Assistance provided to participants and/or their families, if the individual designates them as a representative to assist them, consists of guidance and advisement in ensuring a thorough understanding of responsibilities involved with self-direction of services, to make informed planning decisions about services and supports through the person-centered

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

planning process, development of their initial budget and spending plan, and appropriate practices of hiring, managing, and communicating with staff. The extent of the assistance furnished to the participant or family, if the individual designates family members to assist, is specified in the Individual Program Plan (IPP).

This service would support the following 1915(i) services, which are available for participants to self-direct, if they choose: respite, non-medical transportation, skilled nursing, community-based training, and family support services.

This service does not duplicate, replace, or supplant other state plan services, including case management.

This service is limited to 40 hours total over the lifetime of a consumer. Additional hours must be reviewed by the Department and may be authorized if deemed necessary to meet the needs of the consumer.

Self-Directed Support Services - Provider Qualifications – Agency and Individuals:

Completion of a training course about the principles of participant-directed services.

As appropriate, a business license as required by the local jurisdiction where the business is located.

Add **Technology Services** as a new service:

This service is intended to provide technology and/or equipment, in addition to the training and coordination of the use of such technology to assist consumers in accessing services remotely. This service does not duplicate any service currently available under the state plan.

Technology is an item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that will be used for the purposes of accessing the remote provision of services, in accordance with HIPAA requirements while ensuring health and welfare.

Specific equipment includes computer monitors or electronic device that streams video, video cameras for use in video conferencing and intermittent remote check-in/monitoring of consumers in the home when in-person support is not possible, cell phone, tablet, and other similar handheld device used for communication such as augmentative and alternative communication (AAC) devices, software cost, maintenance, and installation needed for the use of AAC, microphones, speakers, headphones, hardware and/or tool(s) for the purpose of facilitating communication with a provider and to make possible the use of the equipment. Installation, removal, re-installation, maintenance and repair of technology is provided by this service. Allowable assistive technology services also include the evaluation of technology needs of a participant and the training or technical assistance for the participant, or where appropriate their family members or service providers to support the provision of remote services if determined beneficial for the participant, services for family members may include training and instruction about utilizing assistive technology to enable the family to support the recipient. The person-centered planning team determines the extent of participation necessary to meet the individual's needs.

Limited to the least costly alternative that can meet the need of the consumer. Annual limit of $5,000 with the option to exceed upon department authorization if deemed necessary to meet the needs of the consumer.

Technology Services – Provider Qualifications – Agency and Individuals

Providers must possess any valid license or certification required by State or local law.

2. __X__ The agency makes the following adjustments to benefits currently covered in the state plan:

The state is modifying the Supported Employment – Individual 1915(i) service definition to add internships as a place where supported employment individual services can be provided.

Enhanced Habilitation – Supported Employment (Individual)

Supported employment is: paid work at competitive wages, including through an internship as defined in Welfare and Institutions Code §4870, that is integrated in the community for individuals with developmental disabilities. Supported employment -Individual services mean job coaching and other services for regional center-funded consumers in a supported employment placement at a job coach-to-consumer ratio of one-to-one, and that decrease over time until stabilization is achieved. Individualized services may be provided on or off the jobsite. These services are received by eligible adults who are employed in integrated settings in the community. These individuals are unable to maintain this employment without an appropriate level of ongoing employment support services. Transportation services are not included under supported employment individual services.

Supported Employment - Individual Services include:

• Training and supervision in addition to the training and supervision the employer normally provides to employees.

• Support services to ensure job adjustment and retention, provided on an individual basis in the community, as defined in California Welfare and Institutions Code §4851(q):

o Job development - The process of working with a consumer, based on the individuals interests and abilities to identify potential jobs, meet with the hiring business, and assist the consumer to apply for and compete for the job.

o Job analysis - Classifying each of the required duties of a job to identify the support needed by the consumer.

o Training in adaptive functional skills.

o Social skill training.

o Ongoing support services - Services that are provided, typically off the job, to assist a consumer with concerns or issues that could affect his or her ability to maintain employment.

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

o Family counseling necessary to support the individual's employment.

o Advocacy related to the employment, such as assisting individuals in understanding their benefits.

o Advocacy or intervention to resolve problems affecting the consumer's work adjustment or retention.

• Recipients receiving individual services earn minimum wage or above and are on the employer's payroll. Individuals receiving these services usually receive supervision 5-20% of the time by the program. The remainder of the time, the employer provides all supervision and training.

The above described services are not available under a program funded under section 110 of the Rehabilitation Act of 1973 (29 USC Section 730) or Section 602(16) and (17) of the Individuals with Disabilities Education Act (20 USC 1401(16 and 17).

The reimbursement for Supported Employment (Individual Services), except for services provided to individuals working through an internship), includes incentive payments for measurable milestones identified below:

1. A one-time payment made to a provider when an individual obtains competitive integrated employment and is still employed after 30 consecutive days.

2. An additional one-time payment made to a provider when an individual obtains competitive integrated employment and is still employed after six consecutive months.

3. An additional one-time payment made to a provider when an individual has been employed consecutively for one year.

The reimbursement for Supported Employment (Individual Services) provided to individuals working through an internship includes the following incentive payments:

1. A one-time payment made to a provider when an individual obtains employment through an internship and is still employed after 30 consecutive days.

2. An additional one-time payment when an individual remains in an internship for 60 consecutive days.

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in supported employment; or

2. Payments that are passed through to users of supported employment services.

3. _____ The agency assures that newly added benefits or adjustments to benefits comply with all applicable statutory requirements, including the statewideness requirements found at 1902(a)(1), comparability requirements found at 1902(a)(10)(B), and free choice of provider requirements found at 1902(a)(23).

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

4. _____ Application to Alternative Benefit Plans (ABP). The state adheres to all ABP provisions in 42 CFR Part 440, Subpart C. This section only applies to states that have an approved ABP(s).

    a. ____ The agency assures that these newly added and/or adjusted benefits will be made available to individuals receiving services under ABPs.

    b. ____ Individuals receiving services under ABPs will not receive these newly added and/or adjusted benefits, or will only receive the following subset:

Please describe.

Telehealth:

5. _____ The agency utilizes telehealth in the following manner, which may be different than outlined in the state's approved state plan:

Please describe.

Drug Benefit:

6. _____ The agency makes the following adjustments to the day supply or quantity limit for covered outpatient drugs. The agency should only make this modification if its current state plan pages have limits on the amount of medication dispensed.

Please describe the change in days or quantities that are allowed for the emergency period and for which drugs.

7. _____ Prior authorization for medications is expanded by automatic renewal without clinical review, or time/quantity extensions.

8. _____ The agency makes the following payment adjustment to the professional dispensing fee when additional costs are incurred by the providers for delivery. States will need to supply documentation to justify the additional fees.

Please describe the manner in which professional dispensing fees are adjusted.

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

1. _____The agency makes exceptions to their published Preferred Drug List if drug shortages occur. This would include options for covering a brand name drug product that is a multi-source drug if a generic drug option is not available.

Section E – Payments

Optional benefits described in Section D:

1. __X__Newly added benefits described in Section D are paid using the following methodology:

   a. __X__Published fee schedules –

   Effective date (enter date of change):___7/1/2021 (Self-Directed Services)

   Location (list published location): https://www.dds.ca.gov/wp-content/uploads/2022/03/Self_Directed_Support_Services_Rates.pdf

   b. __X__Other:

Technology Services There are two rate setting methodologies for Technology Services: 1. A usual and customary rate – As described on page 71a of Attachment 4.19-B in the approved SPA. If the provider does not have a usual and customary rate, then rates are set using #2 below. 2. The median rate methodology – As described on pages 71a-73 of Attachment 4.19-B in the approved SPA.

Increases to state plan payment methodologies:

2. __X__The agency increases payment rates for the following services:

Enhanced Habilitation – Supported Employment (Individual) Enhanced Habilitation – Prevocational Services

   a. __X__Payment increases are targeted based on the following criteria:

The payment increases are targeted based on the length of time individuals are supported in the identified services.

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

b. Payments are increased through:

i. ____ A supplemental payment or add-on within applicable upper payment limits:

Please describe.

ii. ____ An increase to rates as described below.

Rates are increased:

_____ Uniformly by the following percentage: _____

_____ Through a modification to published fee schedules –

Effective date (enter date of change): _____

Location (list published location): _____

_____ Up to the Medicare payments for equivalent services.

__X__ By the following factors:

Effective as of July 1, 2021 through September 30, 2021, incentive payments will increased for providers of Enhanced Habilitation – Supported Employment (Individual) and Enhanced Habilitation – Prevocational Services as follows: **Supported Employment (Individual)** The reimbursement for Supported Employment (Individual Services), except for services provided to individuals working through an internship 1. A one-time payment of $2,000 (increased from $1,000) made to a provider when an individual obtains competitive integrated employment and is still employed after 30 consecutive days. 2. An additional one-time payment of $2,500 (increased from $1,250) made to a provider when an individual obtains competitive integrated employment and is still employed after six consecutive months. 3. An additional one-time payment of $3,000 (increased from $1,500) made to a provider when an individual has been employed

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

consecutively for one year. The reimbursement for Supported Employment (Individual Services) provided to individuals working through an internship includes the following incentive payments:

1) A one-time payment of $750 made to a provider when an individual obtains employment through an internship and is still employed after 30 consecutive days.

2) An additional one-time payment of $1,000 when an individual remains in an internship for 60 consecutive days.

Prevocational Services

1. A one-time payment of $2,000 (increased from $1,000) made to a provider when an individual obtains competitive integrated employment and is still employed after 30 consecutive days.

2. An additional one-time payment of $2,500 (increased from $1,250) made to a provider when an individual obtains competitive integrated employment and is still employed after six consecutive months.

3. An additional one-time payment of $3,000 (increased from $1,500) made to a provider when an individual has been employed consecutively for one year.

Payment for services delivered via telehealth:

3. _____ For the duration of the emergency, the state authorizes payments for telehealth services that:

    a. ____ Are not otherwise paid under the Medicaid state plan;

    b. ____ Differ from payments for the same services when provided face to face;

    c. ____ Differ from current state plan provisions governing reimbursement for telehealth;

    Describe telehealth payment variation.

    d. ____ Include payment for ancillary costs associated with the delivery of covered services via telehealth, (if applicable), as follows:

        i. ____ Ancillary cost associated with the originating site for telehealth is incorporated into fee-for-service rates.

        ii. ____ Ancillary cost associated with the originating site for telehealth is separately reimbursed as an administrative cost by the state when a

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

Medicaid service is delivered.

Other:

4. _____ Other payment changes:

Section F – Post-Eligibility Treatment of Income

1. ____ The state elects to modify the basic personal needs allowance for institutionalized individuals. The basic personal needs allowance is equal to one of the following amounts:
    a. ____ The individual's total income
    b. ____ 300 percent of the SSI federal benefit rate
    c. ____ Other reasonable amount: _____
2. ____ The state elects a new variance to the basic personal needs allowance. (Note: Election of this option is not dependent on a state electing the option described the option in F.1. above.)

    The state protects amounts exceeding the basic personal needs allowance for individuals who have the following greater personal needs:

Please describe the group or groups of individuals with greater needs and the amount(s) protected for each group or groups.

Section G – Other Policies and Procedures Differing from Approved Medicaid State Plan /Additional Information

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 (Expires 03/31/2021). The time required to complete this information collection is estimated to average 1 to 2 hours per response, including the time to review

This SPA is in addition to all previously approved disaster relief SPAs and does not supersede anything approved in those SPAs.

instructions, search existing data resources, gather the data needed, and complete and review the information collection. Your response is required to receive a waiver under Section 1135 of the Social Security Act. All responses are public and will be made available on the CMS web site. 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. ***CMS Disclosure*** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the Centers for Medicaid & CHIP Services at 410-786-3870.