

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 18-056

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
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

January 25, 2019

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) 18-0056, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 13, 2018. SPA 18-0056 allows the California Department of Health Care Services (DHCS) to sunset the Public Freestanding Non Hospital-Based Clinic (PFNC) supplemental reimbursement program.

The effective date of this SPA is October 26, 2018. Enclosed is the following approved SPA page that should be incorporated into your approved state plan:

- Supplement 10 to Attachment 4.19-B, page 8

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

/s/

Dzung Hoang
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

cc: Lindy Harrington, DHCS
John Mendoza, DHCS
Shiela Mendiola, DHCS
Nathaniel Emery, DHCS
Angeli Lee, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 1 8 — 00 5 6	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 October 26, 2018	

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 447.321	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ 0.00 b. FFY 2019 \$ 0.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Supplement 10, Page 8	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Supplement 10, Page 8

10. SUBJECT OF AMENDMENT
Supplemental Reimbursement for Publicly Owned or Operated Clinic Services

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

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Department of Health Care Services ATTN: State Plan Coordinator 1501 Capitol Avenue, Suite 71.3.26 P.O. Box 997417 Sacramento, CA 95899-7417
13. TYPED NAME Mari Cartwell	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED December 13, 2018	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED December 13, 2018	18. DATE APPROVED January 25, 2019
--	---------------------------------------

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL October 26, 2018	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Dzung Hoang	22. TITLE Acting Associate Regional Administrator, Division of Medicaid & Children's Health Operations

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

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

4. Submit data as specified by the Department to determine the appropriate amounts to report as expenditures qualifying for FFP.
5. Keep, maintain and have readily retrievable, such records as specified by the Department to fully disclose reimbursement amounts to which the eligible clinic is entitled, and any other records required by the Centers for Medicare & Medicaid Services.

G. Department's Responsibilities:

1. The Department will submit claims for FFP based on expenditures for clinic services that are allowable expenditures under federal law.
2. The Department will, on an annual basis, submit any necessary materials to the federal government to provide assurances that claims for FFP will include only those expenditures that are allowable under federal law.
3. Total Medi-Cal reimbursement provided to eligible clinics will not exceed applicable federal upper payment limits as described in 42 C.F.R. 447.321.
4. The Department will have in place an audit and settlement process for clinic cost reports.

H. Supplemental reimbursement under this program will sunset, effective for services provided on and after October 26, 2018.