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State/Territory Name: California

State Plan Amendment (SPA) #: 13-020

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

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

SEP 06 2013

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 13-020. SPA 13-020 was submitted to my office on July 3, 2013 in order to update the effective date of the fee schedule for alternative birth center reimbursement rates. With the approval of this SPA, the effective date of that fee schedule will change from January 1, 2012 to July 1, 2013.

The effective date of this SPA is July 1, 2013. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Attachment 4.19-B, page 65

If you have any questions, please contact Tom Schenck by phone at (415) 744-3589, or by email at tom.schenck@cms.hhs.gov.


Sincerely,

/s/

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Kathryn Waje, California Department of Health Care Services
John Mendoza, California Department of Health Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 13-020	2. STATE California
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Affordable Care Act, Section 2301		7. FEDERAL BUDGET IMPACT: a. FFY- 2013-14 2013 \$1,157 b. FFY- 2014-15 2014 \$4,628 (TS)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 65		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, page 65	
10. SUBJECT OF AMENDMENT: Adjust the effective date of the new 2013 rate for Alternative Birth Centers.			
11. GOVERNOR'S REVIEW (Check One):			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT			
<input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED			
<input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
<input checked="" type="checkbox"/> OTHER, AS SPECIFIED: The Governor's Office does not wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417	
13. TYPED NAME: Toby Douglas			
14. TITLE: Director			
15. DATE SUBMITTED: JUL 03 2013			

17. DATE RECEIVED: 07/03/2013	18. DATE RECEIVED: 09/06/2013
19. APPROVED BY: [Signature]	
20. APPROVED BY: [Signature]	
21. TYPED NAME: Gloria Nagle, PH.D., MPA	
22. TYPED NAME: [Signature]	
23. REMARKS: Partial Ink Change, Bery	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: California

REIMBURSEMENT FOR ALTERNATIVE BIRTH CENTERS AND LICENSED OR
OTHERWISE STATE-RECOGNIZED COVERED PROFESSIONALS PROVIDING
SERVICES IN THE ALTERNATIVE BIRTH CENTER

Alternative Birth Center services described in paragraph 29.a of Attachment 3.1-A and in paragraph 28.a of Attachment 3.1-B of the California State Plan are reimbursed at the lower of (1) the usual and customary rate, or (2) California Department of Health Care Services' (DHCS') published statewide all-inclusive rate per delivery.

DHCS' fee schedule will be set as of July 1, 2013, and is effective for services provided on or after that date. The DHCS rates are published on the DHCS Website at <http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>.

The all-inclusive reimbursement rate is updated annually and is based on the annual published legislative report of average contract rate for general acute care hospitals with Medi-Cal contracts.

Reimbursement rates for licensed or otherwise State-recognized covered professionals providing services in an Alternative Birth Center as described in paragraph 29.b of Attachment 3.1-A and in paragraph 28.b of Attachment 3.1-B are published on the DHCS Website referenced above.

Except as otherwise provided in the State Plan, State developed fee schedule rates are the same for both governmental and private providers of Alternative Birth Center services.

TN: 13-020
Supersedes:
TN: 11-022

Approved Date: SEP 06 2012 Effective Date: July 1, 2013