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State/Territory Name: California

State Plan Amendment (SPA) #: 15-018

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

December 10, 2015

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) 15-018. This SPA was submitted to my office on September 30, 2015 and incorporates changes to state law from AB 1308 (Bonilla, 2013), which removes the physician supervision requirement for licensed midwives (LMs) and allows LMs to bill independently for services provided within the scope of their license, including those provided in Alternative Birth Centers (ABCs) as birth attendants.

The effective date of this SPA is July 1, 2015. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Limitations to Attachment 3.1-A, page 12a
- Limitations to Attachment 3.1-A, page 32
- Limitations to Attachment 3.1-B, page 12a
- Limitations to Attachment 3.1-B, page 31

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

Sincerely,

/s/

Henrietta Sam-Louie
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Laurie Weaver, California Department of Health Care Services
Jim Elliott, California Department of Health Care Services
Nathaniel Emery, California Department of Health Care Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
15-018

2. STATE
CA

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, 2015

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:
SSA §1905(a)(6), 1905(a) (28); Title 42 CFR §440.60

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$0
b. FFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Limitations on Attachment 3.1-A Page 12a
Limitations on Attachment 3.1-A Page 32
Limitations on Attachment 3.1-B Page 12a
Limitations on Attachment 3.1-B Page 31

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Limitations on Attachment 3.1-A Page 12a
Limitations on Attachment 3.1-A Page 32
Limitations on Attachment 3.1-B Page 12a
Limitations on Attachment 3.1-B Page 31

10. SUBJECT OF AMENDMENT:

Licensed Midwives (LMs) as an independent Medi-Cal provider type, in compliance with State law.

11. 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:

The Governor's Office does not
wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Mari Cantwell

14. TITLE:

Chief Deputy Director
Health Care Programs
State Medicaid Director

15. DATE SUBMITTED:

SEP 30 2015

16. RETURN TO:

Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, MS 4506
P.O. Box 997413
Sacramento, CA 95899-7413

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
September 30, 2015

18. DATE APPROVED:
December 10, 2015

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
July 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Henrietta Sam-Louie

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

23. REMARKS:

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A
Page 12a

TYPE OF SERVICES		PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d.4	Certified Nurse Practitioners' services	All services permitted under scope of practice. As medically necessary, subject to limitations; however, experimental services are not covered. All limitations under 5a apply. All CNPs meet Federal provider qualifications as set forth in 42 CFR §440.60.	Limited to services provided to the extent permitted by applicable professional licensing statutes and regulations. Each patient must be informed that he/she may be treated by a CNP. Services ordered by a CNP, as permitted by State statutes and regulations, are covered to the same extent as if ordered by a physician. Prior authorization is not required, except as noted for physician services under 5a.
6d.5	Licensed Midwife services	All services permitted under scope of practice. Physician supervision is not required.	Services do not require prior authorization.

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

TN Number: 15-018

Supersedes

TN Number: 11-019

Approval Date: December 10, 2015

Effective date: July 1, 2015

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A
Page 32

TYPE OF SERVICE		PROGRAM COVERAGE*	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
29.a	Licensed or otherwise State-approved Alternative Birth Centers.	All services permitted under scope of licensure. Obstetrical and delivery services throughout pregnancy and through the end of the month following 60 days after the pregnancy ends.	Must be certified as a Comprehensive Perinatal Services Program provider, or certified within the first year of operation.
29.b	Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center.	<p>b.1 Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State Plan.</p> <p>b.2 Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in an alternative birth center within the scope of practice under State law.</p>	<p>Physicians, including general practitioners, family practice physicians, pediatricians, and obstetric-gynecologists; certified nurse midwives; and licensed midwives, as licensed by the State.</p> <p>Certified nurse practitioners must be under the supervision of a physician and licensed by the State.</p>

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

TN 15-018
Supersedes
TN 11-022

Approval date: December 10, 2015

Effective date: July 1, 2015

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-B
Page 12a

TYPE OF SERVICES		PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d.4	Certified Nurse Practitioners' services	All services permitted under scope of practice. As medically necessary, subject to limitations; however, experimental services are not covered. All limitations under 5a apply. All CNPs meet Federal provider qualifications as set forth in 42 CFR §440.60.	Limited to services provided to the extent permitted by applicable professional licensing statutes and regulations. Each patient must be informed that he/she may be treated by a CNP. Services ordered by a CNP, as permitted by State statutes and regulations, are covered to the same extent as if ordered by a physician. Prior authorization is not required, except as noted for physician services under 5a.
6d.5	Licensed Midwife services	All services permitted under scope of practice. Physician supervision is not required.	Services do not require prior authorization.

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Supersedes

TN Number: 11-019

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STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-B
Page 31

TYPE OF SERVICE		PROGRAM COVERAGE*	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
28.a	Licensed or otherwise State-approved Alternative Birth Centers.	All services permitted under scope of licensure. Obstetrical and delivery services throughout pregnancy and through the end of the month following 60 days after the pregnancy ends.	Must be certified as a Comprehensive Perinatal Services Program provider, or certified within the first year of operation.
28.b	Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center.	<p>b.1 Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State Plan.</p> <p>b.2 Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in an alternative birth center within the scope of practice under State law.</p>	<p>Physicians, including general practitioners, family practice, pediatricians, and obstetric-gynecologists; certified nurse midwives; and licensed midwives; as licensed by the State.</p> <p>Certified nurse practitioners must be under the supervision of a physician and licensed by the State.</p>

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