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State/Territory Name: California

State Plan Amendment (SPA) #: 16-023

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 AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

SEP 28 2016

Mari Cantwell
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 16-023

Dear Ms. Cantwell:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid state plan submitted under transmittal number (TN) 16-023. This amendment, effective July 1, 2016, updates the list of governmental hospitals in Appendix 1 to Attachment 4.19-A to reflect a hospital name change and also prior hospital closures.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), 1903(a), and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 16-023 is approved effective July 1, 2016. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Mark Wong at (415) 744-3561.

Sincerely,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

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

1. TRANSMITTAL NUMBER:
16-023

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, 2016

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:

Section 1115 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY 2016 \$0
b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Appendix 1 to attachment 4.19-A

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Appendix 1 to attachment 4.19-A

10. SUBJECT OF AMENDMENT:

Updates the State Plan to reflect the current names of hospital participants and add language to account for any future hospital name changes.

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:

State Medicaid Director

15. DATE SUBMITTED:

SEP 15 2016

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

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED: **SEP 28 2016**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JUL 01 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Kristin Fan

22. TITLE:

Director, FMC

23. REMARKS:

The government-operated hospitals listed below, and any other government-operated hospital that subsequently is approved by the Centers for Medicare & Medicaid Services, and including any successor or differently named hospital as applicable, will receive federal reimbursement for inpatient hospital services provided to Medi-Cal beneficiaries using the cost-based reimbursement methodology specified on pages 46 through 50 of this Attachment:

- (1) UC Davis Medical Center
- (2) UC Irvine Medical Center
- (3) UC San Diego Medical Center
- (4) UC San Francisco Medical Center
- (5) UC Los Angeles Medical Center, including Santa Monica/UCLA Medical Center
- (6) L.A. County Harbor/UCLA Medical Center
- (7) LA County Martin Luther King Jr. Charles R. Drew Medical Center (Closed 08/2007)
- (8) LA County Olive View UCLA Medical Center
- (9) LA County Rancho Los Amigos National Rehabilitation Center
- (10) LA County University of Southern California Medical Center
- (11) Alameda County Medical Center
- (12) Arrowhead Regional Medical Center
- (13) Contra Costa Regional Medical Center
- (14) Kern Medical Center
- (15) Natividad Medical Center
- (16) Riverside University Health System – Medical Center
- (17) San Francisco General Hospital
- (18) San Joaquin General Hospital
- (19) San Mateo Medical Center
- (20) Santa Clara Valley Medical Center
- (21) Tuolumne General Hospital (Closed 06/2007)
- (22) Ventura County Medical Center

TN No. 16-023

Supersedes

TN No. 05-021

Approval Date SEP 28 2016 Effective Date July 1, 2016