

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 16-028

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

April 27, 2017

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) CA 16-028, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 30, 2016. This amendment increases the total number of visits that an Indian Health Services (IHS) Memorandum of Agreement (MOA) clinic may bill per patient per day, from two to three (3) visits if one is a medical visit, one is an ambulatory visit, and one is a mental health visit.

The effective date of this SPA is July 1, 2016. Enclosed is the following approved SPA page that should be incorporated into your approved state plan:

- Supplement 6 to Attachment 4.19-B, page 1

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

Sincerely,

/s/

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

cc: Sandra "Sam" Willburn, California Department of Health Care Services (DHCS)
Andrea Zubiante, DHCS
Nathaniel Emery, DHCS
Wendy Ly, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1 6 — 0 2 8</u>	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 July 1, 2016
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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 <u>25 United State Code (U.S.C) § 450f et seq. and 42 U.S.C. §1395x(aa)(4) Sec. 1905(b) of the Social Security Act & 42 CFR Part 447</u>	7. FEDERAL BUDGET IMPACT a. FFY ²⁰¹⁶⁻²⁰¹⁷ <u>\$-0 \$13,255</u> b. FFY ²⁰¹⁷⁻²⁰¹⁸ <u>\$-0 \$14,719</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Page 1 of Supplement 6 to Attachment 4.19B	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Page 1 of Supplement 6 to Att. 4.19-B</u>
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10. SUBJECT OF AMENDMENT

State Plan Amendment 16-028 is being submitted to align the State Plan with current policy, which allows reimbursement for three visits per day, if one is a medical visit, one is an ambulatory visit, and one is an other health visit for providers, who participate in Medi-Cal under the Indian Health Service/Centers for Medicare and Medicaid Services Memorandum of Agreement.

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 MS 4506 P.O. Box 997413 Sacramento, CA 95899-7413
13. TYPED NAME Mari Cantwell	
14. TITLE Chief Deputy Director, Health Care Programs, State Medicaid Director	
15. DATE SUBMITTED SEP 30 2016	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 30, 2016	18. DATE APPROVED April 27, 2017
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2016	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Henrietta Sam-Louie	22. TITLE Associate Regional Administrator, Division of Medicaid & Children's Health Operations

23. REMARKS

Boxes 6 & 9: Pen & ink changes made per state's written RAI response dated 2/6/17.
Box 7: Pen & ink change made by state on 3/15/17.

REIMBURSEMENT FOR INDIAN HEALTH
SERVICES AND TRIBAL 638 HEALTH FACILITIES

California will reimburse federally recognized tribal "638" facilities in accordance with the most recent rate published in the Federal Register.

1. IHS/Tribal 638 facilities are reimbursed at the all-inclusive rate for each encounter.
2. An IHS clinic encounter is defined as a face-to-face encounter provided in the tribal facility between a tribal patient and the health professional (as specified on page 2) of the clinic or the center.
3. The IHS MOA clinics may bill for up to three visits a day for one patient, if one is a medical visit, one is an ambulatory visit (as defined in Item D, page 2 of this Supplement), and one is a mental health visit.
4. Encounters with the health professionals listed on page 2 may be billed under the IHS all-inclusive rate.