

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 17-006**

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 19, 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) 17-006, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 23, 2016. This amendment allows for a one-time supplemental payment to service providers subject to the AB 97 Payment Reductions.

The effective date of this SPA is January 1, 2017. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Supplement 23 to Attachment 4.19-B, pages 1-2
- Supplement 5 to Attachment 4.19-D, page 1

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).


Sincerely,

/s/

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

Enclosures

cc: Lindy Harrington, California Department of Health Care Services (DHCS)  
Benjamin McGowan, DHCS  
Ryan Witz, DHCS  
Wendy Ly, DHCS  
Nathaniel Emery, DHCS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER  1 7 — 0 0 6	2. STATE <b>California</b>
		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 <b>January 1, 2017</b>	
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 <b>42 CFR 447 Subpart C</b>		7. FEDERAL BUDGET IMPACT a. FFY FFY17 \$ 259,650,000 b. FFY \$	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19B, Supplement 23, pages 1 &amp; 2 Attachment 4.19D, Supplement 5, page 1</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>N/A</b>	
10. SUBJECT OF AMENDMENT <b>One-time Supplemental Payment for Specified Providers Subject to Prior AB 97 Payment Reductions</b>			
11. GOVERNOR'S REVIEW (Check One)  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not wish to review the State Plan Amendment. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. REGIONAL AGENCY OFFICIAL 		16. RETURN TO <b>Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417</b>	
13. TYPED NAME <b>Mari Cantwell</b>			
14. TITLE <b>State Medicaid Director</b>			
15. DATE SUBMITTED <b>December 23, 2016</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED <b>December 23, 2016</b>		18. DATE APPROVED <b>January 19, 2017</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 1, 2017</b>		20. SIGNATURE OF REGIONAL OFFICIAL <b>/s/</b>	
21. TYPED NAME <b>Henrietta Sam-Louie</b>		22. TITLE Associate Regional Administrator, Division of Medicaid & Children's Health Operations	
23. REMARKS <b>Box 8: Pen &amp; ink change made by CMS to add page numbers per email from CA dated 1/10/17.</b>			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

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**One-time Supplemental Payment for Specified Providers Subject to Prior AB 97 Payment Reductions**

Effective January 1, 2017, the State shall make a one-time supplemental payment within the five service categories identified in paragraphs A through E below for each eligible provider. For each category of service, an Eligibility Pool Amount will be established equal to the difference between the aggregate dollar amount of the total Medi-Cal fee-for-service claims paid to all providers for dates of service occurring within the specified Eligibility Period and the aggregate dollar amount attributable to that same set of claims applying the AB 97 payment reductions applicable to those providers as specified in this State Plan during the respective Eligibility Period.

A provider shall be eligible to participate in the Eligibility Pool only if: (1) the provider participated as an enrolled provider in the California Medicaid Program during the associated Eligibility Period and submitted an eligible claim; and (2) the provider is currently enrolled in the California Medicaid Program and submits a fee-for-service claim for reimbursement to the State during the applicable Supplemental Payment Service Period identified below.

For each category of service, the supplemental payment amount attributable to each eligible provider shall be equal to the difference between the particular eligible provider's Medi-Cal fee-for-service paid claims amount for dates of service occurring in the Eligibility Period and the amount attributable to that same set of claims applying the AB 97 payment reductions.

- A. Physician Services provided to beneficiaries aged 21 years and older, as described in Attachment 3.1-A, section 5a
  - 1. Eligibility Period: June 1, 2011 through January 8, 2014
  - 2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017
  - 3. Medi-Cal fee-for-service claims eligible for "Reimbursement to Specified Government-Operated Providers for Costs of Professional Services," starting at Page 52 of Attachment 4.19-B, and "State Plan Amendment Cost-Based Reimbursement" under Supplement 5 to Attachment 4.19-B are excluded from establishment of this Eligibility Pool.
- B. Clinic Services provided to beneficiaries aged 21 years and older, as described in Attachment 3.1-A, section 9
  - 1. Eligibility Period: June 1, 2011 through January 8, 2014
  - 2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017 (and any necessary successive fiscal period(s) as discussed below).
  - 3. Medi-Cal fee-for-service claims eligible for supplemental reimbursement up to costs under the following supplements to Attachment 4.19-B: Supplement 5 (State Plan Amendment Cost-Based Reimbursement), Supplement 9 (Cost-based Reimbursement for State-Owned Clinics) and Supplement 10 (Supplemental Reimbursement for Publicly Owned or Operated Clinic Services), are excluded from establishment of this eligibility pool.

TN 17-006

Supersedes

TN None

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If the supplemental payments for eligible clinic providers as computed above result in total clinic payments that exceed the federal upper payment limit for the above Supplemental Payment Service Period, each eligible provider's supplemental payment must be reduced pro-rata so that total clinic payments would be equal to the amount available in the federal upper payment limit. Any excess supplemental payments from application of the federal upper payment limit may then be carried forward to the next successive state fiscal year(s), as long as such carry-forward will not result in total clinic payments to exceed the applicable federal upper payment limit for each respective period. In each successive state fiscal year until the completion of this supplemental payment, the state will re-determine active eligible providers (i.e., who have Medi-Cal fee-for-service utilization) in that year and that active eligible provider's supplemental payment based on its own portion of the supplemental payment remaining unpaid from the immediate prior period. This supplemental payment will be completed once a provider becomes ineligible or once an active eligible provider's cumulative supplemental payments for the Supplemental Payment Service Period above and any necessary successive Supplemental Payment Service Period(s) equal that provider's portion of the Eligibility Pool amount above.

- C. Medical Transportation Services (emergency and non-emergency), as described in Attachment 3.1-A, section 24a, and in Attachment 3.1-B, section 23a
  - 1. Eligibility Period: June 1, 2011 through September 4, 2013
  - 2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017
- D. Dental Services, as described in Attachment 3.1-A, section 10
  - 1. Eligibility Period: June 1, 2011 through September 4, 2013
  - 2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017
- E. Certain High-Cost Drugs Used to Treat Serious Conditions, as described in Supplement 2 to Attachment 4.19-B, p. 8, paragraph L.
  - 1. Eligibility Period: June 1, 2011 through March 30, 2012
  - 2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

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**One-time Supplemental Payment for ICF-DD Providers Subject to Prior AB 97 Payment Reductions**

Effective January 1, 2017, the State shall make a one-time supplemental payment to each eligible Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) provider. An Eligibility Pool Amount will be established equal to the difference between the aggregate dollar amount of the total Medi-Cal fee-for-service claims paid to all ICF-DD providers for dates of service occurring within the specified Eligibility Period and the aggregate dollar amount attributable to that same set of claims applying the AB 97 payment reductions applicable to those providers as specified in this State Plan during the respective Eligibility Period.

A provider shall be eligible to participate in the Eligibility Pool only if: (1) the provider participated as an enrolled provider in the California Medicaid Program during the associated Eligibility Period; and (2) the provider is currently enrolled in the California Medicaid Program and submits a fee-for-service claim for reimbursement to the State during the applicable Supplemental Payment Service Period identified below.

The supplemental payment amount attributable to each eligible ICF-DD provider shall be equal to the difference between the particular eligible provider's Medi-Cal fee-for-service paid claims amount for dates of service occurring in the Eligibility Period and the amount attributable to that same set of claims applying the AB 97 payment reductions.

- A. Services Rendered in Intermediate Care Facilities for the Developmentally Disabled (ICF/DD), as described in Limitations to Attachment 3.1-A, section 15a, and in Limitations to Attachment 3.1-B, section 15a
  - 1. Eligibility Period: August 1, 2012 through May 26, 2014
  - 2. Supplemental Payment Service Period: January 1, 2017 through June 30, 2017 (and any necessary successive fiscal period(s) as discussed below).

If the supplemental payments for eligible ICF/DD providers as computed above result in total ICF/DD payments that exceed the federal upper payment limit for the above Supplemental Payment Service Period, each eligible provider's supplemental payment must be reduced pro-rata so that total ICF/DD payments would be equal to the amount available in the federal upper payment limit. Any excess supplemental payments from application of the federal upper payment limit may then be carried forward to the next successive state fiscal year(s), as long as such carry-forward will not result in total ICF/DD payments to exceed the applicable federal upper payment limit for each respective period. In each successive state fiscal year until the completion of this supplemental payment, the state will re-determine active eligible providers (i.e., who have Medi-Cal fee-for-service utilization) in that year and that active eligible provider's supplemental payment based on its own portion of the supplemental payment remaining unpaid from the immediate prior period. This supplemental payment will be completed once a provider becomes ineligible or once an active eligible provider's cumulative supplemental payments for the Supplemental Payment Service Period above and any necessary successive Supplemental Payment Service Period(s) equal that provider's portion of the Eligibility Pool amount above.

TN 17-006  
Supersedes  
TN None

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