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State/Territory Name: California

State Plan Amendment (SPA) #: 17-017

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

August 21, 2018

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) 17-017, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 29, 2017. California SPA 17-017 will add nonmedical transportation (NMT) services for all eligible beneficiaries to travel to and from covered Medi-Cal services and updates the nonemergency medical transportation description.

This SPA also makes changes related to the previously-approved SPA 17-025 on Religious Non-Medical Health Care Institutions (RNCHIs). This SPA restores language related to the transportation benefit that had been inadvertently changed on Attachment 3.1-A, page 9 and Attachment 3.1-B, page 8 and corrects formatting in Limitations to Attachment 3.1-A, page 25 and in Limitations to Attachment 3.1-B, page 24b.

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

- Attachment 3.1-A, page 9
- Attachment 3.1-B, page 8
- Limitations on Attachment 3.1-A, page 24b and 25
- Limitations on Attachment 3.1-B, page 24a and 24b
- Attachment 3.1-D, page 1*

*Note: Attachment 3.1-D transportation-related Attachments A, B, C and all related sections 1(a) – 1(n) covering 111 pages that were last updated under SPA 83-10 are deleted from the state plan under this SPA. This SPA revises and retains Attachment 3.1-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.

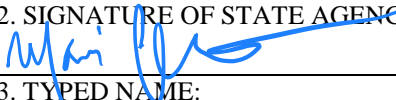
Sincerely,

/s/

Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Cynthia Smiley, DHCS
Jim Elliott, DHCS
Raquel Sanchez, DHCS
Nathaniel Emery, DHCS
Angeli Lee, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: SPA 17-017	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, 2017	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>):			
<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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act §1905(a)(29); 42 CFR §440.170, 42 CFR §431.53		7. FEDERAL BUDGET IMPACT: a. FFY 2017 \$1,800,000 \$0 b. FFY 2018 \$7,380,000 \$500,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Limitations on Attachment 3.1-A, page 24b Attachment 3.1-A, page 9 Limitations on Attachment 3.1-A, page 25 Attachment 3.1-B, page 8 Limitations on Attachment 3.1-B, page 24a Limitations on Attachment 3.1-B, page 24b Attachment 3.1-D, Pages 1-69, Page 1 Att. 3.1-D-related Att. A, B, C & all sections 1(a)-1(n) covering 111 pages approved under SPA 83-10*		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Limitations on Attachment 3.1-A, page 25 Limitations on Attachment 3.1-B, page 24b Attachment 3.1-D, Pages 1-69 (delete 2-69) * Attachment 3.1-A, page 9 Attachment 3.1-B, page 8	
10. SUBJECT OF AMENDMENT: NEMT (Non-Medical Transportation)			
11. GOVERNOR'S REVIEW (<i>Check One</i>):			
<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:	
13. TYPED NAME: Mari Cantwell		Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, MS 4506 P.O. Box 997417 Sacramento, CA 95899-7417	
14. TITLE: Chief Deputy Director Health Care Programs State Medicaid Director			
15. DATE SUBMITTED: 9/29/2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: September 29, 2017		18. DATE APPROVED: August 21, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: /s/	
21. TYPED NAME: Hye Sun Lee		22. TITLE: Acting Associate Regional Administrator, Division of Medicaid & Children's Health Operations	
23. REMARKS: Boxes 7, 8 & 9: CA revised this information as part of its formal Request for Additional Information (RAI) submitted on 6/1/18. CA added "Attachment 3.1-A, p. 9 & Attachment 3.1-B, p. 8" to boxes 8 & 9 per CMS request to reflect changes to these pages. *Boxes 8 & 9: This SPA <u>deletes</u> all Att. 3.1-D transportation-related Attachments A, B, C & related sections 1(a) - 1(n) covering 111 pages (per the CMS official state plan version) that were last updated under CA SPA 83-10. This SPA <u>revises and retains</u> Attachment 3.1-D, page 1. See CMS/DHCS email dated 8/16/18.			

State/Territory: California

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary in accordance with 42 CFR 440.170.

a. Transportation

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Reserved.

☐ Provided: ☐ No limitations ☐ With limitations*
☐ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

f. Reserved

☐ Provided: ☐ No limitations ☐ With limitations*
☐ Not provided.

*Description provided on attachment

State/Territory: California

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED TO MEDICALLY NEEDY GROUP(S):

22. Respiratory care services (in accordance with section 1902 (e) (9) (A) through (C) of the Act)

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary in accordance with 42 CFR 440.170.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Services provided in Religious Nonmedical Health Care Institutions.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Reserved.

☐ Provided: ☐ No limitations ☐ With limitations*
☐ Not provided.

d. Skilled nursing facility services provided for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

f. Reserved.

☐ Provided: ☐ No limitations ☐ With limitations*
☐ Not provided.

*Description provided on attachment

STATE PLAN CHART

Limitations on Attachment 3.1-A
Page 24b

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
24a. Transportation services	<p>Nonemergency medical transportation (NEMT) is covered by litter van, wheelchair van, or ambulance when transportation by ordinary means is contraindicated and transportation is required for a covered Medi-Cal benefit, subject to limitations.</p> <p>Nonmedical transportation (NMT), which includes roundtrip transportation by public or private conveyance, is covered, subject to utilization controls and permissible time and distance standards, to obtain covered Medi-Cal services.</p> <p>For more information, please see Attachment 3.1-D.</p>	<p>All NEMT services require prior authorization and a written prescription by a licensed provider. NMT services require prior approval and appointment verification by a licensed provider.</p> <p>Only the lowest cost type of medical transportation adequate for the patient's needs is covered.</p> <p>Emergency claims must be accompanied by justification.</p>

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

STATE PLAN CHART

Limitations on Attachment 3.1-A
Page 25

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
24b. Services furnished in Religious Nonmedical Health Care Institutions	Limited to the extent allowed under the Title XVIII of the Social Security Act. Furnishes nonmedical services exclusively by nonmedical personnel. Covered when patient has a need for inpatient services and/or daily special rehabilitation services, which as a practical matter, can only be provided on an inpatient basis.	Services require prior authorization.
24c. Reserved		
24d. SNF services provided for patients under 21 years of age	See 4a	See 4a.
24e. Emergency hospital services	See 1.	See 1.
24f. Reserved		

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

STATE PLAN CHART

Limitations on Attachment 3.1-B
Page 24a

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
23a. Transportation services	<p>Nonemergency medical transportation (NEMT) is covered by litter van, wheelchair van, or ambulance when transportation by ordinary means is contraindicated and transportation is required for a covered Medi-Cal benefit, subject to limitations.</p> <p>Nonmedical transportation (NMT), which includes roundtrip transportation by public or private conveyance, is covered, subject to utilization controls and permissible time and distance standards, to obtain covered Medi-Cal services.</p> <p>For more information, please see Attachment 3.1-D.</p>	<p>All NEMT services require prior authorization and a written prescription by a licensed provider. NMT services require prior approval and appointment verification by a licensed provider.</p> <p>Only the lowest cost type of medical transportation adequate for the patient's needs is covered.</p> <p>Emergency claims must be accompanied by justification.</p>

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

TN No. 17-017
Supersedes
TN No. None

Approval date: August 21, 2018

Effective date: July 1, 2017

STATE PLAN CHART

Limitations on Attachment 3.1-B
Page 24b

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
23b. Services furnished in Religious Nonmedical Health Care Institutions	Limited to the extent allowed under the Title XVIII of the Social Security Act. Furnishes nonmedical services exclusively by nonmedical personnel. Covered when patient has a need for inpatient services and/or daily special rehabilitation services, which as a practical matter, can only be provided on an inpatient basis.	Services require prior authorization.
23c. Reserved		
23d. SNF services provided for patients under 21 years of age	See 4a	See 4a.
23e. Emergency hospital services	See 1.	See 1.
23f. Reserved		

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

TN No. 17-017
Supersedes
TN No. 17-025

Approval date: August 21, 2018

Effective date: July 1, 2017

CALIFORNIA'S TITLE XIX STATE PLAN FOR ASSURANCE OF TRANSPORTATION

Under California's Title XIX State Plan, transportation of eligible recipients to and from covered Medi-Cal services is assured.

California provides emergency, nonemergency medical transportation, and nonmedical transportation in accordance with 42 CFR 440.170 and includes other travel related expenses. Transportation services are covered as follows:

1. Emergency medical transportation services are covered to the nearest facility capable of meeting the medical needs of the beneficiary. Emergency medical transportation does not require prior authorization, but must be medically justified and documented.
2. Nonemergency medical transportation (NEMT) services require a written prescription from a licensed provider and prior authorization. Transportation provided by ambulance, wheelchair van, or litter van is covered under 42 CFR 440.170 when the recipient's medical and physical condition is such that transport by ordinary means (public or private conveyance) is medically contraindicated and the transportation is required for the purpose of obtaining necessary health care covered by the Medi-Cal program.
3. Nonmedical Transportation (NMT) services require an appointment verification from a licensed Medi-Cal provider and prior approval. Transportation services include, at a minimum, roundtrip transportation for a beneficiary to obtain covered Medi-Cal benefits if the beneficiary attests that other currently available resources have been reasonably exhausted. Transportation can be provided by passenger car, taxicab, or any other form of public or private conveyance.

California also covers NMT services at the county level through CMAA and Tribal Medi-Cal Administrative Activities (TMAA) as optional programs for the county. Under CMAA/TMAA, local governmental agencies (LGA) that choose to provide NMT participate in CMAA/TMAA to perform administrative activities that directly support access to health care for beneficiaries. Beneficiaries may contact their LGA in participating counties to see if NMT is available to them through CMAA/TMAA program.

Medi-Cal managed care plans provide NMT to managed care members.