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State/Territory Name: California

State Plan Amendment (SPA) #: 17-025

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

FEB 08 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

RE: California State Plan Amendment 17-025

Dear Ms. Cantwell:

We have reviewed the proposed amendment to Attachments 4.19-D, 3.1-A, and 3.1-B of your Medicaid state plan submitted under transmittal number (TN) 17-025. This State plan amendment (SPA), effective October 1, 2017, changes the provider type name from Christian Science to Religious Non-Medical Health Care Institutions (RNHCIs) and adds language regarding the reimbursement rate methodology for RNHCIs.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), and 1903(a) 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 17-025 is approved effective October 1, 2017. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Blake Holt at (415) 744-3754.

Sincerely,

A black rectangular box redacting the signature of Kristin Fan.

Kristin Fan
Director

Enclosures

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

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
17-025

2. STATE
CALIFORNIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
October 1, 2017

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:

Title 42 § CFR 447 Subpart C

7. FEDERAL BUDGET IMPACT:

No Fiscal Impact

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Page 36
Attachment 3.1-A, Page 9, 25
Attachment 3.1-B, Page 8, 24b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A, Page 9, 25
Attachment 3.1-B, Page 8, 24b

10. SUBJECT OF AMENDMENT:

The Department of Health Care Services (DHCS) is submitting the enclosed SPA 17-025 to change the provider type name from Christian Science to Religious Non-Medical Health Care Institutions (RNHCIs) in Attachment 3.1-A, Pages 9, 25, and Attachment 3.1-B, Page 8, 24b and to add language regarding the reimbursement rate methodology for RNHCIs in Attachment 4.19-D, Page 36. Since DHCS is proposing to reimburse RNHCIs at the same Freestanding Nursing Facilities – Level B peer group weighted average rate that is currently used for Christian Science, this SPA will have no fiscal impact.

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. 
Mari Cantwell

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
12/18/2017

16. RETURN TO:

Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.326
P.O. Box 997417
Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

FEB 08 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT 01 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Kristin Fan

22. TITLE:

Director, FMC

23. REMARKS:

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. Non-emergency transportation is provided in accordance with 42 CFR § 431.53 as an administrative service.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services provided in Religious Non-Medical 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

*Description provided on attachment

STATE PLAN CHART

(Note: This chart is an overview only)

Limitations on Attachment 3.1-A
Page 25

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
24b. Services furnished in Religious Non-Medical 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.
24e. Emergency hospital services	See 4a.	
24f. Reserved	See 1.	See 1.

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED 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. Non-emergency transportation is provided in accordance with 42 CFR § 431.53 as an administrative service.

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

b. Services provided in Religious Non-Medical 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.

*Description provided on attachment

STATE PLAN CHART

(Note: This chart is an overview only)

Limitations on Attachment 3.1-B
Page 24b

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
23b. Services furnished in Religious Non-Medical 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.
23f. Reserved	See 1.	

* Prior authorization is not required for emergency services.

** Coverage is limited to medically necessary services.

X. REIMBURSEMENT FOR RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS

- A. Religious Non-Medical Health Care Institutions (RNHCI) are facilities that provide only non-medical health care items and services to beneficiaries who need inpatient hospital or skilled nursing facility care, but who choose to rely solely upon a religious method of healing and for whom the acceptance of medical services would be inconsistent with their religious beliefs. RNHCI services include remedial care, not necessarily medical, such as treatment by prayer or healing by spiritual means in the practice of the religion of any church or religious denomination provided in a RNHCI.
- B. RNHCI providers are reimbursed at the Skilled Nursing Facility-Level B (SNF-B) peer-group weighted average, excluding the Quality Assurance Fee (QAF) pass-through, as described in Attachment 4.19-D, Supplement 4.
- C. RNHCI providers are exempt from paying the QAF.
- D. RNHCI Medi-Cal benefits are described in Attachment 3.1-A Page 9 and Attachment 3.1-B Page 8, and in Limitations, Attachment 3.1-A Page 25 and Attachment 3.1-B Page 24b.
- E. RNHCIs providers do not receive supplemental payments.