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State/Territory Name: CA

State Plan Amendment (SPA) #: CA-24-0053

This file contains the following documents in the order listed:

Approval Letter
 CMS 179 Form/Summary Form (with 179-like data)
 Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Financial Management Group

November 12, 2024

Tyler Sadwith State Medicaid Director California Department of Health Care Services P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413

RE: California State Plan Amendment Transmittal Number 24-0053

Dear State Medicaid Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed California state plan amendment (SPA) to Attachment 4.19-A CA-24-0053, which was submitted to CMS on November 1, 2024. This plan amendment updates the list of government-operated hospitals subject to specified reimbursement methodologies for inpatient hospital services.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), and 1923 of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Mark Wong at 415-744-3561 or via email at mark.wong@cms.hhs.gov.

Sincerely,



Rory Howe Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	$\underline{2} \underline{4} = \underline{0} \underline{0} \underline{5} \underline{3} \underline{0} \underline{0} \underline{0} \underline{0} \underline{0} \underline{0} \underline{0} 0$
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT O XIX O XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2024
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447 Subpart C	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024-2025 \$ 0 b. FFY 2025-2026 \$ 0
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Appendix 1 to Attachment 4.19-A	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Appendix 1 to Attachment 4.19-A
 SUBJECT OF AMENDMENT To update the list of government-operated hospitals subject to specified reimbursement methodologies for inpatient hospital services to reflect recent conversions of hospitals to being owned or operated by University of California systems. 	
10. 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: Please note: The Governor's Office does not wish to review the State Plan Amendment.
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO Department of Health Care Services
12./TYPED NAME Tyler Sadwith	Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
13. TITLE State Medicaid Director	
14. DATE SUBMITTED November 1, 2024	
FOR CMS USE ONLY 16. DATE RECEIVED 17. DATE APPROVED	
16. DATE RECEIVED November 1, 2024	November 12, 2024
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
October 1, 2024	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Rory Howe	Director, Financial Management Group
22. REMARKS	

Pen-and-ink change made to Box 6 by CMS with state concurrence.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT STATE: <u>California</u>

The government-operated hospitals listed below, and any other governmentoperated hospital that subsequently is approved by the Centers for Medicare & Medicaid Services (CMS), and including any successor, restructured, reorganized, 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) UCI Health Fountain Valley (DPH date April 1,2024)
- (4) UCI Health Los Alamitos (DPH date April 1,2024)
- (5) UCI Health Lakewood (DPH date April 1,2024)
- (6) UCI Health Placentia-Linda (DPH date April 1,2024)
- (7) UC San Diego Medical Center
- (8) UC San Francisco Medical Center
- (9) UCSF Health St. Mary's Medical Center (DPH date October 1, 2024)
- (10) UCSF Health Saint Francis Memorial Hospital (DPH date October 1, 2024)
- (11) UC Los Angeles Medical Center, including Santa Monica/UCLA Medical Center
- (12) UC Los Angeles West Valley Medical Center (DPH date April 1,2024)
- (13) LA County Harbor/UCLA Medical Center
- (14) LA County Martin Luther King Jr. Charles R. Drew Medical Center (Closed August 2007)
- (15) LA County Olive View/UCLA Medical Center
- (16) LA County Rancho Los Amigos National Rehabilitation Center
- (17) LA General Medical Center (name change from Los Angeles County University of Southern California Medical Center as of May 3, 2023)
- (18) Alameda County Medical Center
- (19) Alameda Hospital (DPH date July 1, 2016)
- (20) San Leandro Hospital (DPH date July 1, 2016)
- (21) Arrowhead Regional Medical Center
- (22) Contra Costa Regional Medical Center
- (23) Kern Medical Center
- (24) Natividad Medical Center
- (25) Riverside University Health System Medical Center
- (26) San Francisco General Hospital
- (27) San Joaquin General Hospital
- (28) San Mateo Medical Center
- (29) Santa Clara Valley Medical Center
- (30) Tuolumne General Hospital (Closed June, 2007)
- (31) Ventura County Medical Center

TN No. <u>24-0053</u> Supersedes TN No. <u>24-0029</u>