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State/Territory Name: California

State Plan Amendment (SPA) #: 25-0036

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 20, 2026

Tyler Sadwith
State Medicaid Director
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 25-0036

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0036. This amendment proposes to remove the requirement that alternative birth centers (ABC), also known as freestanding birth centers, be Comprehensive Perinatal Services Program providers. In addition, this amendment proposes to remove the requirement that certified nurse practitioners be supervised by a physician while working in an ABC.

We conducted our review of your submittal according to statutory requirements at 1905(a)(28) of the Social Security Act. This letter is to inform you that California Medicaid SPA 25-0036 was approved on January 20, 2026, with an effective date of January 1, 2026.

Enclosed are copies of CMS Form 179 and approved SPA pages to be incorporated into the California State Plan.

If you have any questions, please contact Nikki Lemmon at Nicole.Lemmon@cms.hhs.gov.

Sincerely,

Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Tyler Sadwith
Lindy Harrington
Angeli Lee, DHCS
Shanna Haysbert, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION
SSA 1905(a)(28); ~~42 CFR 440.60~~

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Limitations on Attachment 3.1-A, page 32
Limitations on Attachment 3.1-B, page 31

1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 3 6</u>	2. STATE <u>CA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

4. PROPOSED EFFECTIVE DATE
January 1, 2026

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Limitations on Attachment 3.1-A, page 32
Limitations on Attachment 3.1-B, page 31

9. SUBJECT OF AMENDMENT

Removes supervision of nurse practitioners and requirement for freestanding birth centers (alternative birth centers in California) to be comprehensive perinatal services program providers

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

12. TYPED NAME
Tyler Sadwith

13. TITLE
State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED
December 12, 2025

15. RETURN TO

Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED

December 12, 2025

17. DATE APPROVED

January 20, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McNight

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

1/13/26: State authorized a P&I change to box 5 to delete 42 CFR 440.60.

STATE PLAN CHART

Limitations on Attachment 3.1-A

Page 32

TYPE OF SERVICE	PROGRAM COVERAGE***	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
29.a Licensed or otherwise State-approved Alternative Birth Centers	All services permitted under scope of licensure. Obstetrical and delivery services throughout pregnancy and through the end of the month following 60 days after the pregnancy ends.	
29.b Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center	b.1 Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State Plan. b.2 Other licensed practitioners furnishing prenatal, labor and delivery, or postpartum care in an alternative birth center within the scope of practice under state law.	Physicians, including general practitioners, family practice, pediatricians, and obstetric-gynecologists; certified nurse practitioners; certified nurse midwives; licensed midwives, as licensed by the state; and doulas.

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 25-0036
Supersedes
TN No. 22-0002

Approval Date: January 20, 2026

Effective Date: January 1, 2026

STATE PLAN CHART

Limitations on Attachment 3.1-B

Page 31

TYPE OF SERVICE	PROGRAM COVERAGE***	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
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