DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 11-015

2. STATE: California

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
September 1, 2011

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:
42 CFR Part 440, Subpart B

7. FEDERAL BUDGET IMPACT:
a. FFY 2011-12 $-14,446,000
b. FFY 2012-13 $-14,446,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Limitations to Attachment 3.1-A, Pages 14 and 14a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Limitation to Attachment 3.1-A, Page 14

10. SUBJECT OF AMENDMENT:
Enteral Nutrition Products would be limited to products administered through a feeding tube (EPSDT beneficiaries are exempt) The department may deem a product not administered by a feeding tube a benefit for patients with diagnoses such as malabsorption and inborn errors of metabolism

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 signed Bill AB97 that amends CA W&I Code to reflect these changes.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Toby Douglas

14. TITLE:
Director

15. DATE SUBMITTED:
MAY 27 2011

16. RETURN TO:
Department of Health Care Services
Attn: Kathyryn Waje, State Plan Coordinator
1501 Capitol Avenue, Suite 71.3002
P.O. Box 997417, MS 4506
Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

State of California—Health and Human Services Agency
Department of Health Care Services

TOBY DOUGLAS
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

MAY 27 2011

Gloria Nagle, PhD, MPA
Associate Regional Administrator
Centers for Medicare and Medicaid Services
Division of Medicaid and Children's Health
90 7th Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Dear Dr. Nagle:

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 11-015, which updates the benefit for enteral nutrition products. The changes will align the Medi-Cal enteral nutrition benefit more closely with the Medicare benefit, which is limited to those who are tube fed.

The Medi-Cal Fee-For-Service enteral nutrition benefit program is an optional benefit under Title XIX of the Social Security Act. California's legislature approved, as part of the FY 11-12 budget trailer bill, limiting enteral nutritional products to those products administred through a feeding tube. Beneficiaries under the Early and Periodic Screening, Diagnosis, and Treatment Program shall be exempt. The department may deem an enteral nutrition product not administered through a feeding tube a benefit for patients with diagnoses, including, but not limited to, malabsorption and inborn errors of metabolism. The proposed effective date of SPA 11-015 is September 1, 2011.

In compliance with policy set forth by the American Recovery and Reinvestment Act of 2009, DHCS notified Indian Health Programs and Urban Indian Organizations of SPA 11-015 on April 8, 2011. As of the date of this letter, no comments have been received from the Indian Health Programs and Urban Indian Organizations.

Please contact Ms. Pilar Williams, Chief of the Pharmacy Benefits Division, at (916) 552-9500 or by e-mail at Pilar.Williams@dhcs.ca.gov if you have any questions.

Sincerely,

Toby Douglas
Director

Enclosures

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