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

JENNIFER KENT
*Director*

EDMUND G. BROWN JR.
*Governor*

September 30, 2015

Ms. Henrietta Sam-Louie
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services, Region IX
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 15-018

Dear Ms. Sam-Louie:

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 15-018 for your review and approval. SPA 15-018 provides updates to both the Other Licensed Providers and Alternative Birth Center (ABC) sections of the State Plan. This effective date is July 1, 2015.

SPA 15-018 incorporates changes to state law from AB 1308, (Bonilla, 2013), which removed the physician supervision requirement for licensed midwives (LMs) and allowed LMs to bill independently for services provided within the scope of their license, including those provided in Alternative Birth Centers as birth attendants. LMs will use the same rate methodology as previously approved by the Centers for Medicare and Medicaid Services (CMS) for certified nurse midwives in Supplement 17 to Attachment 4.19-B. DHCS informally shared the SPA pages with CMS on July 15, 2015 and received informal questions on August 28, 2015. DHCS responded to the informal questions on September 10, 2015.

Enclosed for your review and approval, the following SPA documents revise or add language to the provisions set forth in the following sections of the State Plan:

- HCFA Form 179- Transmittal and Notice of Approval
- Limitations on Attachments 3.1A, pages12a and 32 (Red line Version)
- Limitations on Attachments 3.1A, pages12a and 32 (Clean Version)
- Limitations on Attachments 3.1B, pages12a and 31 (Clean Version)
- Limitations on Attachments 3.1B, pages12a and 31 (Red line Version)

CMS notified DHCS on August 19, 2015 that we did not need to publish a tribal notice since the SPA will not impact Indian Health Programs or its beneficiaries.

Since Medi-Cal already reimburses for services provided by a licensed midwife, there is no fiscal impact.

If you have questions regarding the information provided, please contact Ms. Laurie Weaver, Assistant Deputy Director, Health Care Benefits and Eligibility, Acting Chief, Benefits Division, by phone at (916) 552-9619 or by email at Laurie.Weaver@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED

Mari Cantwell
Chief Deputy Director
Health Care Programs

cc: Donald A. Novo
Division of Medicaid and Children's Health Operations
San Francisco Regional Office
Centers for Medicare and Medicaid Services
90 Seventh Street, Suite 5-300(5W)
San Francisco, CA 94103

René Mollow, MSN, RN, Deputy Director
Health Care Benefits & Eligibility
Department of Health Care Services
P.O. Box 997413, MS 4607
Sacramento, CA 95899-7413

Laurie Weaver
Assistant Deputy Director, Health Care Benefits and Eligibility
Acting Chief, Benefits Division
Department of Health Care Services
1501 Capitol Avenue, MS 4600
P.O. Box 997417
Sacramento, CA 95899-7417

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: **15-018**

2. STATE: CA

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, 2015

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:
SSA §1905(a)(6), 1905(a) (28); Title 42 CFR §440.60

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 $0
b. FFY 2016 $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Limitations on Attachment 3.1-A Page 12a
Limitations on Attachment 3.1-A Page 32
Limitations on Attachment 3.1-B Page 12a
Limitations on Attachment 3.1-B Page 31

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Limitations on Attachment 3.1-A Page 12a
Limitations on Attachment 3.1-A Page 32
Limitations on Attachment 3.1-B Page 12a
Limitations on Attachment 3.1-B Page 31

10. SUBJECT OF AMENDMENT:
Licensed Midwives (LMs) as an independent Medi-Cal provider type, in compliance with State law.

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.

ORIGINAL SIGNED

13. TYPED NAME:
**Mari Cantwell**

SEP 30 2015

14. TITLE:
**Chief Deputy Director**
**Health Care Programs**
**State Medicaid Director**

15. DATE SUBMITTED:

16. RETURN TO:

**Department of Health Care Services**
**Attn: State Plan Coordinator**
**1501 Capitol Avenue, MS 4506**
**P.O. Box 997413**
**Sacramento, CA 95899-7413**

**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:

FORM HCFA-179 (07-92)

| TYPE OF SERVICE | PROGRAM COVERAGE* | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|---|---|---|
| 28.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. | Must be certified as a Comprehensive Perinatal Services Program provider, or certified within the first year of operation. |
| 28.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. | Physicians, including general practitioners, family practice, pediatricians, and obstetric-gynecologists; certified nurse midwives; and licensed midwives; as licensed by the State. |
| | 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. | Certified nurse practitioners must be under the supervision of a physician and licensed by the State. |

* Prior authorization is not required for emergency services.
** Coverage is limited to medically necessary services.

| | TYPE OF SERVICES | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|---|---|---|---|
| 6d.4 | Certified Nurse Practitioners' services | All services permitted under scope of practice. As medically necessary, subject to limitations; however, experimental services are not covered. All limitations under 5a apply. All CNPs meet Federal provider qualifications as set forth in 42 CFR §440.60. | Limited to services provided to the extent permitted by applicable professional licensing statutes and regulations. Each patient must be informed that he/she may be treated by a CNP. Services ordered by a CNP, as permitted by State statutes and regulations, are covered to the same extent as if ordered by a physician. Prior authorization is not required, except as noted for physician services under 5a. |
| 6d.5 | Licensed Midwife services | All services permitted under the scope of practice. | Services do not require prior authorization. |

* Prior authorization is not required for emergency services.
** Coverage is limited to medically necessary services.

| 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. | Must be certified as a Comprehensive Perinatal Services Program provider, or certified within the first year of operation. |
| 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. | Physicians, including general practitioners, family practice physicians, pediatricians, and obstetric-gynecologists; certified nurse midwives; and licensed midwives, as licensed by the State. |
| | 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. | Certified nurse practitioners must be under the supervision of a physician and licensed by the State. |

* Prior authorization is not required for emergency services.
** Coverage is limited to medically necessary services.

| | TYPE OF SERVICES | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|---|---|---|---|
| 6d.4 | Certified Nurse Practitioners' services | All services permitted under scope of practice. As medically necessary, subject to limitations; however, experimental services are not covered. All limitations under 5a apply. All CNPs meet Federal provider qualifications as set forth in 42 CFR §440.60. | Limited to services provided to the extent permitted by applicable professional licensing statutes and regulations. Each patient must be informed that he/she may be treated by a CNP. Services ordered by a CNP, as permitted by State statutes and regulations, are covered to the same extent as if ordered by a physician. Prior authorization is not required, except as noted for physician services under 5a. |
| 6d.5 | Licensed Midwife services | All services permitted under the scope of practice. | Services do not require prior authorization. |

* Prior authorization is not required for emergency services.
** Coverage is limited to medically necessary services.