



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



EDMUND G. BROWN JR.
Governor

DEC 22 2015

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

STATE PLAN AMENDMENT 15-035

Dear Ms. Sam-Louie:

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 15-035 for your review and approval. SPA 15-035 provides technical, non-substantive updates, to Attachment 4.16-A, pages 1 and 2, of the State Plan, dealing with interagency agreements (IAs). The effective date is October 1, 2015.

- SPA 15-035 updates Attachment 4.16-A, pages 1 and 2, by taking a more generalized approach to describe the requirements for IAs and listing the agencies with which DHCS has IAs, rather than listing all active IAs in the State Plan. This approach is consistent with approved language in the Oregon State Plan, as well as the Centers for Medicare and Medicaid Services (CMS) request that DHCS update these pages to ensure the accuracy of the information.

The enclosed SPA 15-035 revises, adds, or deletes language to the provisions set forth in the following sections of the State Plan:

- Attachment 4.16-A, pages 1 and 2

Since SPA 15-035 serves only as a technical amendment to clean-up outdated language, and makes no substantive changes to Medi-Cal benefits or reimbursement methodologies in connection with covered services provided by or through IAs, there is no impact, fiscal or otherwise, to Medi-Cal beneficiaries. As a result, a public notice is not required. In addition, on November 16, 2015, CMS agreed a tribal notice was not required.

Ms. Henrietta Sam-Louie
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If you have any questions regarding the information provided, please contact Ms. Laurie Weaver, Assistant Deputy Director, Health Care Benefits and Eligibility, and Acting Chief, Benefits Division, by phone at (916) 552-9400 or by email at Laurie.Weaver@dhcs.ca.gov.

ORIGINAL SIGNED

cc: Cynthia Nanes
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300(5W)
San Francisco, CA 94103-6707

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-035	2. STATE CA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE October 1, 2015	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 §1902(a)(5); Title 42 CFR §431.10(a) and (b); 42 C.F.R. 431.615(a), (c) and (d).	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$0 b. FFY 2016 \$0
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.16-A, pages 1 and 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.16-A, pages 1 and 2
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10. SUBJECT OF AMENDMENT:
Technical amendment to update information and language regarding DHCS' Interagency Agreements with other State Departments.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

15. DATE SUBMITTED:	16. RETURN TO: Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, MS 4506 P.O. Box 997417 Sacramento, CA 95899-7417
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ORIGINAL SIGNED

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:	18. DATE APPROVED:
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIAL:
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21. TYPED NAME:	22. TITLE:
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23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 State: CALIFORNIA
 INTERAGENCY AGREEMENTS OF THE DEPARTMENT OF HEALTH CARE
 SERVICES (DHCS) REGARDING MEDI-CAL SERVICES

DHCS executed interagency agreements must specify the following

~~The above mentioned agreement meets the following requirements:~~

- ~~• It specifies the scope of work and respective responsibilities and duties of each party to the agreement;-~~
- ~~• It specifies the cooperative and collaborative relationship at the State level;-~~
- ~~• The type of Title XIX or other services to be provided under the agreement;~~
- ~~• It specifies the kinds of services to be provided by providers;-~~
- ~~• It specifies the system of payment or reimbursement and a method for recovery of overpayments;~~
- ~~• The agreed upon processes for addressing amendments to the agreement, dispute resolution, and cancellation/termination; and~~
- ~~• It specifies the system for oversight and monitoring of beneficiary and service data usage at the provider level and other utilization review and quality assurance elements, including ensuring HIPAA compliance, auditing, and time studies.~~

~~The mentioned agreements are on file at the California State Department of Health Services office and are available for review. All DHCS executed interagency agreements are on file at DHCS and are available for review upon request.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
 State: CALIFORNIA
 INTERAGENCY AGREEMENTS OF THE DEPARTMENT OF HEALTH CARE
 SERVICES (DHCS) REGARDING MEDI-CAL SERVICES

DHCS is the Single State agency designated to administer and supervise California's Medicaid program (Medi-Cal), which includes creating, certifying, and overseeing the State Plan; managing Title XIX funds; developing the policies for and the provision of publicly funded medical care and medical assistance in California; identifying and enrolling providers and health care facilities as Medi-Cal providers; and ensuring access to quality health care services and treatment. Authority and responsibility for the implementation and administration of Medi-Cal has been delegated to the Chief Deputy Director, Health Care Programs, of DHCS. In this capacity, the Chief Deputy Director serves as the Medicaid Director. The California State Department of Health Services, as the single state agency, is responsible for administering the California Medical Assistance Program. The Department of Health Services.

DHCS maintains interagency agreements that determine eligibility for Medicaid, assist with the provision of benefits and the creation of specialty programs, as well as other administrative and operational functions related to the Medi-Cal program as necessary and appropriate. DHCS maintains interagency agreements with the following State departments, which are executed in accordance with State and federal law, State Administrative Manual, State Contracting Manual, and utilize only Department of General Services' standard forms:

- An agreement with the California State Department of Mental Health for the provision of Short/Doyle Medi-Cal mental health services. Short/Doyle Medi-Cal services are not to be confused with those mental health services administered by the Department of Health Services. The mental health services administered by the Department of Health Services are commonly referred to as "Fee-for-Service" mental health services.
- Two agreements with the California State Department of Aging, for: The Multipurpose Senior Services Program (MSSP) — a 1915 (c) waiver. Adult Day Health Care services.
- Three agreements with the California State Department of Developmental Services, for: Home and Community Based Services for the Developmentally Disabled — a 1915 (c) waiver. Community Support Living Arrangement Program. Delegating a fiscal agent role to DDS for payment of certain services.
- Two agreements with the California State Department of Social Services, for: Payment for the health related services provided by county workers.

 TN No. 92-18 15-035

Supersedes

TN No. 91-18 92-18Approval Date: Jan 20, 1994Effective Date: 10/01/9210/01/2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
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SERVICES (DHCS) REGARDING MEDI-CAL SERVICES

~~Personal Care Services Program:~~

- ~~• California Department of Public Health. An agreement with the California State Department of Alcohol and Drug Programs for the provision of Medi-Cal funded drug treatment services.~~
- ~~• California Department of Managed Health Care. An agreement with the California State Department of Rehabilitation for the provision of coordination of services between the two departments.~~
- ~~• California Department of State Hospitals.~~
- ~~• Office of Statewide Health Planning & Development. An agreement between the California Children Services Program and the Maternal and Child Health Program of DHS for establishing mutual goals and objectives, operationalizing the relationship of the respective parties in the system of title V and title XIX services, and establishing a fiscal relationship of the two parties in the provision of services.~~

TN No. 92-18 15-035

Supersedes

TN No. 91-18 92-18

Approval Date: Jan 20, 1994

Effective Date: 10/01/92

10/01/2015

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CALIFORNIA
INTERAGENCY AGREEMENTS OF THE DEPARTMENT OF HEALTH CARE
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DHCS maintains interagency agreements that determine eligibility for Medicaid, assist with the provision of benefits and the creation of specialty programs, as well as other administrative and operational functions related to the Medi-Cal program as necessary and appropriate. DHCS maintains interagency agreements with the following State departments, which are executed in accordance with State and federal law, State Administrative Manual, State Contracting Manual, and utilize only Department of General Services' standard forms:

- California State Department of Aging.
- California State Department of Developmental Services.
- California State Department of Social Services.
- California Department of Public Health.
- California Department of Managed Health Care.
- California Department of State Hospitals.
- Office of Statewide Health Planning & Development.

DHCS executed interagency agreements must specify the following:

- The scope of work and respective responsibilities of each party to the agreement;
- The cooperative and collaborative relationship at the State level;
- The type of Title XIX or other services to be provided under the agreement;
- The system of payment or reimbursement and a method for recovery of overpayments;
- The agreed upon processes for addressing amendments to the agreement, dispute resolution, and cancellation/termination; and
- The system for oversight and monitoring of beneficiary and service data at the provider level and other utilization review and quality assurance elements, including ensuring HIPAA compliance, auditing, and time studies.

All DHCS executed interagency agreements are on file at DHCS and are available for review upon request.