RECEIVED
OCT 22 2012
By

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

OCT 12 2012

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 11-022. SPA 11-022 was submitted to my office on December 28, 2011 to add freestanding birth center and professional services to the State Plan, as mandated by Section 2301 of the Affordable Care Act.

The effective date of this SPA is January 1, 2012. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Attachment 3.1-A, page 13
- Limitations on Attachment 3.1-A, page 32
- Attachment 3.1-B, page 11
- Limitations on Attachment 3.1-B, page 31
- Attachment 4.19-B, page 65

If you have any questions, please contact Kristin Dillon by phone at (415) 744-3579 or by email at Kristin.Dillon@cms.hhs.gov.

Sincerely,

Gloria Nagle

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Christopher Resler, Centers for Medicare and Medicaid Services
Christopher Thompson, Centers for Medicare and Medicaid Services
Kathyryn Waje, California Department of Health Care Services

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: 11-022

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
October 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:
Affordable Care Act, Section 2301

7. FEDERAL BUDGET IMPACT:
a. FFY 2011-12 $0
b. FFY 2012-13 $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, Page 13
Limitations on Attachment 3.1-A, Page 32
Attachment 3.1-B, Page 11
Limitations on Attachment 3.1-B, Page 31
~~Attachment 4.19-F, Page 1~~ ; Attachment 4.19-B, page 65

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A, Page 13
Attachment 3.1-B, Page 11

10. SUBJECT OF AMENDMENT:
Add alternative birth center services and professional services to the State Plan to comply with Section 2301 of the Affordable Care Act.

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.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Toby Douglas

14. TITLE:
Director

15. DATE SUBMITTED: 12/23/11

16. RETURN TO:
Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.3.26
P.O. Box 997417
Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/28/12

18. DATE APPROVED: OCT 12 2012

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2012

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Gloria Nagle

22. TITLE: Associate Regional Administrator

23. REMARKS:
Pen and ink change to Box 8 confirmed via 7/30/12 RAI response.
Change in effective date confirmed via 7/30/12 RAI response.

FORM HCFA-179 (07-92)

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

28. X Self-Directed Personal Assistance Services, as described in Supplement 5 to Attachment 3.1-A.

X Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.

___ No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.

29.a Licensed or otherwise State-approved Alternative Birth Centers

Provided: ☐ No limitations ☒ With limitations* ☐ None licensed or approved

29.b Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center.

Provided: ☐ No limitations ☒ With limitations*

☐ Not Applicable (there are no licensed or State approved Alternative Birth Centers)

☒ 1) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan.

☒ 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 whose services are otherwise covered under 42 CFR 440.60.

☐ 3) Other health care professionals licensed or otherwise recognized by the State to provide these birth attendant services.

* Description provided on attachment

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; and certified nurse 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.

State Plan Under Title XIX of the Social Security Act
STATE/TERRITORY: CALIFORNIA

27. X Self-Directed Personal Assistance Services, as described in Supplement 5 to Attachment 3.1-B.

X Election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects Self-Directed Personal Assistance Services as a State Plan service delivery option.

___ No election of Self-Directed Personal Assistance Services: By virtue of this submittal, the State elects not to add Self-Directed Personal Assistance Services as a State Plan service delivery option.

28.a Licensed or otherwise State-approved Alternative Birth Centers

Provided: ☐ No limitations ☒ With limitations*

28.b Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center.

Provided: ☐ No limitations ☒ With limitations*

☐ Not Applicable (there are no licensed or State approved Alternative Birth Centers)

☒ 1) Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State plan.

☒ 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 whose services are otherwise covered under 42 CFR 440.60.

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28.b Licensed or otherwise State-recognized covered professionals providing services in the Alternative Birth Center.		
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* Prior authorization is not required for emergency services.
** Coverage is limited to medically necessary services.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

REIMBURSEMENT FOR ALTERNATIVE BIRTH CENTERS AND LICENSED OR OTHERWISE STATE-RECOGNIZED COVERED PROFESSIONALS PROVIDING SERVICES IN AN ALTERNATIVE BIRTH CENTER

Alternative Birth Center services described in paragraph 29.a of Attachment 3.1-A and in paragraph 28.a of Attachment 3.1-B of the California State Plan are reimbursed at the lower of (1) the usual and customary rate, or (2) California Department of Health Care Services' (DHCS') published statewide all-inclusive rate per delivery.

DHCS' fee schedule was set as of January 1, 2012, and is effective for services provided on or after that date. The DHCS rates are published on the DHCS Website at http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp.

The all-inclusive reimbursement rate is updated annually and is based on the annual published legislative report of average contract rate for general acute care hospitals with Medi-Cal contracts (as published by the California Medical Assistance Commission or other entity that may assume this responsibility).

Reimbursement rates for licensed or otherwise State-recognized covered professionals providing services in an Alternative Birth Center as described in paragraph 29.b of Attachment 3.1-A and in paragraph 28.b of Attachment 3.1-B are published on the DHCS Website referenced above.

Except as otherwise provided in the State Plan, State developed fee schedule rates are the same for both governmental and private providers of Alternative Birth Center services.

ENCLOSURE

Revised Pages for:

CALIFORNIA MEDICAID STATE PLAN

Under Transmittal of

STATE PLAN AMENDMENT (SPA)

11-022*

All new pages will have this SPA* number identified as the new TN No., so it will not be repeated for each new insert pages.

Remove Page(s)	**Insert Page (s)**
Attachment 3.1-A, page 13	Attachment 3.1-A, page 13
None	Limitations on Attachment 3.1-A, Page 32
Attachment 3.1-B, page 11	Attachment 3.1-B, page 11
None	Limitations on Attachment 3.1-B, page 31
None	Attachment 4.19-B, page 65