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

MAR 0 8 2013

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) 12-011. SPA 12-011 was submitted to my office on December 11, 2012 to update the State Plan to reflect the provision of concurrent palliative and curative care for children using hospice services pursuant to Section 2302 the Affordable Care Act. The SPA also updates the State Plan to reflect Medi-Cal's current prior authorization requirements for adult hospice services.

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

- Attachment 3.1-A, page 7
- Limitations on Attachment 3.1-A, page 22
- Attachment 3.1-B, page 6
- Limitations on Attachment 3.1-B, page 22

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: Kathyryn Waje, California Department of Health Care Services
Laurie Weaver, 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: **12-011**

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
October 1, 2012

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 2302

7. FEDERAL BUDGET IMPACT:
a. FFY 2012-13 $0
b. FFY 2013-14 $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A, Page 7
Limitations on Attachment 3.1-A, Page 22
Attachment 3.1-B, Page 6
Limitations on Attachment 3.1-B, Page 22

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A, Page 7
Limitations on Attachment 3.1-A, Page 22
Attachment 3.1-B, Page 6
Limitations on Attachment 3.1-B, Page 22

10. SUBJECT OF AMENDMENT:
SPA 12-011 – Hospice Updates

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: DEC 1 1 2012

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: 12/11/12

18. DATE APPROVED: MAR 0 8 2013

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/12

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Gloria Nagle

22. TITLE: Associate Regional Administrator

23. REMARKS:

FORM HCFA-179 (07-92)

State/Territory: California

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided:

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided:

16. Inpatient psychiatric facility services for individuals under 22 years of age.

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided:

17. Nurse-midwife services

[X] Provided: [ ] No limitations [X] With limitations*

[ ] Not provided:

18. Hospice care (in accordance with section 1905(o) of the Act).

[X] Provided: [ ] No limitations [X] Provided in accordance with section 2302 of the Affordable Care Act

[X] With limitations* [ ] Not provided:

*Description provided on attachment

State/Territory: California

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED
TO THE MEDICALLY NEEDY

c. Intermediate care facility services.

[X] Provided: [ ] No limitations [X] With limitations*

15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

[X] Provided: [ ] No limitations [X] With limitations*

b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

[X] Provided: [ ] No limitations [X] With limitations*

16. Including psychiatric facility services for individuals under 22 years of age.

[X] Provided: [ ] No limitations [X] With limitations*

17. Nurse-midwife services.

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18. Hospice care (in accordance with section 1905(o) of the Act).

[X] Provided: [ ] No limitations [X] Provided in accordance with section 2302 of the Affordable Care Act

[X] With limitations*

*Description provided on attachment

(Note: This chart is an overview only)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
17. Nurse Midwife Services	All services permitted under scope of licensure.	Services do not require prior authorization.
18. Hospice Services	Covered when provided by a Medicare certified hospice in the same scope and duration as Medicare. Services are limited to individuals who have been certified by a physician as having a life expectancy of six months or less.	Prior authorization is required for general inpatient care. Special physicians services do not require prior authorization. Eligible adults electing hospice care agree to waive their right to receive curative services related to their terminal illness. Eligible children electing hospice care can receive concurrent palliative and curative care.

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

(Note: This chart is an overview only)

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ENCLOSURE

Revised Pages for:

CALIFORNIA MEDICAID STATE PLAN

Under Transmittal of

STATE PLAN AMENDMENT (SPA)

12-011*

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 7 Attachment 3.1-B, page 6 Limitations on Attachment 3.1-A, page 22 Limitations on Attachment 3.1-B, page 22	Attachment 3.1-A, page 7 Attachment 3.1-B, page 6 Limitations on Attachment 3.1-A, page 22 Limitations on Attachment 3.1-B, page 22