CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

September 30, 2025

THIS LETTER SENT VIA EMAIL

Ms. Courtney Miller, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Room 355
Kansas City, MO 64106

STATE PLAN AMENDMENT 25-0027: SUPPLEMENTAL REIMBURSEMENT FOR PUBLICLY OWNED OR OPERATED GROUND EMERGENCY MEDICAL TRANSPORTATION (GEMT) PROVIDERS

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 25-0027 for your review and approval. This SPA proposes to add sunset language to California State Plan, Supplement 18 to Attachment 4.19-B Page 7, for the Supplemental Reimbursement for Publicly Owned or Operated Ground Emergency Medical Transportation Providers program, due to the implementation of the Public Provider Ground Emergency Medical Transport Program. DHCS seeks an effective date of October 1, 2025, for this SPA.

A public notice for SPA 25-0027 was published on September 9, 2025. Tribal consultation was not required. At the time of SPA submission, no comments have been received.

Included in this submission are the following documents:

- CMS 179 Form
- Approval for Request for No Tribal Notice
- Public Notice
- Standard Funding Questions
- Revised Supplement 18 to Attachment 4.19-B Page 7 (redline and clean versions)

If you have any questions or need additional information, please contact Katie Brooks,

Chief, Safety Net Financing Division, at (916) 345-7937 or by email at Katie.Brooks@dhcs.ca.gov.

Sincerely,

[redacted]

Tyler Sadwith
State Medicaid Director
Chief Deputy Director, Health Care Programs
California Department of Health Care Services

Enclosures

cc: Lindy Harrington
Assistant State Medicaid Director
Director's Office
Department of Health Care Services
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Katie Brooks, Chief
Safety Net Financing Division
Department of Health Care Services
Katie.Brooks@dhcs.ca.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 25-0027

2. STATE: CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT: (●) XIX ( ) XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 413
42 CFR 433

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 $ 0
b. FFY 2027 $ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Supplement 18 to Attachment 4.19-B Page 7

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Supplement 18 to Attachment 4.19-B Page 7

9. SUBJECT OF AMENDMENT
Supplemental Reimbursement for Publicly Owned or Operated Ground Emergency Medical Transportation Providers

10. 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:
Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
Tyler Sadwith

13. TITLE
State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED
September 30, 2025

15. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

Instructions on Back

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

SUPPLEMENTAL REIMBURSEMENT FOR PUBLICLY OWNED OR OPERATED GROUND EMERGENCY MEDICAL TRANSPORTATION PROVIDERS

2. The Department will, on an annual basis, submit any necessary materials to the federal government to provide assurances that claims will include only those expenditures that are allowable under federal law.

3. The Department will complete the audit and settlement process of the interim payments for the service period within three years of the postmark date of the cost report and conduct on-site audits as necessary.

4. Due to the implementation of the Public Provider Ground Emergency Medical Transport Program and in accordance with Welfare & Institutions Code §14105.945, supplemental Medi-Cal reimbursements described under Supplement 18 to Attachment 4.19-B pages 1-7 of the State Plan, shall become inoperative.