

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 25-0036

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 20, 2026

Tyler Sadwith
State Medicaid Director
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 25-0036

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0036. This amendment proposes to remove the requirement that alternative birth centers (ABC), also known as freestanding birth centers, be Comprehensive Perinatal Services Program providers. In addition, this amendment proposes to remove the requirement that certified nurse practitioners be supervised by a physician while working in an ABC.

We conducted our review of your submittal according to statutory requirements at 1905(a)(28) of the Social Security Act. This letter is to inform you that California Medicaid SPA 25-0036 was approved on January 20, 2026, with an effective date of January 1, 2026.

Enclosed are copies of CMS Form 179 and approved SPA pages to be incorporated into the California State Plan.

If you have any questions, please contact Nikki Lemmon at Nicole.Lemmon@cms.hhs.gov.

Sincerely,

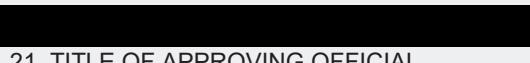


Nicole McKnight
Acting Director, Division of Program Operations

Enclosures

cc: Tyler Sadwith
Lindy Harrington
Angeli Lee, DHCS
Shanna Haysbert, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

<p>1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 3 6</u> 2. STATE <u>CA</u></p> <p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI </p>	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2026
5. FEDERAL STATUTE/REGULATION CITATION SSA 1905(a)(28); 42 CFR 440.60	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2026</u> \$ <u>0</u> b. FFY <u>2027</u> \$ <u>0</u>
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Limitations on Attachment 3.1-A, page 32 Limitations on Attachment 3.1-B, page 31	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Limitations on Attachment 3.1-A, page 32 Limitations on Attachment 3.1-B, page 31
<p>9. SUBJECT OF AMENDMENT Removes supervision of nurse practitioners and requirement for freestanding birth centers (alternative birth centers in California) to be comprehensive perinatal services program providers</p>	
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input checked="" type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p> <p><input checked="" type="radio"/> OTHER, AS SPECIFIED: Please note: The Governor's Office does not wish to review the State Plan Amendment.</p>	
11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
12. TYPED NAME Tyler Sadwith	
13. TITLE State Medicaid Director and Chief Deputy Director	
14. DATE SUBMITTED December 12, 2025	
FOR CMS USE ONLY	
16. DATE RECEIVED December 12, 2025	17. DATE APPROVED January 20, 2026
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2026	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Nicole McNight	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

1/13/26: State authorized a P&I change to box 5 to delete 42 CFR 440.60 .

STATE PLAN CHART

Limitations on Attachment 3.1-A

Page 32

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.	
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. 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.	Physicians, including general practitioners, family practice, pediatricians, and obstetric-gynecologists; certified nurse practitioners; certified nurse midwives; licensed midwives, as licensed by the state; and doulas.

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 25-0036
Supersedes
TN No. 22-0002

Approval Date: January 20, 2026

Effective Date: January 1, 2026

STATE PLAN CHART

Limitations on Attachment 3.1-B

Page 31

TYPE OF SERVICE	PROGRAM COVERAGE***	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
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