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State/Territory Name: CA

State Plan Amendment (SPA) #: CA-24-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S3-14-28 Baltimore, Maryland 21244-1850



Financial Management Group

August 5, 2024

Tyler Sadwith
State Medicaid Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: California State Plan Amendment Transmittal Number 24-0027

Dear State Medicaid Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed California state plan amendment (SPA) to Attachment 4.19-A CA-24-0027, which was submitted to CMS on June 28, 2024. This plan amendment updates the list of hospitals receiving state fiscal year 2024 private hospital supplemental payments.

We reviewed your SPA submission for compliance with statutory requirements, including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), and 1923 of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of April 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Mark Wong at 415-744-3561 or via email at mark.wong@cms.hhs.gov.

Sincerely,

Rory Howe Director

Enclosures

CENTERS FOR MEDICARE & MEDICAID SERVICES	ONE NO. 0930-0150
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER 2. STATE
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
	SECURITY ACT XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2024
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
9. SUBJECT OF AMENDMENT	
10. GOVERNOR'S REVIEW (Check One)	
	OTHER ASSECUTION
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	15. RETURN TO
12. TYPED NAME	
13. TITLE	
14. DATE SUBMITTED	
FOR CMS U	
	17. DATE APPROVED August 5, 2024
June 28, 2024 PLAN APPROVED - ON	
	19. SIGNATURE OF APPROVING OFFICIAL
April 1, 2024	
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
Rory Howe	Director, Financial Management Group
22. REMARKS	
Pen-and-ink changes made to Box 6 by CMS with state concurrence.	

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

SFY 2022-23

St. Rose Hospital	\$14,970,000
UCSF Benioff Children's Oakland	\$30,000,000
Grossmont Hospital	\$2,000,000
Children's Hospital of Orange County	\$211,560
South Coast Global Medical Center	\$50,702
Fountain Valley Regional Hospital	\$334,312
Garden Grove Hospital & Medical Center	\$192,062
Anaheim Global Medical Center	\$38,182
Orange County Global Medical Center	\$20,150

SFY 2023-24

St. Rose Hospital	\$22,736,000.00
UCSF Benioff Children's Oakland	\$30,612,244.89
Grossmont Hospital	\$4,081,632.64
Children's Hospital of Orange County	\$458,832.64
South Coast Global Medical Center	\$68,181.62
Garden Grove Hospital & Medical Center	\$158,871.44
Anaheim Global Medical Center	\$33,081.62
Orange County Global Medical Center	\$114,248.97
Anaheim Regional Medical Center	\$132,559.18

2. Notwithstanding any other provision of this Supplement 4, each of the following private hospitals listed below are eligible to receive supplemental funding for SFYs 2015-16, 2016-17 and 2017-18 under this Section D.2, regardless of whether the hospital qualifies for and receives PHSF supplemental funding under Section C or other provisions of Section D, based on their special historical and current role in providing emergency and inpatient care access in the underserved South Los Angeles area. The supplemental funding under this paragraph D.2 shall end at the close of SFY 2017-18.

Table No. 1

St. Francis Medical Center	
California Hospital Medical Center	

TN No. <u>24-0027</u> Supersedes TN No. <u>23-0013</u>

Approval Date: August 5, 2024 Effective Date: April 1, 2024