

December 12, 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 25-0036: REMOVAL OF CPSP CERTIFICATION
REQUIREMENT AND NURSE PRACTITIONER SUPERVISION REQUIREMENT IN
ALTERNATIVE BIRTH CENTERS

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 25-0036 for your review and approval. To align with recently enacted California Assembly Bill (AB) 55 (Bonta, Chapter 595, Statutes of 2025), this SPA proposes to remove a requirement that alternative birth centers (ABCs), also known as freestanding birth centers, be Comprehensive Perinatal Services Program (CPSP) providers. In addition, SPA 25-0036 makes technical updates consistent with recent changes to state law (AB 890 (Wood, Chapter 265, Statutes of 2020)) to remove the requirement that certified nurse practitioners (CNPs) be supervised by a physician while working in an ABC. DHCS seeks an effective date of January 1, 2026, for this SPA.

Since this SPA makes technical updates and does not change reimbursement rates or who is eligible to receive services, there is no federal fiscal impact, and DHCS did not publish a public notice. In addition, DHCS has determined that a Tribal notice is not necessary for this SPA.

The following documents are included in this submission:

- CMS 179 Form
- Limitations on Attachment 3.1-A, Page 32 – redline and clean copies
- Limitations on Attachment 3.1-B, Page 31 – redline and clean copies

Ms. Miller
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If you have any questions or need additional information, please contact Erica Holmes, Assistant Deputy Director, Health Care Benefits & Eligibility, at (916) 345-7799, or at Erica.Holmes@dhcs.ca.gov.

Sincerely,



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

Enclosures

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

1. TRANSMITTAL NUMBER

2. STATE

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

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY _____ \$ _____
b. FFY _____ \$ _____

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)

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

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

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

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	<p>b.1 Practitioners furnishing mandatory services described in another benefit category and otherwise covered under the State Plan.</p> <p>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.</p>	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: _____

Effective Date: January 1, 2026

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