Revised Pages for:

CALIFORNIA MEDICAID STATE PLAN

Under Transmittal of

STATE PLAN AMENDMENT (SPA)

11-021*

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)	
NONE	Section 4.44, page 83	

DEPARTMENT OF HEALTH & HUMAN SERVICES



Region IX

Division of Medicaid & Children's Health Operations
90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

AUG 1 9 2011

Toby Douglas, Director California Department of Health Care Services 1501 Capitol Avenue, 6th Floor MS: 0000 Sacramento, CA 95814

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) Number 11-021, which implements the Medicaid prohibition on payments to institutions or entities located outside of the United States. The SPA is effective June 1, 2011.

If you have any questions, please contact Rodd Mas at (415) 744-2978 or at rodd.mas@cms.hhs.gov.

Sincerely,

Gloria Nagle, Ph.D., M.P.A.

Associate Regional Administrator

Division of Medicaid & Children's Health Operations

Enclosure

cc: Ellen Ambrosini, Centers for Medicare and Medicaid Services

Ms. Vickie Orlich, California Department of Health Care Services

Kathryn Waje, California Department of Health Care Services

EPARTMENT OF HEALTH AND HUMAN SERVICES EALTH CARE FINANCING ADMINISTRATION		FORM APPROVED OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 11-021	2. STATE	
sur unit 有一种 unit pur (California	
OR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
O: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	June 1, 2011		
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME			
FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	- Cit Williams	
12 CFR 431.52 (Medicaid Furnished Out of State)	a. FFY 2010-2011 no impact		
Section 1902 (a)(80) of the Social Security Act, P.L. 111-148 (Section	b. FFY 2012 no impact		
5505)			
3. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	O DAGE NUMBED OF THE CURE	PSEDED DI ANI SECTIONI	
	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): N/A		
Section 4.44, page 84			
10. SUBJECT OF AMENDMENT:			
Medicaid prohibition on payments to institutions or entities located outs	ide of the United States.		
		·	
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SP		
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		does not wish to Review	
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	, State Plan Americ	inients	
12. SIGNATURE OF SATE (GENCY OF CIAL)	16. RETURN TO:		
10010010			
13. TYPED NAME:			
Toby Douglas			
14. TIPLE:			
Chief Deputy Director, Health Care Programs			
15. DATE SUBMITTED: JUN 2 3 2011			
FOR REGIONAL O	PERIOR LISE ONLY		
AN THE GROWING		2011	
June 23, 2011	10.5.1.2.11.10.7.22.	AUG 1 9 2011	
PLAN APPROVED - O	NE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL	OFFICIAL:	
June 1, 2011	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- for Gloria?	
21. TYPED NAME:	22. TITLE: Dagie	nal Administrator	
Gloria Nagle	ASSOCIATE REGIO	nal Administrator	
		ሰ ግ 1 ∵	
23. REMARKS: Box 7 Pen and Ink change approved	via email on August 4, 2	011	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/ Territory: <u>CALIFORNIA</u>

Page 84

Citation 1902(a)(80) of the Act, P.L. 111-148 (section 6505)

4.44 <u>Medicaid Prohibition on Payments to Institutions or Entities Located</u>
Outside of the United States

The State shall not make any check-free electronic funds transfer nor deliver any check or other instrument of payment for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States, including for lifesaving emergency services to a beneficiary travelling outside the U.S., even where such services may be withheld in the absence of payment.

TN No. <u>11-021</u> Supersedes TN No. <u>None</u>

Approval Date: AUG 1 9 2011

Effective Date: June 1, 2011