CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

September 9, 2026

*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 26-0035: HOSPICE SERVICES LANGUAGE UPDATES FOR UTILIZATION MANAGEMENT CONTROLS

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 26-0035 for your review and approval. This SPA proposes to update the Medicaid State Plan language governing hospice services to conform to recent changes in state law and clarify the application of utilization management controls consistent with applicable federal and state requirements and current DHCS administration of Medi-Cal covered hospice services. These updates are also intended to support medical necessity review and program integrity efforts. DHCS seeks an effective date of July 1, 2026, for this SPA.

Since this SPA does not change any Medi-Cal hospice coverage policy, reimbursement rates, or who is eligible to receive services, there is no federal fiscal impact. DHCS published a public notice on June 30, 2026. In this instance, DHCS has determined that a Tribal notice is not necessary for this SPA.

The following documents are included for submission of SPA 26-0035:

- CMS 179 Form
- Public Notice
- Limitations on Attachment 3.1-A and 3.1-B, Page 22

If you have any questions or need additional information, please contact Amber De La Rosa, Chief of Benefits Division, at (916) 345-7924 or by email at Amber.Delarosa@dhcs.ca.gov.

Sincerely,

[redacted]

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

Enclosures

cc: Saralyn M. Ang-Olson, JD, MPP
Chief Compliance Officer
Office of Compliance
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Amber De La Rosa, Chief
Benefits Division
California Department of Health Care Services
Amber.Delarosa@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: 26 — 0035

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
July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
USC 1396d(a); 42 USC 1396x; CFR 418

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
Limitations on Attachment 3.1-A and 3.1-B, Page 22

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Limitations on Attachment 3.1-A and 3.1-B, Page 22

9. SUBJECT OF AMENDMENT
To update language governing the hospice services section of the State Plan.

*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 9, 2026

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 CHART

| | TYPE OF SERVICE | PROGRAM DESCRIPTION** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|---|---|---|---|
| 17. | Nurse Midwife Services | All services permitted under scope of licensure. | Services do not require prior authorization. |
| 18. | Hospice Services | Covered when provided by a Medicare certified hospice. Services are limited to individuals who have been certified by a physician as having a life expectancy of six months or less. | Prior authorization may be required in accordance with department policy. Special physicians' services do not require prior authorization. Eligible adults electing hospice care agree to waive their right to receive curative services related to their terminal illness. Eligible children electing hospice care can receive concurrent palliative and curative care. |

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

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