

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

**FEB 08 2018**

Mari Cantwell  
Chief Deputy Director, Health Care Programs  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

RE: California State Plan Amendment 17-025

Dear Ms. Cantwell:

We have reviewed the proposed amendment to Attachments 4.19-D, 3.1-A, and 3.1-B of your Medicaid state plan submitted under transmittal number (TN) 17-025. This State plan amendment (SPA), effective October 1, 2017, changes the provider type name from Christian Science to Religious Non-Medical Health Care Institutions (RNHCIs) and adds language regarding the reimbursement rate methodology for RNHCIs.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. This is to inform you that Medicaid State plan amendment TN 17-025 is approved effective October 1, 2017. We are enclosing the HCFA-179 and the amended plan pages.

If you have any questions, please call Blake Holt at (415) 744-3754.

ORIGINAL SIGNED

Kristin Fan  
Director

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
17-025

2. STATE  
CALIFORNIA

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2017

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

Title 42 § CFR 447 Subpart C

7. FEDERAL BUDGET IMPACT:

No Fiscal Impact

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-D, Page 36  
Attachment 3.1-A, Page 9, 25  
Attachment 3.1-B, Page 8, 24b

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 3.1-A, Page 9, 25  
Attachment 3.1-B, Page 8, 24b

10. SUBJECT OF AMENDMENT:

The Department of Health Care Services (DHCS) is submitting the enclosed SPA 17-025 to change the provider type name from Christian Science to Religious Non-Medical Health Care Institutions (RNHCIs) in Attachment 3.1-A, Pages 9, 25, and Attachment 3.1-B, Page 8, 24b and to add language regarding the reimbursement rate methodology for RNHCIs in Attachment 4.19-D, Page 36. Since DHCS is proposing to reimburse RNHCIs at the same Freestanding Nursing Facilities – Level B peer group weighted average rate that is currently used for Christian Science, this SPA will have no fiscal impact.

11. 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:  
The Governor's Office does not wish to review the State Plan Amendment.

ORIGINAL SIGNED

State Medicaid Director

15. DATE SUBMITTED:  
12/18/2017

16. RETURN TO:

**Department of Health Care Services  
Attn: State Plan Coordinator  
1501 Capitol Avenue, Suite 71.326  
P.O. Box 997417  
Sacramento, CA 95899-7417**

**FOR REGIONAL OFFICE USE ONLY**

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary in accordance with 42 CFR 440.170.

a. Non-emergency transportation is provided in accordance with 42 CFR § 431.53 as an administrative service.

Provided:  No limitations  With limitations\*

Not provided.

b. Services provided in Religious Non-Medical Health Care Institutions.

Provided:  No limitations  With limitations\*

Not provided.

c. Reserved.

Provided:  No limitations  With limitations\*

Not provided.

d. Nursing facility services for patients under 21 years of age.

Provided:  No limitations  With limitations\*

Not provided.

e. Emergency hospital services.

Provided:  No limitations  With limitations\*

Not provided.

f. Reserved

\*Description provided on attachment

STATE PLAN CHART

(Note: This chart is an overview only)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
24b. Services furnished in Religious Non-Medical Health Care Institutions	Limited to the extent allowed under the Title XVIII of the Social Security Act. Furnishes nonmedical services exclusively by nonmedical personnel. Covered when patient has a need for inpatient services and/or daily special rehabilitation services, which as a practical matter, can only be provided on an inpatient basis.	Services require prior authorization.
24c. Reserved		
24d. SNF services provided for patients under 21 years of age	See 4a.	See 4a.
24e. Emergency hospital services		
24f. Reserved	See 1.	See 1.

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

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S):

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22.ee Respiratory care services (in accordance with section 1902 (e) (9) (A) through (C) of the Act)ee

Provided:  No limitations  With limitations\*  
 Not provided.

23.ee Any other medical care and any other type of remedial care recognized under State law, specifiedee  
by the Secretary in accordance with 42 CFR 440.170 .ee

a.ee Non-emergency transportation is provided in accordance with 42 CFR § 431.53 as anee  
administrative service.ee

Provided:  No limitations  With limitations\*  
 Not provided.

b.ee Services provided in Religious Non-Medical Health Care Institutions.ee

ee Provided:ee  No limitations  With limitations\*  
 Not provided.ee

c. Reserved.ee

Provided:  No limitations  With limitations\*  
 Not provided.

d. Skilled nursing facility services provided for patients under 21 years of age.ee

Provided:  No limitations  With limitations\*ee  
 Not provided.

e. Emergency hospital services.ee

Provided:  No limitations  With limitations\*  
 Not provided.

f.ee Reserved.ee

\*Description provided on attachmentee

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STATE PLAN CHART

(Note: This chart is an overview only)

Limitations on Attachment 3.1-B  
Page 24b

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
23b. Services furnished in Religious Non-Medical Health Care Institutions	<p>Limited to the extent allowed under the Title XVIII of the Social Security Act.</p> <p>Furnishes nonmedical services exclusively by nonmedical personnel.</p> <p>Covered when patient has a need for inpatient services and/or daily special rehabilitation services, which as a practical matter, can only be provided on an inpatient basis.</p>	Services require prior authorization.
23c. Reserved		
23d. SNF services provided for patients under 21 years of age	See 4a.	See 4a.
23e. Emergency hospital services		See 1.
23f. Reserved	See 1.	

\* Prior authorization is not required for emergency services.

\*\* Coverage is limited to medically necessary services.

X. REIMBURSEMENT FOR RELIGIOUS NON-MEDICAL HEALTH CARE INSTITUTIONS

- A. Religious Non-Medical Health Care Institutions (RNHCI) are facilities that provide only non-medical health care items and services to beneficiaries who need inpatient hospital or skilled nursing facility care, but who choose to rely solely upon a religious method of healing and for whom the acceptance of medical services would be inconsistent with their religious beliefs. RNHCI services include remedial care, not necessarily medical, such as treatment by prayer or healing by spiritual means in the practice of the religion of any church or religious denomination provided in a RNHCI.
- B. RNHCI providers are reimbursed at the Skilled Nursing Facility-Level B (SNF-B) peer-group weighted average, excluding the Quality Assurance Fee (QAF) pass-through, as described in Attachment 4.19-D, Supplement 4.
- C. RNHCI providers are exempt from paying the QAF.
- D. RNHCI Medi-Cal benefits are described in Attachment 3.1-A Page 9 and Attachment 3.1-B Page 8, and in Limitations, Attachment 3.1-A Page 25 and Attachment 3.1-B Page 24b.
- E. RNHCIs providers do not receive supplemental payments.