



DAVID MAXWELL-JOLLY
Director

State of California—Health and Human Services Agency
Department of Health Care Services



ARNOLD SCHWARZENEGGER
Governor

DEC 30 2009

Ms. Gloria Nagle
Associate Regional Administrator
Division of Medicaid & Children's Health Operations, Region IX
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

STATE PLAN AMENDMENT NO. 09-024

Dear Ms. Nagle:

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) for Supplemental Reimbursement for Emergency Medical Transportation Services. This SPA will make changes to California's Medicaid State Plan under Title XIX of the Social Security Act.

The primary purpose of SPA 09-024 is to establish a methodology to allow DHCS to reimburse governmental entities for their uncompensated emergency medical transportation service costs incurred when providing services to Medi-Cal beneficiaries. The effective date of the SPA will be October 1, 2009.

If you have any questions or concerns regarding the proposed provisions, please contact Mr. Bob Sands, Chief, Safety Net Financing Division at (916) 552-9154.

Sincerely,

Toby Douglas
Chief Deputy Director
Health Care Programs

Enclosure

cc: See Next Page

Ms. Gloria Nagle
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cc: Mr. Robert O'Neill
Deputy Director
Audits and Investigations Division
Department of Health Care Services
MS 2000
P.O. Box 997413
Sacramento, CA 95899-7413

Mr. Bob Sands, Chief
Safety Net Financing Division
Department of Health Care Services
MS 4504
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: CALIFORNIA

**SUPPLEMENTAL REIMBURSEMENT FOR EMERGENCY MEDICAL
TRANSPORTATION SERVICES**

This program provides supplemental reimbursement for an eligible governmental entity that meets specified requirements and provides emergency medical transportation services to Medi-Cal beneficiaries.

Supplemental reimbursements provided by this program are available only for allowable costs that are in excess of other Medi-Cal revenue that the eligible governmental entity receives for emergency medical transportation services. Eligible governmental entities must provide certification to the State that they have made a total funds expenditure and that the amount claimed is eligible for federal financial participation (FFP).

Supplemental reimbursement will be made annually on a State Fiscal Year (SFY) schedule in a lump-sum basis after the conclusion of the subject SFY. Payments will not be paid as individual increases to current reimbursement rates for specific services.

This supplemental payment program will be in effect beginning October 1, 2009.

A. Definition of an Eligible Governmental Entity

A governmental entity is determined eligible if it is a county, a city, a city and county, a healthcare district or the University of California and provides emergency medical transportation services for Medi-Cal beneficiaries.

B. Supplemental Reimbursement Methodology

Supplemental reimbursement provided by this program to an eligible governmental entity will consist of FFP for Medi-Cal uncompensated emergency medical transportation costs. The supplemental reimbursement methodology is as follows:

1. As described in Section C, the expenditures certified by the eligible governmental entity to the State will represent the payment eligible for FFP. Allowable certified public expenditures will determine the amount of FFP claimed.
2. In no instance will the amount certified pursuant to paragraph C.1, when combined with the amount received for emergency medical transportation services pursuant to any other provision of this State Plan or any Medicaid

TN 09-024

Supercedes

TN: N/A

Approval Date: _____

Effective Date: October 1, 2009

waiver granted by the Centers for Medicare and Medicaid Services exceed 100 percent of the allowable costs for such emergency medical transportation services.

3. Pursuant to paragraph C.1, the eligible governmental entity will certify to the Department, on an annual basis, the amount of its eligible uncompensated costs for providing emergency medical transportation services for Medi-Cal beneficiaries. The supplemental Medi-Cal reimbursement received pursuant to this segment of the State Plan will be distributed in one annual lump-sum payment after submission of such annual certification.
4. Emergency medical transportation service costs for the subject year that are certified pursuant to paragraph C.1 will be computed in a manner consistent with Medicaid cost principles regarding allowable costs, and will only include costs that satisfy applicable Medicaid requirements.
5. Supplemental reimbursement for emergency medical transportation services will be determined by the supporting data submitted by the governmental entity with the reimbursement claim. Facilities are held responsible for the validity of the data submitted pursuant to paragraph C.1.

C. Responsibilities and Reporting Requirements of the Eligible Governmental Entity

An eligible governmental entity must do all of the following:

1. Certify that the claimed expenditures for emergency medical transportation services made by the eligible governmental entity are eligible for FFP.
2. Provide evidence supporting the certification as specified by the Department.
3. Submit data as specified by the Department to determine the appropriate amounts to claim as expenditures qualifying for FFP.
4. Keep, maintain and have readily retrievable, such records as specified by the Department to fully disclose reimbursement amounts to which the eligible governmental entity is entitled, and any other records required by the Centers for Medicare & Medicaid Services.

D. Department's Responsibilities

1. The Department will submit claims for FFP for the expenditures for services that are allowable expenditures under federal law.
2. The Department will, on an annual basis, submit any necessary materials to the federal government to provide assurances that FFP will include only those expenditures that are allowable under federal law.

TN 09-024

Supersedes

TN: N/A

Approval Date: _____

Effective Date: October 1, 2009

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

1. TRANSMITTAL NUMBER:
09-024

2. STATE
CA

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, 2009

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:
42 CFR 433.51

7. FEDERAL BUDGET IMPACT: *60 p. 36*
a. FFY 09/10 \$ **60 MILLION**
b. FFY 10/11 \$ **90 MILLION**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 13 to Attachment 4.19-B

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

10. SUBJECT OF AMENDMENT:
Supplemental Reimbursement for Emergency Medical Transportation Services

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.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

16. RETURN TO:

13. TYPED NAME:

Toby Douglas

14. TITLE:

Chief Deputy Director

15. DATE SUBMITTED:

12/24/09

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS: