

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 14, 2016

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

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 15-035. This SPA was submitted to my office on December 23, 2015 and makes technical updates to the interagency agreements section of the State Plan.

The effective date of this SPA is October 1, 2015. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- Attachment 4.16-A, page 1

If you have any questions, please contact Cheryl Young by phone at (415) 744-3598 or by email at Cheryl.Young@cms.hhs.gov.

Sincerely,

/s/

Kristin Dillon
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Cynthia Owens, California Department of Health Care Services
Jim Elliott, California Department of Health Care Services
Nathaniel Emery, California Department of Health Care Services

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

1. TRANSMITTAL NUMBER:
15-035

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, 2015

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:
SSA §1902(a)(5); Title 42 CFR §431.10(a) and (b); 42 C.F.R.
431.615(a), (c) and (d).

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$0
b. FFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 4.16-A, pages 1 and 2*

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Attachment 4.16-A, pages 1 and 2*

10. SUBJECT OF AMENDMENT:

Technical amendment to update information and language regarding DHCS' Interagency Agreements with other State Departments.

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

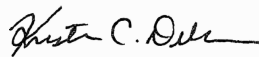
OTHER, AS SPECIFIED:
The Governor's Office does not
wish to review the State Plan Amendment.

ORIGINAL SIGNED

16. RETURN TO:

**Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, MS 4506
P.O. Box 997417
Sacramento, CA 95899-7417**

14. TITLE:
**Chief Deputy Director
Health Care Programs
State Medicaid Director**



15. DATE SUBMITTED:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 23, 2015

18. DATE APPROVED:
3/14/16

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Kristin Dillon

22. TITLE: Acting Associate Regional Administrator,
Division of Medicaid & Children's Health Operations

23. REMARKS:

*Boxes 8 and 9: After approved edits are incorporated, only page 1 of Attachment 4.16-A remains as the approved page for the SPA and page 2 no longer exists in the state plan for this section.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: CALIFORNIA
INTERAGENCY AGREEMENTS OF THE DEPARTMENT OF HEALTH CARE
SERVICES (DHCS) REGARDING MEDI-CAL SERVICES

DHCS is the Single State agency designated to administer and supervise California's Medicaid program (Medi-Cal). DHCS is responsible for creating, certifying, and overseeing the State Plan; managing Title XIX funds; developing the policies for and the provision of publicly funded medical care and medical assistance in California; identifying and enrolling providers and health care facilities as Medi-Cal providers; and ensuring access to quality health care services and treatment. Authority and responsibility for the implementation and administration of Medi-Cal has been delegated to the Chief Deputy Director, Health Care Programs, of DHCS.

DHCS maintains interagency agreements that determine eligibility for Medi-Cal, assist with the provision of benefits and the creation of specialty programs, as well as other administrative and operational functions related to the Medi-Cal program as necessary and appropriate. DHCS maintains interagency agreements with the following State departments, which are executed in accordance with State and federal law, State Administrative Manual, State Contracting Manual, and utilize only Department of General Services' standard forms:

- California Department of Aging.
- California Department of Developmental Services.
- California Department of Social Services.
- California Department of Public Health.
- California Department of Managed Health Care.
- California Department of State Hospitals.
- Office of Statewide Health Planning & Development.
- California Department of Human Resources.
- California Department of Veterans Affairs.

DHCS executed interagency agreements must specify the following:

- The scope of work and respective responsibilities of each party to the agreement;
- The cooperative and collaborative relationship at the State level;
- The type of Title XIX or other services to be provided under the agreement;
- The system of payment or reimbursement and a method for recovery of overpayments;
- The agreed upon processes for addressing amendments to the agreement, dispute resolution, and cancellation/termination; and
- The system for oversight and monitoring of beneficiary and service data at the provider level and other utilization review and quality assurance elements, including ensuring HIPAA compliance, auditing, and time studies.

All DHCS executed interagency agreements are on file at DHCS and are available for review upon request.