

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



Toby Douglas  
Director, Department of Health Care Services  
1501 Capital Ave, MS 0000  
P.O. Box 997413  
Sacramento, CA 99859-7413

DEC 30 2014

Dear Mr. Douglas:

I am writing to inform you that the Centers for Medicare & Medicaid Services has approved your request to amend California's section 1115(a) demonstration (11-W-00193/9), entitled "California Bridge to Reform Demonstration," to extend uncompensated care payments for tribal providers for certain services from December 31, 2014 until October 31, 2015. Approval of these amendments is under the authority of section 1115(a) of the Social Security Act, and is effective from the date of this letter through the end of the demonstration period.

This approval permits the Department of Health Care Services (DHCS) to continue to make uncompensated care payments for services provided by Indian Health Service (IHS) tribal health programs to uninsured individuals with incomes up to 133 percent of the Federal Poverty Level (FPL) (pre-modified adjusted gross income). The award also authorizes uncompensated care payments for individuals enrolled in the Medi-Cal program, for optional services eliminated from the state plan in 2009. CMS shares the state's goal of maintaining the financial viability of IHS facilities, including those funded under compacts or contracts pursuant to public law 93-638 ("tribal 638 facilities") to ensure the continued availability of their health care service delivery for current and future Medicaid beneficiaries.

CMS approval of this California Bridge to Reform demonstration amendment is conditioned on continued compliance with the enclosed set of STCs defining the nature, character, and extent of anticipated federal involvement in the project. The award is subject to your written acknowledgement of the award and acceptance of the STCs within 30 days of the date of this letter.

A copy of the revised STCs and the expenditure authorities is enclosed. The waivers for this demonstration are unchanged by this amendment, and remain in force; a copy of the waiver list is also enclosed.

Your project officer for this demonstration is Ms. Mehreen Hossain. She is available to answer any questions concerning your section 1115 demonstration and this amendment. Ms. Hossain's contact information is:

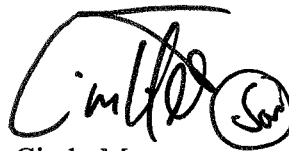
Center for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
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Facsimile: (410) 786-5882  
E-mail: [Mehreen.Hossain@cms.hhs.gov](mailto:Mehreen.Hossain@cms.hhs.gov)

Official communications regarding official matters should be sent simultaneously to Ms. Hossain and Ms. Hye Sun Lee, Acting Associate Regional Administrator for the Division of Medicaid and Children's Health in our San Francisco Regional Office. Ms. Lee's contact information is as follows:

Ms. Hye Sun Lee  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706

If you have any questions regarding this approval, please contact Mr. Eliot Fishman, Director, Children and Adults Health Programs Group, Centers for Medicaid & CHIP Services at (410) 786-5647.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cindy Mann', with a circular stamp containing the letters 'SM' to the right of the signature.

Cindy Mann  
Director

Enclosures

Cc: Hye Sun Lee, Acting ARA Region IX