



## CALIFORNIA DEPARTMENT OF AGING (CDA)

---

### FAX COVER SHEET

**TO:** All ADHC Providers

**FROM:** Adult Day Health Care Branch

**DATE:** July 22, 2011

**SUBJECT:** Provider Notice Regarding CMS Approval of the Delay of ADHC Medi-Cal Benefit Elimination

---

CDA is sending the attached letter on behalf of the Department of Health Care Services (DHCS). On July 21, 2011, DHCS was notified by the Centers for Medicare & Medicaid Services (CMS) of its approval to delay the effective date of the elimination of the ADHC Medi-Cal benefit to December 1, 2011. The previously approved elimination was effective September 1, 2011.

This is to facilitate on-going planning for successful transition of ADHC beneficiaries to other services. Additional information and updates may be obtained via the ADHC tab on the CDA website at [www.aging.ca.gov](http://www.aging.ca.gov) and the DHCS ADHC Transition website at [www.dhcs.ca.gov/services/medi-cal/Pages/ADHC/ADHC.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/ADHC/ADHC.aspx)

---

Number of pages (including this page): 2

If you do not receive all specified pages or if you have any questions regarding this transmission, please call (916) 419-7545



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

JUL 21 2011

Toby Douglas, Director  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 11-026. This SPA was submitted to my office on July 20, 2011 requesting to amend the State Plan to delay the effective date of the elimination of the coverage of Adult Day Health Care (ADHC) services to December 1, 2011. The elimination was previously approved effective September 1, 2011 via SPA 11-014.

The effective date of this SPA is December 1, 2011. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Limitations on Attachment 3.1-A, page 19
- Limitations on Attachment 3.1-B, page 19
- Attachment 4.19B, page 6C
- Attachment 4.19-B, page 6D
- Supplement 6 to Attachment 4.19-B, page 2

The approval of this State Plan Amendment relates solely to the availability of Federal Financial Participation (FFP) for Medicaid covered services. This action does not in any way address the State's independent obligations under the Americans with Disabilities Act or the Supreme Court's Olmstead decision.

If you have any questions, please contact Kristin Curran Dillon by phone at (415) 744-3579 or by email at [Kristin.Dillon@cms.hhs.gov](mailto:Kristin.Dillon@cms.hhs.gov), or Rodd Mas at 415-744-2978 or by email at [Rodd.Mas@cms.hhs.gov](mailto:Rodd.Mas@cms.hhs.gov).

Sincerely,



Gloria Nagle, Ph.D., MPA  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Jean Close, Centers for Medicare and Medicaid Services  
Elizabeth Garbarczyk, Centers for Medicare and Medicaid Services  
Vickie Orlich, California Department of Health Care Services  
Christopher Thompson, Centers for Medicare and Medicaid Services  
Kathryn Waje, California Department of Health Care Services