



SANDRA SHEWRY
Director

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



ARNOLD SCHWARZENEGGER
Governor

April 14, 2008

Federally Recognized Tribe

Dear Sir or Madame:

The California Department of Health Care Services (DHCS) is requesting renewal of its Superior Systems Waiver from the federal Centers for Medicare & Medicaid Services (CMS). The requested term of the renewal is June 11, 2008, through June 10, 2010.

CMS requires that DHCS notify all federally recognized Tribal Governments within California of the State's intent to submit a Medicaid waiver request or renewal to CMS. We are sending you this letter and the enclosed Medi-Cal Superior Systems Waiver Summary in order to comply with this requirement.

The Superior Systems Waiver was designed to allow California's Fee-for-Service (FFS) Medi-Cal Utilization Review (UR) Program to ensure that high quality services are being delivered to beneficiaries while conserving financial resources by avoiding over-utilization of acute inpatient services. When an acute inpatient hospital admission is scheduled or occurs, a Treatment Authorization Request (TAR) is completed and submitted to the local Medi-Cal field office for review. This request must include beneficiary identification information, the provider of service and his or her address, and pertinent medical information to substantiate the request.

The California Medi-Cal UR Program exceeds the federal UR method established in Title 42, Code of Federal Regulations (CFR), Section 456. Instead of UR completed within the facility and by the facility caring for the beneficiary, California employs Medical Consultants and/or Nurse Evaluators in the Medi-Cal field offices to conduct the reviews. Approval of the service is based on medical necessity and justification of the services. This allows the State to monitor the services being provided to Medi-Cal beneficiaries and limits the over-utilization of acute inpatient days, especially when other services are available in the community.

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DHCS requests that your Tribe/Indian organization review this letter and enclosed Summary and provide any written comments regarding the waiver renewal no later than 30 days from the date of this letter to me via e-mail at joe.perez@dhcs.ca.gov, or you may mail comments to the following address:

Mr. Joseph Perez, Chief
Field Operations Support Branch
Utilization Management Division
California Department of Health Care Services
1501 Capitol Avenue, MS 4505
P.O. Box 997419
Sacramento, CA 94234-7320

Thank you for your assistance in this effort.

Sincerely,

Joseph Perez, Chief
Field Operations Support Branch
Utilization Management Division

Enclosure