

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 11-040**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

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**

October 9, 2015

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) 11-040. SPA CA-11-040 was submitted to my office on December 29, 2011 and extends Medi-Cal coverage for existing infant development programs provided to Medi-Cal-eligible infants and toddlers with a developmental delay.

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

- Limitations on Attachment 3.1-A, pages 9, 9d, 9e, 9f, 9g and 9h
- Limitations on Attachment 3.1-B, pages 9, 9d, 9e, 9f, 9g and 9h
- Attachment 4.19-B, page 77

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

Sincerely,

/s/

Henrietta Sam-Louie  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Nathaniel Emery, California Department of Health Care Services (DHCS)  
Laurie Weaver, California Department of Health Care Services

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

1. TRANSMITTAL NUMBER:  
**11-040**

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, 2011

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:

Section 1905(a) 42 CFR 447, Subpart F,  
Payment Methods for Other Institutional and Non-Institutional Services

7. FEDERAL BUDGET IMPACT:

a. FFY 12 \$10,860,000  
b. FFY 13 \$11,940,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, page 77  
~~Attachment 4.19-B, pages 65-66~~  
~~Attachment 3.1-C, pages 1-27~~

Limitations on Attachment 3.1-A, pages 9, 9d-9h  
Limitations on Attachment 3.1-B, pages 9, 9d-9h

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

~~None~~ Limitations on Attachment 3.1-A, pages 9, 9d  
Limitations on Attachment 3.1-B, pages 9, 9d  
Attachment 4.19-B, page 77

10. SUBJECT OF AMENDMENT:

Infant Development program for infants and toddlers

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:

13. TYPED NAME:  
Toby Douglas

14. TITLE:  
Director

15. DATE SUBMITTED: 12/27/11

16. RETURN TO:

Department of Health Care Services  
Attn: State Plan Coordinator  
1501 Capitol Avenue, Suite 71.326  
P.O. Box 997417  
Sacramento, CA 95899-7417

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
December 29, 2011

18. DATE APPROVED:  
October 9, 2015

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
October 1, 2011

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME:  
Henrietta Sam-Louie

22. TITLE:  
Acting Associate Regional Administrator

23. REMARKS:

Box 8 & 9: Corrected SPA pages added by state on 8/13/15.  
Box 6: Corrections made by CMS on 9/14/15 with permission from State.

## STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
4b Early and periodic screening, diagnostic, and treatment (EPSDT) services	<p>Covered for Medi-Cal eligibles under 21 years of age.</p> <p>Includes rehabilitative mental health services: collateral, assessment, individual therapy, group therapy, medication service, crisis intervention, day treatment intensive, day rehabilitation offered in local and mental health clinics or in the community, as described in Attachment 3.1-A, Item 13.</p>	<p>Prior authorization is not required.</p> <p>Medical necessity is the only limitation.</p>
Services provided by Local Education Agency (LEA) providers	Includes Local Education Agency (LEA) Medi-Cal Billing Option Program services (LEA services). LEAs are the governing body of any school district or community college district, the county office of education, a state special school, a California State University campus, or a University of California Campus.	<p><u>Service Limitations</u></p> <p>Services provided by LEA providers are limited to a maximum of 24 services per 12-month period for a beneficiary without prior authorization, provided that medical necessity criteria are met. LEAs may obtain authorization for services provided by LEA providers beyond 24 services per 12-month period from the beneficiary's:</p> <ul style="list-style-type: none"> <li>• Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP) developed for the special education student;</li> <li>• California Children Services Program,</li> <li>• Short-Doyle Program,</li> <li>• Medi-Cal field office authorization (TAR),</li> <li>• Prepaid health plan authorization (including Primary Care Case Management).</li> </ul>

\*Prior authorization is not required for emergency services.

\*\*Coverage is limited to medically necessary services.

TN No. 11-040

Supersedes:

TN No. 05-010

Approval Date: October 9, 2015

Effective Date: October 1, 2011

## STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p>		<ul style="list-style-type: none"> <li>The definition of “under the direction of” a licensed audiologist, licensed speech-language pathologist or credentialed speech-language pathologist who has a professional clear services credential in speech-language pathology is that the practitioner is individually involved with the patient under his or her direction and accepts professional and legal responsibility for the actions of the credentialed practitioners that he or she agrees to direct. The practitioner must see each patient at least once, have some input into the type of care provided, and review the patient after treatment has begun.</li> </ul> <p>Services provided by LEA providers may be subject to on-site review and/or audit by the Centers for Medicare and Medicaid Services and/or its agents, the single state agency and/or its agents or the Department of Education under an interagency agreement with the single state agency.</p>

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## STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
4b EPSDT (cont.)  Infant Development Program Services (IDP)	<p>The Infant Development Program (IDP) services offer a variety of medically necessary services identified in an Individualized Family Service Plan (IFSP). The Department of Developmental Services contracts with Regional Centers (RC) statewide to provide and coordinate services for infants with, and at risk for, developmental disabilities. Individuals are not limited to RC providers, and may receive state plan services through their health plan or fee for service providers.</p> <p>IDP services will not be provided to an infant at the same time as another service that is the same in nature and scope.</p>	<p>IFSP Assessments: Infants and toddlers eligible for IDP services will have an IFSP developed by a RC multidisciplinary team, which includes a physician or licensed practitioner who authorizes specific medically necessary services, including frequency and duration, within the scope of their practice under state law. IFSPs are reviewed and updated at least every six months.</p> <p>Provider Qualifications: Providers must meet all applicable license, credential, registration, certificate, permit, or academic degree requirements to provide the service under state law. Unlicensed providers may also provide services under the direct supervision of a licensed member of the IFSP multidisciplinary team, as defined in this section, pursuant to their scope of practice under state law. Unlicensed providers may have a bachelor's degree in education, psychology, child development or related field; or an AA degree in child development or related field.</p>

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TN No. 11-040  
Supersedes:  
TN No. None

Approval Date: October 9, 2015

Effective Date: October 1, 2011

## STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
4b EPSDT (cont.)	Physical therapy services provided in accordance with Item 11a.	Services must be performed by providers who meet the applicable qualification requirements as defined in 42 CFR Section 440.110, licensed and within their scope of practice under state law.
IDP (cont.)	Occupational therapy services provided in accordance with Item 11b.	
	Audiology services provided in accordance with Item 11c.	
	Speech therapy services provided in accordance with Item 11c.	
	Vision services provided in accordance with Item 5a.	Services must be performed by providers who meet the applicable qualification requirements as defined in 42 CFR Section 440.50, licensed and within their scope of practice under state law.
	Psychology services provided in accordance with Item 6 d.1.	Services must be performed by providers who meet the applicable qualification requirements as defined in 42 CFR Section 440.60, licensed and within their scope of practice under state law.

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## STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
4b EPSDT (cont.)  IDP (cont.)	<p>Developmental Therapy is a service that includes activities that increase the parent's/caregiver's recognition and response to the child's verbal and/or non-verbal communication; increase the parent's/caregiver's interpersonal relationship with the child through everyday activities; training and consultation with the parent/caregiver for the direct benefit of the child to demonstrate developmentally appropriate activities for the child's special need to support the acquisition of new skills; and address the achievement of the objectives and outcomes in the child's IFSP.</p> <p>Intervention activities promote development in all of the following areas: gross motor skills; fine motor skills; cognitive development; communication development; social-emotional development; and self-help/adaptive learning. Activities may include, but are not limited to, use of manipulative props and toys, and weights; play and music therapy; role play; responding to the infant/toddler; positive caregiving strategies; and development of routine and ritual.</p> <p>Developmental therapy is provided under the direction of the multidisciplinary IFSP team at the RC, including licensed personnel, to ensure the continuity of the medically necessary services to ameliorate the child's delays and by guiding the therapeutic regimen related to the child's progress.</p>	<p>Developmental therapy may be provided by unlicensed IDP providers, as described on page 9e.</p> <p>Developmental therapy services provided by unlicensed providers are provided in accordance with the preventive benefit (42 CFR 440.130(c)).</p>

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# STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
4b EPSDT (cont.) IDP (cont.)	Treatments are recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice under State law.	
4c Family planning services and supplies for individuals of child bearing age.	Covered as physician and pharmaceutical services.	Prior authorization is not required, and informed consent must be obtained in compliance with applicable state law for all sterilizations. Sterilization of persons under 21 years of age is not covered.
5a Physician's Services	As medically necessary, subject to limitations; however, experimental services are not covered.	Physician services do not require prior authorization except as noted below:

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Supersedes:  
TN No. None

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Effective Date: October 1, 2011

State Plan Under Title XIX of the Social Security Act  
STATE/TERRITORY: CALIFORNIA

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2) **Median Rate Methodology** – As described on page 70, above.

**REIMBURSEMENT METHODOLOGY FOR VEHICLE MODIFICATION AND ADAPTATION**  
**Effective 10-1-2010**

The per modification rate for vehicle modifications is determined utilizing the usual and customary rate methodology, as described on page 70, above.

**REIMBURSEMENT METHODOLOGY FOR INFANT DEVELOPMENT PROGRAM**

The Infant Development Program is reimbursed based on an hourly rate using the Cost Statement Methodology as described on page 69, above.