

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 13-042

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) HCFA 179
- 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

DEC 3 1 2013

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) 13-042. SPA 13-042 was submitted to my office on November 15, 2013 to expand the scope of physical, occupational and speech therapy services offered to all Medi-Cal populations to include services aimed at the maintenance and acquisition of skills.

The effective date of this SPA is October 1, 2013. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Attachment 3.1-A, pages 16, 16a and 16b
- Attachment 3.1-B, pages 16, 16a and 16b

If you have any questions, please contact Tom Schenck by phone at (415) 744-3589 or by email at tom.schenck@cms.hhs.gov.

Sincerely,

/s/

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

Enclosure

cc: Kathyryn Waje, California Department of Health Care Services
Laurie Weaver, California Department of Health Care Services

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

1. TRANSMITTAL NUMBER:
13-042

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, 2013

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:
ACA, section 2001

7. FEDERAL BUDGET IMPACT:

a. FFY \$

b. FFY \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Limitations on Attachment 3.1-A, page 16
Limitations on Attachment 3.1-A, page 16a
Limitations on Attachment 3.1-A, page 16b
Limitations on Attachment 3.1-B, page 16
Limitations on Attachment 3.1-B, page 16a
Limitations on Attachment 3.1-B, page 16b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Limitations on Attachment 3.1-A, page 16
Limitations on Attachment 3.1-A, page 16a
Limitations on Attachment 3.1-A, page 16b
Limitations on Attachment 3.1-B, page 16
Limitations on Attachment 3.1-B, page 16a
Limitations on Attachment 3.1-B, page 16b

10. SUBJECT OF AMENDMENT:

Acquisition and maintenance of physical, occupational, and speech therapy services

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: **NOV 15 2013**

16. RETURN TO:

Department of Health Care Services

Attn: State Plan Coordinator

1501 Capitol Avenue, MS 4506

P.O. Box 997413

Sacramento, CA 95899-7413

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **11/15/2013**

18. DATE APPROVED: **DEC 8 1 2013**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: **10/1/2013**

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME: **Gloria Nagle, Ph.D, MPA**

22. TITLE: **Associate Regional Administrator**

23. REMARKS:

STATE PLAN CHART

Limitations on Attachment 3.1-A
Page 16

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11a. Physical Therapy	<p>Physical therapy is covered for the restoration, maintenance and acquisition of skills only when prescribed by a physician, dentist, or podiatrist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.</p> <p>Outpatient physical therapy provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.</p> <p>In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.</p>	<p>All physical therapy services are subject to prior authorization.</p> <p>Services must be performed by providers who meet the applicable qualification requirements as defined for physical therapy in 42 CFR Section 440.110(a), licensed and within their scope of practice under state law.</p> <p>More than one evaluation visit in a six-month period requires authorization.</p>

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-042
Supersedes
TN No. 13-008

Approval Date: DEC 31 2013Effective Date: 10/1/13

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11b. Occupational Therapy	<p>Occupational therapy is covered for the restoration, maintenance and acquisition of skills only when prescribed by a physician, dentist, or podiatrist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.</p> <p>Outpatient occupational therapy provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.</p> <p>In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.</p> <p>Occupational therapy services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.</p> <p>Outpatient occupational therapy services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: audiology, acupuncture, chiropractic, psychology, podiatry, and speech therapy.</p> <p>Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 regarding psychology services.</p>	<p>Services must be performed by providers who meet the applicable qualification requirements as defined for occupational therapy in 42 CFR Section 440.110(b), licensed and within their scope of practice under state law.</p> <p>More than one evaluation visit in a six-month period requires authorization.</p> <p>TAR is required for an occupational therapy visit that exceeds the two-visit limit.</p>

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-042
Supersedes
TN No. 13-008

Approval Date: DEC 3 1 2013

Effective Date: 10/1/13

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11c. Speech Therapy/Audiology	<p>Speech therapy for the restoration, maintenance and acquisition of skills and audiology may be provided only upon the written prescription of a physician or dentist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.</p> <p>Speech therapy and audiology provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.</p> <p>In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.</p> <p>Speech therapy and audiology services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.</p> <p>Speech therapy and audiology services are covered under this state plan only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women, if the speech therapy and audiology services are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. 	<p>Services must be performed by providers who meet the applicable qualification requirements as defined for speech therapy and audiology services in 42 CFR Section 440.110(c), licensed and within their scope of practice under state law.</p> <p>More than one evaluation visit in a six-month period requires authorization.</p>

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11a. Physical Therapy	<p>Physical therapy is covered for the restoration, maintenance and acquisition of skills only when prescribed by a physician, dentist, or podiatrist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.</p> <p>Outpatient physical therapy provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.</p> <p>In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.</p>	<p>All physical therapy services are subject to prior authorization.</p> <p>Services must be performed by providers who meet the applicable qualification requirements as defined for physical therapy in 42 CFR Section 440.110(a), licensed and within their scope of practice under state law.</p> <p>More than one evaluation visit in a six-month period requires authorization.</p>

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-042
Supersedes
TN No. 13-008

Approval Date: DEC 31 2013

Effective Date: 10/1/13

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11b. Occupational Therapy	<p>Occupational therapy is covered for the restoration, maintenance and acquisition of skills only when prescribed by a physician, dentist, or podiatrist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.</p> <p>Outpatient occupational therapy provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.</p> <p>In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.</p> <p>Occupational therapy services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.</p> <p>Outpatient occupational therapy services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: audiology, acupuncture, chiropractic, psychology, podiatry, and speech therapy.</p> <p>Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 regarding psychology services.</p>	<p>Services must be performed by providers who meet the applicable qualification requirements as defined for occupational therapy in 42 CFR Section 440.110(b), licensed and within their scope of practice under state law.</p> <p>More than one evaluation visit in a six-month period requires authorization.</p> <p>TAR is required for an occupational therapy visit that exceeds the two-visit limit.</p>

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-042
Supersedes
TN No. 13-008

Approval Date: DEC 3 1 2013

Effective Date: 10/1/13

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11c. Speech Therapy/Audiology	<p>Speech therapy for the restoration, maintenance and acquisition of skills and audiology may be provided only upon the written prescription of a physician or dentist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.</p> <p>Speech therapy and audiology provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.</p> <p>In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.</p> <p>Speech therapy and audiology services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.</p> <p>Speech therapy and audiology services are covered under this state plan only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women, if the speech therapy and audiology services are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. 	<p>Services must be performed by providers who meet the applicable qualification requirements as defined for speech therapy and audiology services in 42 CFR Section 440.110(c), licensed and within their scope of practice under state law.</p> <p>More than one evaluation visit in a six-month period requires authorization.</p>

*Prior Authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 13-042
Supersedes
TN No. 13-008

Approval Date: DEC 3 1 2013

Effective Date: 10/1/13