

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 15-010**

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**

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November 8, 2016

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 a copy of California State Plan Amendment (SPA) CA-15-010, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 17, 2015 to permit the use of teledentistry as an alternative modality for the provision of select dental services.

The effective date of this SPA is September 1, 2015. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Limitations on Attachment 3.1-A, pages 15a-15a.1
- Limitations on Attachment 3.1-B, pages 15a-15a.1
- Attachment 4.19-B, page 20c
- Supplement 6 Attachment 4.19-B, page 2

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

Sincerely,

A black rectangular box redacting the signature of Henrietta Sam-Louie.

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

cc: Alani Jackson, California Department of Health Care Services (DHCS)  
Adrianna Alcala-Beshara, DHCS  
Vongayi Chitambura, DHCS  
Eric Mayes, DHCS  
Nathaniel Emery, DHCS

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
**15-010**

2. STATE  
CALIFORNIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
September 1, 2015

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:  
42 CFR Ch. IV section 410.78- Telehealth Services

7. FEDERAL BUDGET IMPACT:  
a. FFY 2015 ~~\$56,262~~ **\$3,316.03**  
b. FFY 2016 ~~\$6,751.44~~ **\$6,751.44**

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 20c

Limitations on Attachment 3.1-A Page 15a ~~15a.1~~  
Limitations on Attachment 3.1-B Page 15a ~~15a.1~~  
~~Limitations on Attachment 3.1-B Page 3B.1~~  
Supplement 6 Attachment 4.19B Page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Limitations on Attachment 3.1-A Page ~~15a-15a.1~~  
Limitations on Attachment 3.1-B Page ~~15a-15a.1~~  
~~Limitations on Attachment 3.1-B Page 3B.1~~  
Supplement 6 Attachment 4.19B Page 2

10. SUBJECT OF AMENDMENT:

To allow for live transmissions between a dentist at a distant site (a "distant site" is defined as a site where a health care provider, who provides health care services, is located while providing these services through a telecommunications system) and a dentist at an originating site. The "originating site" means the location of an eligible Medi-Cal beneficiary at the time the service being furnished through a telecommunications system occurs.

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:

Mari Cantwell

14. TITLE:

State Medicaid Director

15. DATE SUBMITTED:

SEP 17 2015

16. RETURN TO:

Department of Health Care Services  
Attn: State Plan Coordinator  
1501 Capitol Avenue, MS 4506  
P.O. Box 997419  
Sacramento, CA 95899-7419

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 17, 2015

18. DATE APPROVED:

November 8, 2016

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

September 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Henrietta Sam-Louie

22. TITLE: Associate Regional Administrator,  
Division of Medicaid & Children's Health Operations

23. REMARKS:

Box 7: Pen & ink change to convert figures to whole numbers per CA RAI response dated 8/12/16.

Box 8: Pen & ink change to add new coverage and reimbursement pages to SPA on 8/30/16 by CMS and confirmed by CA on 9/19/16 via email.

Box 8 & 9: Pen & ink change to delete Limitations to Att. 3.1-B, page 3B.1 per state email dated 9/19/16.

# STATE PLAN CHART

Limitations on Attachment 3.1-A

Page 15a

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
9	Clinic Services (continued)	The following services are subject to a two-services limit in any one calendar month or any combination of two services per month, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy.	
10	Dental Services	<p>Dental benefits for adults are limited to the following medically necessary services: Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures once every five years) and complete denture adjustments, repairs and relines, and live transmissions. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits under the Early and Periodic Screening, Diagnosis, and Treatment Program.</p> <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p>	Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). On behalf of the State, the Dental contractor(s) shall approve and provide payment for covered dental services performed by an enrolled dental provider when services are provided in accordance with the state's manual of criteria.

\*Prior authorization is not required for emergency services.

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

TN Number: 15-010

Approval Date: November 8, 2016

Effective Date: September 1, 2015

Supersedes

TN Number: 13-018 (TC Approved June 12, 2014)

## STATE PLAN CHART

Limitations on Attachment 3.1-A

Page 15a.1

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
10	Dental Services (continued)	<p>For eligible beneficiaries 21 years of age and older (non-- EPSDT), a \$1,800 annual benefit limit applies, although this limit can be exceeded based on medical necessity through prior authorization. The following are exceptions to the limit</p> <ul style="list-style-type: none"> <li>• Emergency dental services</li> <li>• Services including pregnancy-related services and for other conditions that might complicate the pregnancy</li> <li>• Dentures</li> <li>• Dental implants and implant-retained prostheses.</li> </ul> <p>Effective July 1, 2015, under California law, Medi-Cal enables providers to practice teledentistry by store and forward, which is defined as the transmission of medical information to be reviewed at a later time by a licensed health care provider at a distant site.</p> <p>Certain dental services outlined in the Denti-Cal Manual of Criteria, are covered when provided through synchronous or asynchronous transmission, regardless of beneficiary age. Services provided through either synchronous transmission, also known as live transmissions, are permitted only as a covered benefit when requested by a beneficiary.</p>	<p>Allied dental professionals, such as Registered Dental Hygienists in Alternative Practice, under their scope of practice, may render limited services via teledentistry so long as such services are appropriately rendered under the general supervision of a licensed dentist. Allied dental professionals shall not independently bill for services rendered via teledentistry</p> <p>Teledentistry may only be billed by a licensed and enrolled billing dentist that either 1) exercises general supervision over the allied dental professional who rendered the service, or 2) independently rendered the service.</p> <p>Teledentistry is limited to services provided either via synchronous or asynchronous transmissions. Synchronous, or live, transmission, services are limited to ninety (90) minutes per beneficiary, per provider, per day. Live transmissions are only covered when rendered at beneficiary request as a result of a teledentistry encounter or asynchronous transmission.</p>

\*Prior authorization is not required for emergency services.

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

TN Number: 15-010Approval Date: November 8, 2016Effective Date: September 1, 2015

Supersedes

TN Number: 13-018

## STATE PLAN CHART

Limitations on Attachment 3.1-B

Page 15a

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
9	Clinic Services (continued)	The following services are subject to a two-services limit in any one calendar month or any combination of two services per month, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry and speech therapy.	
10	Dental Services	<p>Dental benefits for adults are limited to the following medically necessary services: Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures once every five years) and complete denture adjustments, repairs and relines, and live transmissions. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits under the Early and Periodic Screening, Diagnosis, and Treatment Program.</p> <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p>	Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). On behalf of the State, the Dental contractor(s) shall approve and provide payment for covered dental services performed by an enrolled dental provider when services are provided in accordance with the state's manual of criteria.

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TN Number: 15-010

Approval Date: November 8, 2016

Effective Date: September 1, 2015

Supersedes

TN Number: 13-018 (TC Approved June 12, 2014)

## STATE PLAN CHART

Limitations on Attachment 3.1-B

Page 15a.1

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
10	Dental Services (continued)	<p>For eligible beneficiaries 21 years of age and older (non-- EPSDT), a \$1,800 annual benefit limit applies, although this limit can be exceeded based on medical necessity through prior authorization. The following are exceptions to the limit</p> <ul style="list-style-type: none"> <li>• Emergency dental services</li> <li>• Services including pregnancy-related services and for other conditions that might complicate the pregnancy</li> <li>• Dentures</li> <li>• Dental implants and implant-retained prostheses.</li> </ul> <p>Effective July 1, 2015, under California law, Medi-Cal enables providers to practice teledentistry by store and forward, which is defined as the transmission of medical information to be reviewed at a later time by a licensed health care provider at a distant site.</p> <p>Certain dental services outlined in the Denti-Cal Manual of Criteria, are covered when provided through synchronous or asynchronous transmission, regardless of beneficiary age. Services provided through either synchronous transmission, also known as live transmissions, are permitted only as a covered benefit when requested by a beneficiary.</p>	<p>Allied dental professionals, such as Registered Dental Hygienists in Alternative Practice, under their scope of practice, may render limited services via teledentistry so long as such services are appropriately rendered under the general supervision of a licensed dentist. Allied dental professionals shall not independently bill for services rendered via teledentistry</p> <p>Teledentistry may only be billed by a licensed and enrolled billing dentist that either 1) exercises general supervision over the allied dental professional who rendered the service, or 2) independently rendered the service.</p> <p>Teledentistry is limited to services provided either via synchronous or asynchronous transmissions. Synchronous, or live, transmission, services are limited to ninety (90) minutes per beneficiary, per provider, per day. Live transmissions are only covered when rendered at beneficiary request as a result of a teledentistry encounter or asynchronous transmission.</p>

\*Prior authorization is not required for emergency services.

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

TN Number: 15-010Approval Date: November 8, 2016Effective Date: September 1, 2015

Supersedes

TN Number: 13-018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: CALIFORNIA

**Payment for Live Transmissions in the Medi-Cal Dental Program**

The State developed fee schedule rates apply to both public and private providers of dental services. Reimbursement for live transmission is limited to services provided upon patient request following a teledentistry encounter. The live transmissions rates for teledentistry services are published under Section 5, Manual Criteria, and Schedule of Maximum Allowances, of the Medi-Cal Dental Program Provider Handbook. The agency's fee schedule rates were set as of June 1, 2014, and are effective for services on or after that date. All live transmission rates are posted on the Denti-Cal website at:

<http://www.denti-cal.ca.gov/WSI/Publications.jsp?fname=ProvManual>

TN Number: 15-010  
Supersedes  
TN Number: N/A

Approval Date: 11/08/2016

Effective Date: September 1, 2015



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REIMBURSEMENT FOR INDIAN HEALTH SERVICES  
AND TRIBAL 638 HEALTH FACILITIES

A. Below is a list of health professionals that may bill under the IHS all-inclusive rate:

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse Midwife
- Registered Dental Hygienists
- Registered Dental Hygienists in Extended Functions
- Registered Dental Hygienists in Alternative Practice
- Clinical Psychologist
- Clinical Social Worker
- Marriage and Family Therapist
- Visiting Nurse if services are provided in the Tribal facilities
- Comprehensive Perinatal Services Program (CPSP): Registered Nurse, Dietitian, Health Educator, Childbirth Educator, Licensed Vocational Nurse, and Comprehensive Perinatal Health Worker. A September 17, 1985 HCFA letter allows these services as a physician or clinic service.
- Under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), the services of Licensed Marriage, Family and Child Counselors are available as 'other health visit' to persons under 21 years of age, as a result of an EPSDT screening which identifies the need for a service which is necessary to correct or ameliorate a mental illness or condition.

B. In addition, below is a list of interns that may provide Medi-Cal psychology services.

- Registered Marriage and Family Therapists Interns
- Registered Associate Clinical Social Workers
- Psychological Assistants

Interns must be under the supervision of a licensed mental health professional, in accordance with the requirements of applicable state laws.

C. Except for the services specified under Item D below, the following other ambulatory services, but not limited to, provided by health professional can be billed under the IHS all-inclusive rate.

- Medical and surgical services provided by a doctor of dental medicine or dental surgery, which if provided by a physician would be considered physician services
- Physical Therapy
- Occupational Therapy
- Drug and Alcohol visits (Subject to Medi-Cal provider participation requirements)
- Telemedicine and Teledentistry (No additional live transmissions costs will be reimbursed)
- Optometry (Eyeglasses and other eye appliances are restricted to beneficiaries identified under Item D below)