

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 15-019**

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 30, 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) 15-019. SPA CA-15-019 was submitted to my office on August 31, 2015. This SPA exempts dental services and applicable ancillary services provided to beneficiaries of all ages from the 10% provider rate cut approved under Assembly Bill (AB) 97.

The effective date of this SPA is July 1, 2015. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- Attachment 4.19-B, page 3.6

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)  
Alani Jackson, CA DHCS

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

1. TRANSMITTAL NUMBER:  
**15-019**

2. STATE  
CALIFORNIA

**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  
July 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 447 Subpart C- 42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 \$30,022,000- 29,200,000  
b. FFY 2016 \$30,022,000- 29,200,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19B; add page 3.6

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19B; page 3.5 Not Applicable (N/A)

10. SUBJECT OF AMENDMENT:

To exempt dental services and applicable ancillary services from the Medi-Cal provider ten percent payment reduction as enacted by Assembly Bill (AB) 97 (Chapter 3, Statutes of 2011).

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:

Chief Deputy Director, Health Care Programs  
State Medicaid Director

15. DATE SUBMITTED:

August 31, 2015

16. RETURN TO:

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

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

August 31, 2015

18. DATE APPROVED:

October 30, 2015

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2015

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Henrietta Sam-Louie

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

23. REMARKS:

Operations  
Box 6: Pen & ink change to add correct regulatory citation per CMS request on 10/30/15 via email.  
Box 7: Pen & ink change - CA revised budget impact per CMS request on 10/14/15 via email.  
Box 15: Pen & ink change - CMS added SPA submission date.  
Box 9: Pen & ink change to delete the unchanged Att. 4.19-B, page 3.5 reference and to add "Not applicable (N/A)"  
since a new page was added under this SPA per CMS request and CA email dated 10/14/15.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

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- 22) For dates of service on or after July 1, 2015, the payment reduction specified in paragraph (13), set forth on page 3.3, does not apply to dental services and applicable ancillary services provided to beneficiaries of all ages.

TN No 15-019

Supersedes Approval Date: October 30, 2015 Effective Date: July 1, 2015

TN # Not Applicable (N/A)