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State/Territory Name: California

State Plan Amendment (SPA) #: 16-008

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

December 12, 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 an approved copy of California State Plan Amendment (SPA) 16-008, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 29, 2016. This amendment places the Comprehensive Perinatal Service Program (CPSP) providers under the clinic benefit as part of the reimbursement for Indian Health Service (IHS) and Tribal 638 facilities and makes related clarifications.

The effective date of this SPA is January 1, 2016. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Attachment 4.19-B, page 6c
- Supplement 6 Attachment 4.19-B, pages 1, 2 and 2a

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

/s/

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

cc: Cynthia Owens, California Department of Health Care Services (DHCS)
Jim Elliott, DHCS
Erica Greilich, DHCS
Katherine Neto, DHCS
Nathaniel Emery, DHCS
Wendy Ly, DHCS

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

1. TRANSMITTAL NUMBER:
SPA 16-008

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
January 1, 2016

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:
SSA Section 1905(a) (2); 42 CFR 440.20; SSA section 1905(b);
42 CFR 447 Subpart F

7. FEDERAL BUDGET IMPACT:

a. FFY 2015 \$0

b. FFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 6 to Attachment 4.19-B, page 2

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 6 to Attachment 4.19-B, page 2

Supplement 6 to Attachment 4.19-B, page 1

Supplement 6 to Attachment 4.19-B, page 2a

Attachment 4.19-B, page 6c

Supplement 6 to Attachment 4.19-B, page 1
Supplement 6 to Attachment 4.19-B, page 2a
Attachment 4.19-B, page 6c

10. SUBJECT OF AMENDMENT:

Removes the specific list of CPSP providers from Supplement 6 to Attachment 4.19-B, page 2.

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:

16. RETURN TO:

13. TYPED NAME:

Mari Cantwell

Department of Health Care Services

Attn: State Plan Coordinator

1501 Capitol Avenue, MS 4506

P.O. Box 997417

Sacramento, CA 95899-7417

14. TITLE:

**Chief Deputy Director
Health Care Programs
State Medicaid Director**

MAR 29 2016

15. DATE SUBMITTED:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

March 29, 2016

18. DATE APPROVED:

December 12, 2016

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2016

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:

Henrietta Sam-Louie

22. TITLE: Associate Regional Administrator

Division of Medicaid & Children's Health Operations

23. REMARKS:

Box 6: Pen & ink change to add citations per RAI response dated 8/10/16.

Box 8 & 9: Pen & ink change to add pages per CA email dated 11/1/16.

midwife, clinical psychologist, licensed clinical social worker, or visiting nurse, hereafter referred to as a "health professional," to the extent the services are reimbursable as covered benefits under C.I.(a). For purposes of this subparagraph 2(a), "physician" includes the following:

- (i) A doctor of medicine or osteopathy licensed by the State to practice medicine and/or surgery and who is acting within the scope of his/her license.
- (ii) A doctor of podiatry licensed by the State to practice podiatric medicine and who is acting within the scope of his/her license.
- (iii) A doctor of optometry licensed by the State to practice optometry and who is acting within the scope of his/her license.
- (iv) A chiropractor licensed by the State in the practice of chiropractic and who is acting within the scope of his/her license.
- (v) A doctor of dental surgery (dentist) licensed by the State to practice dentistry and who is acting within the scope of his/her license.

Inclusion of a professional category within the term "physician" is for the purpose of defining the professionals whose services are reimbursable on a per visit basis, and not for the purpose of defining the types of services that these professionals may render during a visit (subject to the appropriate license).

- (b) Comprehensive perinatal services when provided by licensed and/or certified practitioners who are able to render covered services in accordance with their scope of practice as identified in California statute.

REIMBURSEMENT FOR INDIAN HEALTH
SERVICES AND TRIBAL 638 HEALTH FACILITIES

California will reimburse federally recognized tribal "638" facilities in accordance with the most recent rate published in the Federal Register.

1. IHS/Tribal 638 facilities are reimbursed at the all-inclusive rate for each encounter.
2. An IHS clinic encounter is defined as a face-to-face encounter provided in the tribal facility between a tribal patient and the health professional (as specified on page 2) of the clinic or the center.
3. The IHS MOA clinics may bill for up to two visits a day for one patient, if one is a medical visit and the other is another health visit.
4. Encounters with the health professionals listed on page 2 may be billed under the IHS all-inclusive rate.

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
- Under the Early and Periodic Screening, Diagnostic, 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. Comprehensive Perinatal Services Program (CPSP) providers who are licensed and/or certified practitioners who are able to render covered services in accordance with their scope of practice as identified in California statute. A September 17, 1985 HCFA letter allows these services as a physician or clinic service.

C. 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.

D. Except for the services specified under Item E 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 transmission costs will be reimbursed)
- Optometry (Eyeglasses and other eye appliances are restricted to beneficiaries identified under Item E below)

- E. Acupuncture, audiology, chiropractic, eyeglasses and other appliances, podiatry, and speech therapy are covered benefits under this state plan only for the following beneficiaries:
1. Pregnant women, if the optional benefit is part of their pregnancy-related services or services for a condition that might complicate the pregnancy.
 2. Individuals who are eligible for the Early and Periodic Screening, Diagnostic and Treatment benefit.