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State/Territory Name: California

State Plan Amendment (SPA) #: 17-027

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

March 27, 2018

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) 17-027, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 8, 2017. CA SPA 17-027 will restore comprehensive optional dental benefits for beneficiaries ages 21 and older, subject to medical necessity and utilization controls, that were not restored in May 2014 under CA SPA 13-018.

The effective date of this SPA is January 1, 2018. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Limitations on Attachment 3.1-A, pages 3b, 3B.1, 3d, 3E and 15a
- Limitations on Attachment 3.1-B, pages 3b, 3B.1, 3d, 3E and 15a

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

Sincerely,

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

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

Enclosures

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Alani Jackson, DHCS
Cynthia Smiley, DHCS
Jim Elliott, DHCS
Nathaniel Emery, DHCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

1 7 — 0 2 7

2. STATE

California

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

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2018

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 sec. 440.225 and 42 CFR 440.100

7. FEDERAL BUDGET IMPACT

a. FFY 2018: Jan 1 - Sept 30, 2018 \$ 96,771,756

b. FFY 2019: Oct 1, 2018 - Dec 31, 2018 \$ 31,787,419

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Limitations on Attachment 3.1-A, page 15a

Limitations on Attachment 3.1-B, page 15a

Limitations on Attachment 3.1-A, page 3d, 3E, 3b and 3B.1

Limitations on Attachment 3.1-B, page 3d, 3E, 3b and 3B.1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Limitations on Attachment 3.1-A, pages 15a

Limitations on Attachment 3.1-B, pages 15a

Limitations on Attachment 3.1-A, page 3d, 3E, 3B.1

Limitations on Attachment 3.1-B, page 3d, 3E, 3B.1

Limitations on Attachments 3.1-A & 3.1-B, page 3b

10. SUBJECT OF AMENDMENT

Effective January 1, 2018, Medi-Cal Adult Dental Benefits will be restored to include all optional dental benefits, not restored in 2014, outlined in the state's manual of criteria.

11. GOVERNOR'S REVIEW (Check One)

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☒ OTHER, AS SPECIFIED

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Mari Cantwell

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

11/8/2017

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

November 8, 2017

18. DATE APPROVED

March 27, 2017

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2018

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

For Box 11 "OTHER, AS Specified": Please note: The Governor's Office does not wish to review the State Plan Amendment.

Boxes 8 & 9: CMS made pen & ink changes to add new pages per CA's RAI response dated 1/30/18. Add'l page, "Limitations on Att. 3.1-A & 3.1-B, page 3b," added on 3/12/18 by CMS in consultation with the state via email.

STATE PLAN CHART

Limitations on Attachment 3.1-A
Page 3b

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2b. Rural Health Clinic services and other ambulatory services covered under the state plan (continued).	<p data-bbox="590 342 1297 440">9. Licensed acupuncturist who is authorized to provide acupuncture services by the State and who is acting within the scope of his/her license</p> <p data-bbox="590 477 1331 574">Audiology, chiropractic, podiatry, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ul data-bbox="642 579 1331 776" style="list-style-type: none"> <li data-bbox="642 579 1331 678">• Pregnant women, if the optional benefit is part of their pregnancy-related services or services for a condition that might complicate the pregnancy. <li data-bbox="642 683 1331 776">• Individuals who are eligible for the Early and Periodic Screening, Diagnostic and Treatment benefit. <p data-bbox="590 808 1297 867">Psychology services are covered in RHCs for all Medical beneficiaries.</p> <p data-bbox="590 894 1314 1091">The following 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, although additional services can be provided based on medical necessity: acupuncture, audiology, chiropractic, occupational therapy, podiatry, and speech therapy.</p>	

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2b. Rural Health Clinic services and other ambulatory services covered under the state plan. (Continued)	<p>Effective January 1, 2018 dental benefits are covered services under this state plan as medically necessary when prescribed by a doctor of dental surgery (dentist) authorized to practice dentistry by the State and who is acting within the scope of his/her license. 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, Diagnostic, and Treatment Program.</p> <p>Rural Health Center home nursing services are provided only to established patients of the center to ensure continuity of care. Physician services and home nursing services in those areas having a shortage of home health agencies are covered.</p>	Refer to home health services section for additional requirements.

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STATE PLAN CHART

Limitations on Attachment 3.1-A
Page 3d

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued).	<p>4. Certified Nurse Midwife (CNM) who is authorized to practice nursing and midwifery services by the State and who is acting within the scope of his/her license</p> <p>5. Visiting nurse who is authorized to practice nursing by the State and who is acting within the scope of his/her license</p> <p>6. Comprehensive Perinatal Services Program (CPSP) practitioner services</p> <p>7. Licensed clinical social worker who is authorized to practice social work services by the State and who is acting within the scope of his/her license</p> <p>8. Clinical psychologist who is authorized to practice psychology services by the State and who is acting within the scope of his/her license</p> <p>9. Licensed acupuncturist who is authorized to provide acupuncture services by the State and who is acting within the scope of his/her license</p> <p>Audiology, chiropractic, podiatry, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women, if the optional benefit is part of their pregnancy-related services or services for a condition that might complicate the pregnancy. • Individuals who are eligible for the Early and Periodic Screening, Diagnostic and Treatment benefit. <p>Psychology services are covered in FQHCs for all Medi-Cal beneficiaries.</p>	

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STATE PLAN CHART

Limitations on Attachment 3.1-A
Page 3E

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued).	<p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity: acupuncture, audiology, chiropractic, occupational therapy, podiatry, and speech therapy.</p> <p>FQHC home nursing services are provided only to established patients of the center to ensure continuity of care. Physician services and home nursing services in those areas having a shortage of home health agencies are covered.</p>	Refer to home health services section for additional requirements.

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TN No. 17-027
 Supersedes
 TN No. 13-018

Approval Date: March 27, 2018Effective Date: January 1, 2018

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>Effective January 1, 2018, pursuant to 42 U.S.C. Section 1396d(a)(10), emergency and essential diagnostic and restorative dental services are covered, based on medical necessity and subject to limitations contained in applicable state statutes, regulations, manual of criteria, and utilization controls.</p> <p>For beneficiaries 21 years of age and older, there is an \$1,800 annual benefit maximum, unless medically necessary or under the following exceptions:</p> <ul style="list-style-type: none"> • Emergency dental services • Services that are federally mandated under Part 440 (commencing with Section 440.1) of Title 42 of the Code of Federal Regulations, including pregnancy-related services and for other conditions that might complicate the pregnancy. • Dentures • Maxillofacial and complex oral surgery • Maxillofacial services, including dental implants and implant-retained prostheses. • Services provided in long-term care facilities. <p>For beneficiaries under 21 years of age, medically necessary dental services mandated by Sections 1905(a)(4)(B) and (r) of the Social Security Act (42 U.S.C. Sections 1396d(a)(4)(B) and (r), early and periodic screening, diagnostic, and treatment services are covered. Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not covered benefits.</p>	Dental services are administered through an agreement between the Medi-Cal Dental program and 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: 17-027Approval Date: March 27, 2018Effective Date: January 1, 2018

Supersedes

TN Number: 15-010

STATE PLAN CHART

Limitations on Attachment 3.1-B
Page 3b

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2b. Rural Health Clinic services and other ambulatory services covered under the state plan (continued).	<p>9. Licensed acupuncturist who is authorized to provide acupuncture services by the State and who is acting within the scope of his/her license</p> <p>Audiology, chiropractic, podiatry, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women, if the optional benefit is part of their pregnancy-related services or services for a condition that might complicate the pregnancy. • Individuals who are eligible for the Early and Periodic Screening, Diagnostic and Treatment benefit. <p>Psychology services are covered in RHCs for all Medical beneficiaries.</p> <p>The following 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, although additional services can be provided based on medical necessity: acupuncture, audiology, chiropractic, occupational therapy, podiatry, and speech therapy.</p>	

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STATE PLAN CHART

Limitations on Attachment 3.1-B
Page 3d

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
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STATE PLAN CHART

Limitations on Attachment 3.1-B

Page 15a

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