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State/Territory Name: California

State Plan Amendment (SPA) #: 17-031

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

November 22, 2017

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) 17-031, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 1, 2017. This SPA implements a one-year supplemental payment for certain dental services using California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56 Tobacco Tax) funds allocated for the 2017-18 State Fiscal Year. The supplemental payment will be for services rendered on or after July 1, 2017 through and including June 30, 2018.

The effective date of this SPA is July 1, 2017. Enclosed is the following approved SPA page that should be incorporated into your approved state plan:

- Supplement 25 to Attachment 4.19-B, page 1

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: Rene Mollow, California Department of Health Care Services (DHCS)
Alani Jackson, DHCS
Laurie Weaver, DHCS
Nathaniel Emery, DHCS
Wendy Ly, DHCS

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

1. TRANSMITTAL NUMBER

2. STATE

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

5. TYPE OF PLAN MATERIAL (*Check One*)☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

, Page 1

Supplement 25 to Attachment 4.19-B, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)None

10. SUBJECT OF AMENDMENT

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

14. TITLE

15. DATE SUBMITTED

September 1, 2017

16. RETURN TO

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

September 1, 2017

18. DATE APPROVED

November 22, 2017**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2017

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 8 and 9: Edits made by CMS per 10/5/17 state response to CMS informal questions. Box 15 edit added by CMS per email dated 11/17/17 from CA.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

One-year Supplemental Payment for Certain Dental Services for the State Fiscal Year 2017-2018

Effective for dates of services on or after July 1, 2017 through and including June 30, 2018, a supplemental payment will be applied to certain dental services in the following dental categories: restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, visits and diagnostic services.

The supplemental payment for services in these categories will be at a rate equal to 40 percent of the Dental Schedule of Maximum Allowances (SMA) reimbursed to providers who have the ability to bill for these services through the Dental Fiscal Intermediary, or Medi-Cal Dental providers who bill through the Dental Managed Care delivery system.

The SMA website link can be found here:

https://www.denti-cal.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=135.

For reference, the SMA is published in the Provider Services Handbook, Section 5, pages 5-106 through 5-126.

Dental procedures eligible for the supplemental payments are those codes published at this website link: [https://www.denti-cal.ca.gov/DC_documents/providers/provider_bulletins/Volume 33 Number 10.pdf](https://www.denti-cal.ca.gov/DC_documents/providers/provider_bulletins/Volume_33_Number_10.pdf)