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State/Territory Name: California

State Plan Amendment (SPA) #: 18-025

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

September 4, 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) 18-0025, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 29, 2018. California SPA 18-0025 makes periodontal maintenance rate adjustments and updates the Denti-Cal fee schedule effective date. This SPA also updates prior authorization language in the state plan.

The effective date of this SPA is May 16, 2018. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Limitations on Attachment 3.1-A, pages 12a.1 through 12a.6
- Limitations on Attachment 3.1-B, pages 12a.1 through 12a.6
- Attachment 4.19-B, page 20b

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

Sincerely,

/s/

Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Alani Jackson, DHCS
Carolyn Brookins, DHCS
Nathaniel Emery, DHCS
Angeli Lee, DHCS

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

1. TRANSMITTAL NUMBER

1 8 — 00 25

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

May 16, 2018

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

42 U.S.C. sec. 1396a & 42 CFR 447, Part F

7. FEDERAL BUDGET IMPACT

a. FFY ~~2018~~ 2019 ~~May 15, 2016-September 30, 2016~~ \$ ~~(750,000)~~ \$174,338
b. FFY ~~2017~~ 2019 ~~Oct 1, 2016-Sept. 30, 2017~~ \$ ~~(2,255,152)~~ \$469,121

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Limitations on Attachment 3.1-A, pages 12a.1-6
Limitations on Attachment 3.1-B, pages 12b.1-6
Attachment 4.19-B, page 20b9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)Limitations on Attachment 3.1-A, pages 12a.1-6
Limitations on Attachment 3.1-B, pages 12b.1-6
Attachment 4.19-B, page 20b

10. SUBJECT OF AMENDMENT

To formalize periodontal maintenance rate adjustments and prior authorization for dental benefits.

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 SUBMITTAL12.  STATE AGENCY OFFICIAL13. TYPED NAME
Mari Cantwell14. TITLE
State Medicaid Director15. DATE SUBMITTED
June 29, 2018

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
June 29, 201818. DATE APPROVED
September 4, 2018**PLAN APPROVED - ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL
May 16, 201820. SIGNATURE OF REGIONAL OFFICIAL
/s/21. TYPED NAME
Hye Sun Lee22. TITLE
Acting Associate 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.
Box 6: Added federal regulatory citation per DHCS agreement on 8/1/18 via reponse to CMS informal questions.
Box 7: Note that FFY18 projection is for the period of 5/16/18 - 9/30/18 per DHCS response to CMS questions dated 8/1/18.

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>6d6 Licensed Registered Dental Hygienists' services</p>	<p>All services permitted under scope of practice of a licensed Registered Dental Hygienists (RDH) as medically necessary, subject to limitations. All licensed RDHs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</p> <p>"Direct supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is required to be physically present in the treatment facility during the performance of those procedures.</p> <p>"General supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of those procedures.</p>	<p>Any procedure performed or service provided by a licensed RDH that does not specifically require direct supervision shall require general supervision so long as it does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that, if not immediately diagnosed and treated, would lead to serious disability or death.</p> <p>A licensed RDH may provide, without supervision, educational services, oral health training programs, and oral health screenings. A licensed RDH is authorized to provide and bill for treatment performed in the following settings and under the following conditions:</p> <ul style="list-style-type: none"> • In a public health program, created by federal, state, or local law; or • In a public health program, administered by a federal, state, county, or local governmental entity; and, • The licensed RDH shall also be employed by said program and must provide documentation from the public health program attesting to the licensed RDH's employment upon program enrollment.

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TN Number: 18-0025

Supersedes

TN Number: 15-005

Approval Date: September 4, 2018

Effective Date: May 16, 2018

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

Payment for Dental Services

The State developed fee schedule rates are the same for both public and private providers of dental services. Dental services are paid based on procedure codes. The agency's dental fee schedule and rate updates are published under Section 5, Manual Criteria and Schedule of Maximum Allowances, of the Medi-Cal Dental Program Provider Handbook, which was updated on May 16, 2018, and are effective for services on or after that date. The link to the Medi-Cal Dental Program Provider Handbook is as follows:

https://www.denti-cal.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=134