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State/Territory Name: California

State Plan Amendment (SPA) #: 19-028

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
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Regional Operations Group

August 14, 2019

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) 19-0028, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 21, 2019. SPA 19-0028 updates the Medicaid state plan dental benefit to clarify the provision which allows allied dental professionals to render and bill for services within their scope of practice even when those services are provided in coordination with a dentist who practices teledentistry.

The effective date of this SPA is April 1, 2019. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Limitations on Attachment 3.1-A, page 15a.1
- Limitations on Attachment 3.1-B, page 15a.1

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 covers the signature of Richard C. Allen.

Richard C. Allen
Director
Centers for Medicaid and CHIP Services
Regional Operations Group

Cc: Jacey Cooper, California Department of Health Care Services (DHCS)
Rene Mollow, DHCS
Alani Jackson, DHCS
Carolyn Brookins, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

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

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION:

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

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

and 1905(a) of the Social Security Act

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

10. SUBJECT OF AMENDMENT

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

12. SIGNATURE OF STATE AGENCY OFFICIAL

16. RETURN TO

14. TITLE

15. DATE SUBMITTED

FOR REGIONAL OFFICE USE ONLY17. DATE RECEIVED
June 21, 201918. DATE APPROVED
August 14, 2019**PLAN APPROVED - ONE COPY ATTACHED**19. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME
Richard C. Allen22. TITLE
Director, Centers for Medicaid & CHIP Services, Regional Operations
Group

23. REMARKS

Boxes 8-9: CMS pen and ink change to delete "Section 3" reference made on 7/31/19.
Box 6: CMS pen and ink change to add federal statutory reference made on 7/31/19.

STATE PLAN CHART

Limitations on Attachment 3.1-A
Page 15a.1

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
10 Dental Services (continued)	<p>For eligible beneficiaries 21 years of age and older (non--EPSDT), a \$1,800 annual benefit limit applies, although this limit can be exceeded based on medical necessity through prior authorization. The following are exceptions to the limit</p> <ul style="list-style-type: none"> • Emergency dental services • Services including pregnancy-related services and for other conditions that might complicate the pregnancy • Dentures • Dental implants and implant-retained prostheses. <p>Effective July 1, 2015, under California law, Medi-Cal enables providers to practice teledentistry by store and forward, which is defined as the transmission of medical information to be reviewed at a later time by a licensed health care provider at a distant site.</p> <p>Certain dental services outlined in the Denti-Cal Manual of Criteria, are covered when provided through synchronous or asynchronous transmission, regardless of beneficiary age. Services provided through either synchronous transmission, also known as live transmissions, are permitted only as a covered benefit when requested by a beneficiary.</p>	<p>Allied dental professionals, such as Registered Dental Hygienists in Alternative Practice, under their scope of practice, may render limited services via teledentistry so long as such services are appropriately rendered under the general supervision of a licensed dentist.</p> <p>Teledentistry may only be billed by a licensed and enrolled billing dentist that either 1) exercises general supervision over the allied dental professional who rendered the service, or 2) independently rendered the service.</p> <p>Teledentistry is limited to services provided either via synchronous or asynchronous transmissions.</p> <p>Synchronous, or live, transmission, services are limited to ninety (90) minutes per beneficiary, per provider, per day. Live transmissions are only covered when rendered at beneficiary request as a result of a teledentistry encounter or asynchronous transmission.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN Number: 19-0028
Supersedes
TN Number: 15-010

Approval Date: August 14, 2019

Effective Date: April 1, 2019

STATE PLAN CHART

Limitations on Attachment 3.1-B
Page 15a.1

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
10 Dental Services (continued)	<p>For eligible beneficiaries 21 years of age and older (non--EPSDT), a \$1,800 annual benefit limit applies, although this limit can be exceeded based on medical necessity through prior authorization. The following are exceptions to the limit</p> <ul style="list-style-type: none"> • Emergency dental services • Services including pregnancy-related services and for other conditions that might complicate the pregnancy • Dentures • Dental implants and implant-retained prostheses. <p>Effective July 1, 2015, under California law, Medi-Cal enables providers to practice teledentistry by store and forward, which is defined as the transmission of medical information to be reviewed at a later time by a licensed health care provider at a distant site.</p> <p>Certain dental services outlined in the Denti-Cal Manual of Criteria, are covered when provided through synchronous or asynchronous transmission, regardless of beneficiary age. Services provided through either synchronous transmission, also known as live transmissions, are permitted only as a covered benefit when requested by a beneficiary.</p>	<p>Allied dental professionals, such as Registered Dental Hygienists in Alternative Practice, under their scope of practice, may render limited services via teledentistry so long as such services are appropriately rendered under the general supervision of a licensed dentist.</p> <p>Teledentistry may only be billed by a licensed and enrolled billing dentist that either 1) exercises general supervision over the allied dental professional who rendered the service, or 2) independently rendered the service.</p> <p>Teledentistry is limited to services provided either via synchronous or asynchronous transmissions.</p> <p>Synchronous, or live, transmission, services are limited to ninety (90) minutes per beneficiary, per provider, per day. Live transmissions are only covered when rendered at beneficiary request as a result of a teledentistry encounter or asynchronous transmission</p>
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