

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 20-0015

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
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

June 11, 2020

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: TN 20-0015

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-20-0015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 23, 2020. This SPA, effective March 14, 2020, allows supplemental payments using funds from the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56 (Prop. 56)) for Current Dental Terminology (CDT) dental code set updates as proposed in SPA 20-0014, in alignment with current dental industry and federal code standards. SPA 20-0014 proposes to update existing CDT codes eligible for Prop. 56 supplemental payments with new CDT codes; therefore, this SPA will update the Prop. 56 funding applicable to the replacement CDT codes.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 14, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 415-744-3754 or blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 0 — 0 0 15

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

March 14, 2020

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 C.F.R. Part 447, Subpart F

7. FEDERAL BUDGET IMPACT

a. FFY 2020 (March-Sept.) \$ (1,184,593.00)

b. FFY 2021 \$ (4,061,463.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 25 to Attachment 4.19-B, Page 1 **and 2**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Supplement 25 to Attachment 4.19-B, Page 1

10. SUBJECT OF AMENDMENT

CURRENT DENTAL TERMINOLOGY (CDT) CODE SET UPDATE FOR PROCEDURES RECEIVING
SUPPLEMENTAL PAYMENTS FROM PROPOSITION 56 FUNDS

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

[Redacted Signature]

16. RETURN TO

Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

13. TYPED NAME

Jacey Cooper

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

March 23, 2020

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

18. DATE APPROVED

06/11/20

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

03/14/20

20. SIGNATURE OF REGIONAL OFFICIAL

[Redacted Signature]

21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

Extend the Time Limited Proposition 56 Supplemental Payments for Certain Dental Services

The Medi-Cal Dental Program will continue to provide time-limited supplemental payments, applied to certain dental services in the following dental categories: restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, visits and diagnostic services for dates of service for the period of July 1, 2019 through March 13, 2020, and updated eligible procedure codes for dates of service March 14, 2020 through December 31, 2021.

These supplemental payment rates for the existing categories stated above will be between 20-60 percent of the Dental Schedule of Maximum Allowances (SMA), unless a proposed change to the procedure code is identified in the table referenced below.

For the previously identified top 26 utilized dental services, including general anesthesia, periodontal and orthodontia, the supplemental payments will continue to either reflect a specific dollar increase per the identified code or will be a percentage increase above the existing Medi-Cal SMA rate.

The table reflecting the supplemental payments in effect on July 1, 2019 and updated on March 14, 2020 for the procedure codes that are eligible for the dental supplement payments can be found at this website:

<https://www.dhcs.ca.gov/services/Documents/MDSD/Prop%2056/Prop56DentalFY1921Codes.pdf>

The supplemental payment for services in these categories will be 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 and supplemental payment will be issued together on a claim line basis. The supplemental payments will be issued for the specified codes for dates of service during the period of July 1, 2019 through March 13, 2020 and updated eligible procedure codes for dates of service from March 14, 2020 through December 31, 2021.

The SMA website link can be found here:

https://www.denti-cal.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=240

For reference, the SMA is published in the Provider Services Handbook, Section 5, pages 5-106 through 5-126. This supplemental program makes no change to the underlying fee schedule rates.

TN 20-0015
Supersedes
TN None

Approval Date: June 11,2020 Effective Date: March 14, 2020