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State/Territory Name: California

State Plan Amendment (SPA) #: 21-0030

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

November 19, 2021

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 21-0030

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-21-0030, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 18, 2021. This SPA, effective January 1, 2022, continues Prop. 56 supplemental payments for certain dental services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. 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 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

A 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 1 — 0 0 30

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, 2022

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 C.F.R. Part 447, Subpart F

7. FEDERAL BUDGET IMPACT

a. FFY 2022 \$ 214,329 (in thousands)

b. FFY 2023 \$ 285,772 (in thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 25 to Attachment 4.19-B, Page 1

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Continuation of Proposition 56 Supplemental Payments for Certain Dental Services

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

Jacey Cooper

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

October 18, 2021

16. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

October 18, 2021

18. DATE APPROVED

November 19, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2022

20. SIGNATURE OF REGIONAL OFFICIAL

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

Continuation of Proposition 56 Supplemental Payments for Certain Dental Services

The Medi-Cal Dental Program provides supplemental payments for certain dental services in the following dental categories: visits and diagnostics, preventive, restorative, endodontic, periodontic, prosthetic, oral and maxillofacial surgery, orthodontic, and adjunctive services for dates of service effective January 1, 2022.

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 rates in effect on July 1, 2019, March 14, 2020, and updated on October 1, 2021, 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/Prop-56-Dental-FY19-Codes.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 payments will be issued together on a claim line basis. The supplemental payments will be issued for the specified codes for dates of service effective January 1, 2022.

For reference, the SMA is published in the Provider Services Handbook, Section 5, pages 5-106 through 5-126. The SMA website link can be found here:

https://dental.dhcs.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=136