Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 22-0044

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
August 5, 2022

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: California State Plan Amendment (SPA) 22-0044

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) California 22-0044. This amendment proposes to expand the list of providers who can prescribe physical therapy to include physicians and other licensed practitioners of the healing arts within their scope of practice under state law, as authorized by federal regulations.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.130(c) and 42 CFR 440.110(a). This letter is to inform you that California Medicaid SPA 22-0044 was approved on August 5, 2022, with an effective date of July 1, 2022.

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

Sincerely,

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Lisa Murawski, DHCS
Michelle Tamai, DHCS
Angeli Lee, DHCS
## Transmittal and Notice of Approval of State Plan Material

**For: Centers for Medicare & Medicaid Services**

<table>
<thead>
<tr>
<th>1. Transmittal Number</th>
<th>2. State</th>
</tr>
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<tbody>
<tr>
<td>22-0044</td>
<td>CA</td>
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</table>

**To:** Center Director  
Centers for Medicaid & CHIP Services  
Department of Health and Human Services

**Program Identification: Title of the Social Security Act**  
SSI/SSDI

**Proposed Effective Date**  
July 1, 2022

**Federal Statute/Regulation Citation**  
42 CFR 440.60 and 42 CFR 440.110(a)

**Federal Budget Impact (Amounts in Whole Dollars)**

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Impact</th>
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<tr>
<td>2022</td>
<td>$0</td>
</tr>
<tr>
<td>2023</td>
<td>$0</td>
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**Page Number of the Plan Section or Attachment**  
Limitations on Attachment 3.1-A and 3.1-B, Page 16

**Page Number of the Superseded Plan Section or Attachment**  
Limitations on Attachment 3.1-A and 3.1-B, Page 16

**Subject of Amendment**

To expand the list of providers who can prescribe physical therapy.

**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

**Signature of State Agency Official**

Jacey Cooper  
State Medicaid Director

**Typed Name**

Jacey Cooper

**Title**

State Medicaid Director

**Date Submitted**

June 23, 2022

**Date Received**

June 23, 2022

**Date Approved**

August 5, 2022

**Effective Date of Approved Material**

July 1, 2022

**Typed Name of Approving Official**

Ruth A. Hughes

**Title of Approving Official**

Acting Director, Division of Program Operations

**Remarks**

Box 5: CMS pen and ink change to add federal regulatory citation for physical therapy per email with CA DHCS dated 8/2/2022.

instructions on back
<table>
<thead>
<tr>
<th>TYPE OF SERVICE</th>
<th>PROGRAM COVERAGE**</th>
<th>PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*</th>
</tr>
</thead>
<tbody>
<tr>
<td>11a. Physical Therapy</td>
<td>Physical therapy is covered for the restoration, maintenance, and acquisition of skills only when prescribed by a physician or other licensed practitioner of the healing arts within their scope of practice. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.</td>
<td>All physical therapy services are subject to prior authorization.</td>
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<td>Outpatient physical therapy provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.</td>
<td>Services must be performed by providers who meet the applicable qualification requirements as defined for physical therapy in 42 CFR Section 440.110(a), licensed and within their scope of practice under state law.</td>
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<td>In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.</td>
<td>More than one evaluation visit in a certified rehabilitation center within a six-month period requires prior authorization.</td>
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* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.
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