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

March 17, 2016

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) 15-034. This SPA was submitted to my office on December 23, 2015. This SPA updates existing state plan language for EPSDT prevention and wellness services to be consistent with the Essential Health Benefit 09 description in the Alternative Benefit Plan (ABP).

The effective date of this SPA is October 1, 2015. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Limitations to Attachment 3.1-A, pages 8.6 and 18a
- Limitations to Attachment 3.1-B, pages 8.6 and 18a

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

Sincerely,

/s/

Kristin Dillon
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Cynthia Owens, California Department of Health Care Services
Jim Elliott, California Department of Health Care Services
Nathaniel Emery, California Department of Health Care Services

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **15-034**

2. STATE: CA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2015

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 USC 1396(a)(4) and (13), (r)

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 $0
b. FFY 2017 $0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Limitations on Attachment 3.1-A, Item 4b, page 8.6
Limitations on Attachment 3.1-A, Item 13c, page 18a
Limitations on Attachment 3.1-B, Item 4b, pages 8.6
Limitations on Attachment 3.1-B, Item 13c, page 18a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Limitations on Attachment 3.1-A, Item 13c, page 18a
Limitations on Attachment 3.1-B, Item 13c, page 18a

10. SUBJECT OF AMENDMENT:
Technical amendment to update language relating to EPSDT and preventive and wellness services.

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:
The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Mari Cantwell

14. TITLE:
Chief Deputy Director
Health Care Programs
State Medicaid Director

15. DATE SUBMITTED:

16. RETURN TO:

Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, MS 4506
P.O. Box 997417
Sacramento, CA 95899-7417

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

18. DATE APPROVED:

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
4b Early and periodic screening, diagnostic, and treatment (EPSDT) services	Covered for an eligible Medi-Cal beneficiary under age 21. Includes, at a minimum, a broad range of preventive services including “A” or “B” services recommended by the United States Preventive Services Task Force (USPSTF); Advisory Committee on Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants and children recommended by Health Resources and Services Administration’s (HRSA) Bright Futures program/project; and additional preventive services for women as recommended by the Institute of Medicine (IOM). Screening services may also be provided on an interperiodic basis based on medical necessity. The State ensures EPSDT services comply with requirements in 1905(r) of the Social Security Act.	Prior authorization is not required.

*Prior authorization is not required for emergency services.
**Coverage is limited to medically necessary services.

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
12d. Eyeglasses and other eye applicances	Covered as medically necessary on the written prescription of a physician or an optometrist under this state plan only for the following beneficiaries: • Pregnant women, if eyeglasses or other eye appliances are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. • Individuals who are eligible for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.	Prior authorization is required for low vision devices when the billed amounts are over $100 and for contact lenses when medically indicated for conditions such as aphakia, keratoconus, anisometropia, or when facial pathology or deformity preclude the use of eyeglasses. Prior authorization is required for ophthalmic lenses and frames that cannot be supplied by the fabricating optical laboratory.
13a. Diagnostic Services	Covered under this state plan only for the EPSDT benefit.	
13b. Screening Services	Covered under this state plan only for the EPSDT benefit.	
13c. Preventive Services	Includes, at a minimum, a broad range of preventive services including “A” or “B” services recommended by the United States Preventive Services Task Force (USPSTF); Advisory Committee on Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants, children, and adults recommended by Health Resources and Services Administration’s (HRSA) Bright Futures program/project; and additional preventive services for women as recommended by the Institute of Medicine (IOM). Services are provided and covered by a physician or other licensed practitioner within the scope of his or her practice under State law and are reimbursed according to the methodologies for those services in that portion of the state plan.	Prior authorization is not required and services are exempt from cost sharing in accordance with ACA Section 4106. The State assures the availability of documentation to support the claiming of federal reimbursement for these services. The State assures that the benefit package will be updated as changes are made to USPSTF, ACIP, and IOM recommendations, and that the State will update the coverage and billing codes to comply with these revisions.

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