

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

APR 29 2014

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 13-018. SPA 13-018 was submitted to my office on December 30, 2013 to restore certain optional adult dental services. The effective date of this SPA is May 1, 2014.

Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Limitations to Attachment 3.1-A, page 3B
- Limitations to Attachment 3.1-A, page 3B.1
- Limitations to Attachment 3.1-A, page 3D
- Limitations to Attachment 3.1-A, page 3E
- Limitations to Attachment 3.1-A, page 15
- Limitations to Attachment 3.1-A, page 15a
- Limitations to Attachment 3.1-A, page 15a.1
- Limitations to Attachment 3.1-B, page 3B
- Limitations to Attachment 3.1-B, page 3B.1
- Limitations to Attachment 3.1-B, page 3D
- Limitations to Attachment 3.1-B, page 3E
- Limitations to Attachment 3.1-B, page 15
- Limitations to Attachment 3.1-B, page 15a
- Limitations to Attachment 3.1-B, page 15a.1

The Department of Health Care Services (DHCS) will notify beneficiaries and providers of the services covered under the newly restored dental benefit. This benefit includes an annual service utilization limit of \$1800 that can be exceeded when medically necessary ("soft cap"). Within one week from today, DHCS will issue a provider notice to inform providers of the new soft cap status, and to instruct providers how to exceed the soft cap with prior authorization. By July 1, 2014, DHCS will issue a beneficiary notice to make beneficiaries aware of the new soft cap and an additional provider notice.

As you know, California is currently addressing significant issues with delivering dental services to Medicaid-enrolled children. We expect further improvement in children's utilization following the re-procurement of your dental contract, including development and implementation of a risk-based caries prevention and disease management approach, and we will continue to partner closely with you on this endeavor. To address nearer-term access concerns raised by the fact that after May 1, 2014 several million adults also will be eligible for Medicaid dental benefits, which could put pressure on participating provider capacity, CMS will work closely with you to monitor access for both children and adults to assure that participating dental provider capacity is sufficient to serve the covered population.

We ask that starting November 1, 2014, DHCS monitor quarterly, using the CMS 416 methodology, the proportion of children in each age grouping receiving a service on lines 12a, b, d, and e, for the preceding quarter, e.g. July 1, 2014 – September 30, 2014. This will allow the state to quickly identify any decreases

in children's dental utilization rates and to consider actions to reverse the declines. Options include selectively raising children's dental services reimbursement rates in the specific counties showing declines, and collaboration in targeted areas with MCOs to increase oral health services provided by non-dentists. CMS will review adult utilization and other relevant data that may be available as you roll out this adult benefit.

If you have any questions, please contact Tyler Sadwith by phone at (415) 744-3563 or by email at tyler.sadwith@cms.hhs.gov.

Sincerely,

Original Signed By
Originally Signed By

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Andrew McCray, California Department of Health Care Services
Jon Chin, California Department of Health Care Services
Nathaniel Emery, California Department of Health Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: <p style="text-align:center;">13-018</p>	2. STATE <p style="text-align:center;">CA</p>
FOR: HEALTH CARE FINANCING ADMINISTRATION	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 May 1, 2014	

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 U.S.C. § 1396d(a)(10)	7. FEDERAL BUDGET IMPACT: a. FFY-2014 \$ 47,878,000 b. FFY 2015 \$162,051,000
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Limitations on Attachment 3.1-A, pages 3B, 3B.1, 3D, 3E, 15, 15A, 45B -15a.1 Limitations on Attachment 3.1-B, pages 3B, 3B.1, 3D, 3E, 15, 15A, 45B -15a.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Limitations on Attachment 3.1-A, pages 3B, 3D, 3E, 15, 15A, 45B Limitations on Attachment 3.1-B, pages 3B, 3D, 3E, 15, 15A, 45B

10. SUBJECT OF AMENDMENT:

Restore Medi-Cal Adult Dental Benefits

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 OTHER, AS SPECIFIED:
 The Governor's Office does not wish to review the State Plan Amendment.
- COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: ORIGINAL SIGNED BY	Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, MS 4506, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417
13. TYPED NAME: Toby Douglas	
14. TITLE: Director	
15. DATE SUBMITTED: 12/30/13	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: December 30, 2013	18. DATE APPROVED: April 29, 2014
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: May 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: Original Signed By
21. TYPED NAME: Gloria Nagle, Ph.d, MPA	22. TITLE: Associate Regional Administrator

23. REMARKS:

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2b. Rural Health Clinic services and other ambulatory services covered under the state plan.	<p>Acupuncture, audiology, chiropractic, podiatry, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women, if the optional benefit is part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. 2. Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program <p>Psychology services are covered in RHCs for all Medi-Cal beneficiaries.</p> <p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 regarding psychology services.</p> <p>Federally required adult dental services are covered in RHCs for all Medi-Cal beneficiaries.</p>	

* 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*
<p>2b. Rural Health Clinic services and other ambulatory services covered under the state plan. (Continued)</p>	<p>In addition to the Federally required adult dental services, dental benefits for adults are limited to the following medically necessary services: Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures once every five years) and complete denture adjustments, repairs and relines. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits under the Early and Periodic Screening Diagnosis and Treatment Program.</p> <p>Rural Health Center home nursing services are provided only to established patients of the center to ensure continuity of care. Physician services and home nursing services in those areas having a shortage of home health agencies are covered.</p>	<p>Refer to home health services section for additional requirements.</p>

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STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE **	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued).</p>	<p>4. Certified Nurse Midwife (CNM) who is authorized to practice nursing and midwifery services by the State and who is acting within the scope of his/her license</p> <p>5. Visiting nurse who is authorized to practice nursing by the State and who is acting within the scope of his/her license</p> <p>6. Comprehensive Perinatal Services Program (CPSP) practitioner services</p> <p>7. Licensed clinical social worker services who is authorized to practice social work services by the State and who is acting within the scope of his/her license</p> <p>8. Clinical psychologist who is authorized to practice psychology services by the State and who is acting within the scope of his/her license</p> <p>Acupuncture, audiology, chiropractic, podiatry, speech therapy, are covered optional benefits only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women if the optional benefit is part of their pregnancy-related services or for services to treat a condition that might complicate the pregnancy. 2. Individual who is an eligible beneficiary under the Early and Periodic Screening Diagnosis and Treatment Program <p>Psychology services are covered in FQHCs for all Medi-Cal beneficiaries.</p>	

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TN No. 13-018

Supersedes

TN No. 13-008

Approval Date: April 29, 2014

Effective Date: May 1, 2014

TYPE OF SERVICE	PROGRAM COVERAGE **	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued).	<p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 regarding psychology services.</p> <p>Federally required adult dental services are covered in FQHCs for all Medi-Cal beneficiaries.</p> <p>In addition to the Federally required adult dental services, dental benefits for adults are limited to the following medically necessary services: Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures once every five years) and complete denture adjustments, repairs and relines. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits under the Early and Periodic Screening, Diagnosis, and Treatment Program.</p> <p>FQHC home nursing services are provided only to established patients of the center to ensure continuity of care. Physician services and home nursing services in those areas having a shortage of home health agencies are covered.</p>	Refer to home health services section for additional requirements.

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Supersedes
TN No. 13-008

Approval Date: April 29, 2014

Effective Date: May 1, 2014

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
7d Physical and occupational therapy, speech therapy and audiology services provided by a home health agency.	See 11. The monthly two-visit combination limit described in Item 11 does not apply to therapies provided in the home health setting	See 11.
8 Special duty nursing services.	Not covered	
9 Clinic services.	<p>Clinic services are covered under this state plan. Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. Clinic services include outpatient heroin or other opioid detoxification services. Services shall be furnished at the clinic by or under the direction of a physician or dentist.</p> <p>Acupuncture, audiology, chiropractic, incontinence creams and washes, optometry, podiatry, psychology, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women, if the optional benefit is 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, Diagnosis and Treatment Program. 	<p>Refer to appropriate service section for prior authorization.</p> <p>Narcotic Treatment Programs pursuant to federal and state regulations are the only facilities that may administer methadone for heroin or other opioid detoxification services. Other narcotic drugs permitted by federal law may be used for outpatient heroin or other opioid detoxification services at any outpatient clinic or physician office setting where the medical staff has appropriate state and federal certification for treatment of opioid dependence outside of Narcotic Treatment Programs. Refer to type of service "5a Physician Services" for prior authorization and other requirements for outpatient heroin or other opioid detoxification services.</p>

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Supersedes
TN No. 13-008

Approval Date: April 29, 2014

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TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
9 Clinic Services (continued)	<p>The following services are subject to a two-services limit in any one calendar month or any combination of two services per month, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.</p> <p>Effective January 1, 2014, psychology services are available to all Medi-Cal beneficiaries and the two-visit limit does not apply. See Item 6d.1 regarding psychology services.</p>	<p>Dental services are administered through a contract with the Medi-Cal Dental Fiscal Intermediary (Dental FI). On behalf of the state, the Dental FI approves and provides payment for covered dental services performed by an enrolled dental provider. Prior authorization is required in general for crowns (except stainless steel crowns), root canal treatments, treatment of periodontal disease, dentures, implants, some complex oral surgical procedures, and orthodontic treatment. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</p>
10 Dental services	<p>Dental benefits for adults are limited to the following medically necessary services: Examination, radiographs/photographic images, prophylaxis, fluoride treatments, amalgam and composite restorations, stainless steel, resin, and resin window crowns, anterior root canal therapy, complete dentures (including immediate dentures once every five years) and complete denture adjustments, repairs and relines. Additional services may be covered when medically necessary for pregnant individuals or individuals under age 21 who are eligible for benefits under the Early and Periodic Screening, Diagnosis, and Treatment Program.</p> <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p>	

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TN No. 13-018
Supersedes
TN No. 13-008

Approval Date: April 29, 2014

Effective Date: May 1, 2014

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS
	<p>For eligible beneficiaries 21 years of age and older (non-EPSDT), an \$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. 	

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