

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**

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September 4, 2018

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) 18-0025, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 29, 2018. California SPA 18-0025 makes periodontal maintenance rate adjustments and updates the Denti-Cal fee schedule effective date. This SPA also updates prior authorization language in the state plan.

The effective date of this SPA is May 16, 2018. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Limitations on Attachment 3.1-A, pages 12a.1 through 12a.6
- Limitations on Attachment 3.1-B, pages 12a.1 through 12a.6
- Attachment 4.19-B, page 20b

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).

Sincerely,

/s/

Hye Sun Lee  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosures

cc: Rene Mollow, California Department of Health Care Services (DHCS)  
Alani Jackson, DHCS  
Carolyn Brookins, DHCS  
Nathaniel Emery, DHCS  
Angeli Lee, DHCS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>1 8 - 00 2 5</u>	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 May 16, 2018
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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. sec. 1396a & 42 CFR 447, Part F	7. FEDERAL BUDGET IMPACT a. FFY <del>2018</del> <sup>2018</sup> <del>Oct 1, 2018 - Sept 30, 2018</del> <sup>September 30, 2018</sup> \$ <del>(159,939)</del> \$174,338 b. FFY <del>2019</del> <sup>2019</sup> <del>Oct 1, 2018 - Sept 30, 2017</del> <sup>Sept 30, 2017</sup> \$ <del>(2,255,152)</del> \$469,121
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Limitations on Attachment 3.1-A, pages 12a.1-6 Limitations on Attachment 3.1-B, pages 12b.1-6 Attachment 4.19-B, page 20b	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Limitations on Attachment 3.1-A, pages 12a.1-6 Limitations on Attachment 3.1-B, pages 12b.1-6 Attachment 4.19-B, page 20b
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10. SUBJECT OF AMENDMENT  
To formalize periodontal maintenance rate adjustments and prior authorization for dental benefits.

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

ORIGINAL SIGNED  Mari Cantwell	16. RETURN TO Department of Health Care Services ATTN: State Plan Coordinator 1501 Capitol Avenue, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417
14. TITLE State Medicaid Director	
15. DATE SUBMITTED June 29, 2018	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED June 29, 2018	18. DATE APPROVED September 4, 2018
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL May 16, 2018	20. SIGNATURE OF REGIONAL OFFICIAL /s/
21. TYPED NAME Hye Sun Lee	22. TITLE Acting Associate Administrator, Division of Medicaid & Children's Health Operations

23. REMARKS  
For Box 11 "OTHER, AS Specified": Please note: The Governor's Office does not wish to review the State Plan Amendment.  
Box 6: Added federal regulatory citation per DHCS agreement on 8/1/18 via reponse to CMS informal questions.  
Box 7: Note that FFY18 projection is for the period of 5/16/18 - 9/30/18 per DHCS response to CMS questions dated 8/1/18.

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d6	Licensed Registered Dental Hygienists' services	<p>All services permitted under scope of practice of a licensed Registered Dental Hygienists (RDH) as medically necessary, subject to limitations. All licensed RDHs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</p> <p>"Direct supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is required to be physically present in the treatment facility during the performance of those procedures.</p> <p>"General supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of those procedures.</p>	<p>Any procedure performed or service provided by a licensed RDH that does not specifically require direct supervision shall require general supervision so long as it does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that, if not immediately diagnosed and treated, would lead to serious disability or death.</p> <p>A licensed RDH may provide, without supervision, educational services, oral health training programs, and oral health screenings. A licensed RDH is authorized to provide and bill for treatment performed in the following settings and under the following conditions:</p> <ul style="list-style-type: none"> <li>• In a public health program, created by federal, state, or local law; or</li> <li>• In a public health program, administered by a federal, state, county, or local governmental entity; and,</li> <li>• The licensed RDH shall also be employed by said program and must provide documentation from the public health program attesting to the licensed RDH's employment upon program enrollment.</li> </ul>

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6d6 Licensed Registered Dental Hygienists' services (continued)		<p>All licensed RDHs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. All licensed RDHs shall provide documentation of an existing relationship with at least one program enrolled dentist for referral, consultation, and emergency services upon program enrollment.</p> <p>Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Services provided by a licensed RDH that are a benefit of the Medi-Cal Dental program and are permitted by the state statutes and regulations are covered.</p> <p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). On behalf of the state, the Dental contractor(s) shall approve and provide payment for covered dental services performed by an enrolled dental provider. The Medi-Cal Dental Manual of Criteria identifies which services require prior authorization requirements for the above-mentioned services including RDHs. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</p>

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TN Number: 18-0025  
 Supersedes  
 TN Number: 15-005

Approval Date: September 4, 2018

Effective Date: May 16, 2018



STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-B

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d6	Licensed Registered Dental Hygienists' services	<p>All services permitted under scope of practice of a licensed Registered Dental Hygienists (RDH) as medically necessary, subject to limitations. All licensed RDHs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</p> <p>"Direct supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is required to be physically present in the treatment facility during the performance of those procedures.</p> <p>"General supervision" means the supervision of dental procedures based on instructions given by a licensed dentist who is not required to be physically present in the treatment facility during the performance of those procedures.</p>	<p>Any procedure performed or service provided by a licensed RDH that does not specifically require direct supervision shall require general supervision so long as it does not give rise to a situation in the dentist's office requiring immediate services for alleviation of severe pain, or immediate diagnosis and treatment of unforeseeable dental conditions that, if not immediately diagnosed and treated, would lead to serious disability or death.</p> <p>A licensed RDH may provide, without supervision, educational services, oral health training programs, and oral health screenings. A licensed RDH is authorized to provide and bill for treatment performed in the following settings and under the following conditions:</p> <ul style="list-style-type: none"> <li>• In a public health program, created by federal, state, or local law; or</li> <li>• In a public health program, administered by a federal, state, county, or local governmental entity; and,</li> <li>• The licensed RDH shall also be employed by said program and must provide documentation from the public health program attesting to the licensed RDH's employment upon program enrollment.</li> </ul>

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TN Number: 18-0025  
 Supersedes  
 TN Number: 15-005

Approval Date: September 4, 2018

Effective Date: May 16, 2018

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: CALIFORNIA

**Payment for Dental Services**

The State developed fee schedule rates are the same for both public and private providers of dental services. Dental services are paid based on procedure codes. The agency's dental fee schedule and rate updates are published under Section 5, Manual Criteria and Schedule of Maximum Allowances, of the Medi-Cal Dental Program Provider Handbook, which was updated on May 16, 2018, and are effective for services on or after that date. The link to the Medi-Cal Dental Program Provider Handbook is as follows:

[https://www.denti-cal.ca.gov/DC\\_documents/providers/provider\\_handbook/handbook.pdf#page=134](https://www.denti-cal.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=134)