



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

September 28, 2021

Mr. James G. Scott, Director
Centers for Medicare and Medicaid Services
Medicaid and CHIP Operations Group
Division of Program Operations
601 East 12th Street, Suite 0300
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 21-0019: CALAIM DENTAL INITIATIVES –
SUPPLEMENTAL PAYMENTS ON CERTAIN PREVENTIVE DENTAL
SERVICES/ANNUAL DENTAL EXAM SERVICES, AND NEW DENTAL BENEFITS
STATEWIDE

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 21-0019 for your review and approval. SPA 21-0019 proposes to update Attachment 4.19-B, Page 20b, to add pages 4.1-4.4 to Attachment 4.19-B, to add pages 6Z.1-6Z.3 to Supplement 6 to Attachment 4.19-B, and to add Supplement 37 to Attachment 4.19-B. The proposed SPA would authorize pay-for-performance (supplemental) payments for select preventive dental services and dental exam services, and authorize new Caries Risk Assessment (CRA) and Silver Diamine Fluoride (SDF) dental benefits associated with the California Advancing and Innovating Medi-Cal (CalAIM) Initiative. DHCS proposes this SPA to take effect on January 1, 2022.

The policy changes will be implemented in the California Dental Medicaid Management Information System (CD-MMIS) by December 31, 2021, and payments will be made beginning in January 1, 2022. The specific codes eligible for supplemental payments, and those associated with the two new dental benefits, are listed in DHCS' August 6, 2021 public notice, which was available on DHCS' website for public comment until September 6, 2021.

The following documents are enclosed with this SPA 21-0019 submission:

- CMS 179 Form
- Public Notice

Mr. James G. Scott
Page 2
September 28, 2021

- Tribal Notice
- Attachment 4.19-B, Page 20b (clean)
- Attachment 4.19-B, Page 20b (redline)
- Supplement 37 to Attachment 4.19-B (clean)
- Supplement 37 to Attachment 4.19-B (redline)
- Attachment 4.19-B, Pages 6Z.1-6Z.3 (clean)
- Attachment 4.19-B, Pages 6Z.1-6Z.3 (redline)
- Supplement 6 to Attachment 4.19-B, Pages 4.1-4.4 (clean)
- Supplement 6 to Attachment 4.19-B, Pages 4.1-4.4 (redline)
- Responses to the Standard Medicaid Funding Questions

If you have any questions and/or need additional information, please contact Carolyn Brookins, Assistant Chief, Medi-Cal Dental Services Division, at (916) 345-8628 or by email at Carolyn.Brookins@dhcs.ca.gov.

Sincerely,



Jacey Cooper
State Medicaid Director
Chief Deputy Director
Health Care Programs

Enclosures

cc: René Mollow, MSN, RN
Deputy Director
Health Care Benefits and Eligibility
Department of Health Care Services
Rene.Mollow@dhcs.ca.gov

Alani Jackson, Chief
Medi-Cal Dental Services Division
Department of Health Care Services
Alani.Jackson@dhcs.ca.gov

Carolyn Brookins
Assistant Chief
Medi-Cal Dental Services Division
Department of Health Care Services
Carolyn.Brookins@dhcs.ca.gov

Aaron Toyama
Senior Advisor
Health Care Programs
Department of Health Care Services
Aaron.Toyama@dhcs.ca.gov

Saralyn M. Ang-Olson, JD, MPP
Chief Compliance Officer
Office of Compliance
Department of Health Care Services
Saralyn.Ang-Olson@dhcs.ca.gov

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION:

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

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

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT

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

12. SIGNATURE OF STATE AGENCY OFFICIAL

16. RETURN TO

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED
September 28, 2021

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

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY
State: California

- S. ALTERNATE PAYMENT METHODOLOGY (APM) for payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) for select dental preventive services and select annual dental exam services.
- a. The APM for select dental preventive services and select annual dental exam services will consist of the Prospective Payment System (PPS) rate or applicable APM for the visit with the associated eligible screening service and a separate supplemental incentive payment for select dental preventive and annual dental exam services. FQHCs and RHCs must agree to receive the APM, which will not be less than the PPS rate. The supplemental incentive payments will be available at the fee-for-service rate and will not impact the reconciliation of the applicable PPS rate. FQHCs and RHCs will not put their PPS rate reimbursement at risk by failing to qualify for the supplemental incentive payment.

FQHCs and RHCs furnishing dental services are only eligible to receive the supplemental payments for select preventive dental services one time per date of service, and pursuant to the treatment frequencies established in the Medi-Cal Dental Manual of Criteria. FQHCs and RHCs are eligible to receive the supplemental payments for select annual dental exam codes once annually per beneficiary. The formula will be calculated as follows:

Select Preventive and Annual Dental Exam Services APM =
[Applicable Office Visit PPS or Office Visit APM for the visit associated with the eligible service] + [Select Dental Preventive Service or Select Annual Dental Exam Service Supplemental Incentive Payment]

b. Eligible Services:

i. Preventive services Current Dental Terminology (CDT) codes
(children under age 21):

- D1120
- D1206
- D1208
- D1351
- D1352
- D1510
- D1516
- D1517
- D1526
- D1527
- D1551
- D1552
- D1553
- D1556
- D1557
- D1558
- D1575

Preventive services CDT codes (adults age 21 and over):

- D1320
- D1999

ii. Dental exam services CDT codes (all ages)

- D0120
- D0145
- D0150

c. APM Effective Dates:

i. Dates of service effective January 1, 2022.

d. Billing Requirements: In order to bill the select dental services supplemental incentive payment portion of the APM, Current Dental Terminology (CDT) codes listed on Supplement 37 to Attachment 4.19-B, Page 1, must be used and the provider will be reimbursed the corresponding supplemental incentive payment amount for that code.

- i. For select preventive dental services, the supplemental incentive payment amount is calculated at 75% of the standard fee-for-service rate. DHCS' dental fee schedule and rates updates are published under Section 5, Manual of Criteria and Schedule of Maximum Allowances (SMA), of the Medi-Cal Dental Handbook's Manual of Criteria. The SMA website link can be found here:

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

- ii. For select annual dental exam services, the supplemental incentive payment amount is \$55.

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 of Criteria and Schedule of Maximum Allowances, of the Medi-Cal Dental Program Provider Handbook, which was updated on January 1, 2022, and are effective for services on or after that date. The link to the Medi-Cal Dental Program Provider Handbook is as follows:

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

TN No. 21-0019
Supersedes:
TN No. 21-0001

Approval Date: _____

Effective Date: January 1, 2022

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

Dental services will continue to be reimbursed at the federal All-Inclusive Rate (AIR).

Supplemental Incentive Payments for Select Preventive Dental Services

Effective January 1, 2022, a separate supplemental incentive payment for select preventive dental services will be paid, as described on Page 6Z of Attachment 4.19-B, when rendered in Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics. These supplemental incentive payments will be in addition to the AIR for the office visit that accompanies the service. For IHS-MOA clinics, these supplemental incentive payments will be available at the rate of 75% of the dental Schedule of Maximum Allowances (SMA) rate and will not impact the clinics' AIR. Services eligible for the supplemental incentive payment are listed below.

Preventive services Current Dental Terminology (CDT) codes (children under age 21):

- D1120
- D1206
- D1208
- D1351
- D1352
- D1510
- D1516
- D1517
- D1526
- D1527
- D1551
- D1552
- D1553
- D1556
- D1557
- D1558
- D1575

Preventive services CDT codes (adults age 21 and over):

- D1320
- D1999

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

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

Dental services will continue to be reimbursed at the AIR.

Supplemental Incentive Payments for Select Annual Dental Exam Services

Effective January 1, 2022, a separate fixed-rate supplemental incentive payment for select annual dental exam services will be paid, as described on Page 6Z of Attachment 4.19-B, when rendered in Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics. These supplemental incentive payments will be in addition to the AIR for the office visit that accompanies the service. For IHS-MOA clinics, these supplemental incentive payments will be available at the rate of \$55 and will not impact the clinics' AIR. Services eligible for the supplemental incentive payment are listed below.

Dental exam services CDT codes (all ages):

- D0120
- D0145
- D0150

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

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

Dental services provided by Tribal Federally Qualified Health Centers (Tribal FQHC) will continue to be reimbursed at the Tribal FQHC Alternative Payment Methodology (APM) rate.

Supplemental Incentive Payments for Select Preventive Dental Services

Effective January 1, 2022, a separate supplemental incentive payment for select preventive dental services will be paid, as described on Page 6Z of Attachment 4.19-B, when rendered in a Tribal FQHC. These supplemental incentive payments will be in addition to the APM rate for the office visit that accompanies the service. For Tribal FQHCs, these supplemental incentive payments will be available at the rate of 75% of the dental Schedule of Maximum Allowances (SMA) rate and will not impact the clinics' APM rate. Services eligible for the supplemental incentive payment are listed below.

Preventive services Current Dental Terminology (CDT) codes (children under age 21):

- D1120
- D1206
- D1208
- D1351
- D1352
- D1510
- D1516
- D1517
- D1526
- D1527
- D1551
- D1552
- D1553
- D1556
- D1557
- D1558
- D1575

Preventive services CDT codes (adults age 21 and over):

- D1320
- D1999

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

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

Dental services provided by Tribal FQHC will continue to be reimbursed at the Tribal FQHC APM rate.

Supplemental Incentive Payments for Select Annual Dental Exam Services

Effective January 1, 2022, a separate fixed-rate supplemental incentive payment for select annual dental exam services will be paid, as described on Page 6Z of Attachment 4.19-B, when rendered in a Tribal FQHC. These supplemental incentive payments will be in addition to the APM rate for the office visit that accompanies the service. For Tribal FQHCs, these supplemental incentive payments will be available at the rate of \$55 and will not impact the clinics' APM rate. Services eligible for the supplemental incentive payment are listed below.

Dental exam services CDT codes (all ages):

- D0120
- D0145
- D0150

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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

California Innovating and Advancing Medi-Cal (CalAIM) Supplemental Payments for Certain Preventive Dental Services and Certain Dental Exam Services

The Medi-Cal Dental Program will provide supplemental payments, applied to certain preventive dental services and dental exam services for dates of service beginning January 1, 2022.

The pay-for-performance (supplemental payment) rates for certain preventive dental services will be 75 percent of the dental Schedule of Maximum Allowances (SMA) rate.

Preventive services Current Dental Terminology (CDT) codes (children under age 21):

- D1120
- D1206
- D1208
- D1351
- D1352
- D1510
- D1516
- D1517
- D1526
- D1527
- D1551
- D1552
- D1553
- D1556
- D1557
- D1558
- D1575

Preventive services CDT codes (adults age 21 and over):

- D1320
- D1999

The pay-for-performance (supplemental payment) rates for certain dental exam services will be a flat rate of \$55.

Dental exam services CDT codes (all ages):

- D0120
- D0145
- D0150

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

TN No. 21-0019
Supersedes
TN No. None

Approval Date:

Effective Date: January 1, 2022