

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Regional Operations Group

August 14, 2019

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) 19-0028, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 21, 2019. SPA 19-0028 updates the Medicaid state plan dental benefit to clarify the provision which allows allied dental professionals to render and bill for services within their scope of practice even when those services are provided in coordination with a dentist who practices teledentistry.

The effective date of this SPA is April 1, 2019. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Limitations on Attachment 3.1-A, page 15a.1
- Limitations on Attachment 3.1-B, page 15a.1

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

Sincerely,

A solid black rectangular box redacting the signature of Richard C. Allen.

Richard C. Allen
Director
Centers for Medicaid and CHIP Services
Regional Operations Group

Cc: Jacey Cooper, California Department of Health Care Services (DHCS)
Rene Mollow, DHCS
Alani Jackson, DHCS
Carolyn Brookins, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

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

1. TRANSMITTAL NUMBER <u>1 9</u> — <u>0 0</u> <u>28</u>	2. STATE California
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT	
4. PROPOSED EFFECTIVE DATE April 1, 2019	

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

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 CFR 440.100 and 1905(a) of the Social Security Act	7. FEDERAL BUDGET IMPACT a. FFY 2018 \$ 0 b. FFY 2019 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Section 3, Limitations on Attachment 3.1-A, page 15.a.1 Section 3, Limitations on Attachment 3.1-B, page 15.a.1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Section 3, Limitations on Attachment 3.1-A, page 15.a.1 Section 3, Limitations on Attachment 3.1-B, page 15.a.1

10. SUBJECT OF AMENDMENT

Clarifies the provision which allows allied dental professionals to render and bill for services within their scope of practice even when those services are provided or rendered in a teledentistry setting.

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

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Department of Health Care Services Attn: Director's Office P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413
13. TYPED NAME Mari Cantwell	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED June 21, 2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED June 21, 2019	18. DATE APPROVED August 14, 2019
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Richard C. Allen	22. TITLE Director, Centers for Medicaid & CHIP Services, Regional Operations Group

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

Boxes 8-9: CMS pen and ink change to delete "Section 3" reference made on 7/31/19.
Box 6: CMS pen and ink change to add federal statutory reference made on 7/31/19.

STATE PLAN CHART

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>10 Dental Services (continued)</p>	<p>For eligible beneficiaries 21 years of age and older (non--EPSDT), a \$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. <p>Effective July 1, 2015, under California law, Medi-Cal enables providers to practice teledentistry by store and forward, which is defined as the transmission of medical information to be reviewed at a later time by a licensed health care provider at a distant site.</p> <p>Certain dental services outlined in the Denti-Cal Manual of Criteria, are covered when provided through synchronous or asynchronous transmission, regardless of beneficiary age. Services provided through either synchronous transmission, also known as live transmissions, are permitted only as a covered benefit when requested by a beneficiary.</p>	<p>Allied dental professionals, such as Registered Dental Hygienists in Alternative Practice, under their scope of practice, may render limited services via teledentistry so long as such services are appropriately rendered under the general supervision of a licensed dentist.</p> <p>Teledentistry may only be billed by a licensed and enrolled billing dentist that either 1) exercises general supervision over the allied dental professional who rendered the service, or 2) independently rendered the service.</p> <p>Teledentistry is limited to services provided either via synchronous or asynchronous transmissions. Synchronous, or live, transmission, services are limited to ninety (90) minutes per beneficiary, per provider, per day. Live transmissions are only covered when rendered at beneficiary request as a result of a teledentistry encounter or asynchronous transmission.</p>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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