

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

1. TRANSMITTAL NUMBER

1 9 — 0 0 47

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

January 1, 2020

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 440.60, 440.70, 440.120

7. FEDERAL BUDGET IMPACT

a. FFY 2020 \$ 9,080,000
b. FFY 2021 \$ 12,108,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-L, pages 1-57.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-L, pages 1-57.

10. SUBJECT OF AMENDMENT

Restores coverage for audiology/speech therapy, podiatry, optometric and optician services, incontinence creams and washes; removes the two-visit limit for podiatrist services in the Alternative Benefit Plan.

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

13. TYPED NAME
Mari Cantwell

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
December 11, 2019

16. RETURN TO

Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

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

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



Alternative Benefit Plan

1. Essential Health Benefit: Ambulatory patient services

Collapse All

Benefit Provided:

Hospital Outpatient & Outpatient Clinic Services

Source:

State Plan 1905(a)

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

The following outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with Treatment Authorization Request (TAR). Includes Indian Health Services.

Benefit Provided:

Outpatient Hospital: Outpatient Surgery

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

Frequency limits of once per lifetime on some surgeries.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Includes anesthesiologist services.

Benefit Provided:

Other Licensed Practitioners: Podiatry

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Benefit Provided:

Other Licensed Practitioners: Chiropractic

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

2 per month

Duration Limit:

None

Scope Limit:

Pregnant women and EPSDT covered. Other beneficiaries are only covered in FQHCs and RHCs.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Benefit Provided:

Physician Services

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Scope of licensure.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Treatment of disorders of the feet which complicate, or are secondary to, chronic medical diseases or which significantly impair the ability to walk

Benefit Provided:

Outpatient Hospital: Treatment Therapies

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None



Alternative Benefit Plan

<input type="text"/>		
Benefit Provided: PT and Related Services: Speech Therapy/Audiology	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: 2 per month	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.		
Benefit Provided: PT and Related Services: Occupational Therapy	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: 2 per month	Duration Limit: None	
Scope Limit: None		
Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan: Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.		
Benefit Provided: Other Licensed Practitioner: Acupuncture	Source: State Plan 1905(a)	Remove
Authorization: None	Provider Qualifications: Medicaid State Plan	
Amount Limit: 2 per month	Duration Limit: None	
Scope Limit: None		



Alternative Benefit Plan

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Benefit Provided:

Rehabilitative Services: Cardiac Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

Must meet certain eligible conditions, including acute coronary syndrome within percent 12 months and coronary artery bypass surgery, as identified in the Provider Manual.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Cardiovascular rehabilitation and intensive cardiovascular rehabilitation (ICR) services are exercised-based and provided in an outpatient setting. Cardiovascular rehabilitation services are limited to two one-hour sessions per day, up to 24 one-hour sessions over a 24-week period. Additional sessions may be provided for medical necessity with a TAR. ICR services are limited to a maximum of six one-hour sessions per day over 18 weeks, up to 72 one-hour sessions.

Benefit Provided:

Rehabilitative Services: Pulmonary Rehabilitation

Source:

State Plan 1905(a)

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below.

Duration Limit:

None

Scope Limit:

People with chronic obstructive pulmonary disease (COPD) and no COPD exacerbation within past 4 weeks.

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Pulmonary rehabilitation services are exercise-based and provided in an outpatient setting. Pulmonary rehabilitation exercise sessions are limited to two one-hour sessions per day, up to 36 sessions. An additional 36 sessions may be provided for medical necessity with a TAR, up to 72 sessions per lifetime.

Benefit Provided:

Home Health:Medical Supplies,Equipment, Appliances

Source:

State Plan 1905(a)

Remove



Alternative Benefit Plan

10. Essential Health Benefit: Pediatric services including oral and vision care

Collapse All

Benefit Provided:

Medicaid State Plan EPSDT Benefits

Source:

State Plan 1905(a)

Remove

Authorization:

None

Provider Qualifications:

Medicaid State Plan

Amount Limit:

See below

Duration Limit:

None

Scope Limit:

None

Other information regarding this benefit, including the specific name of the source plan if it is not the base benchmark plan:

Up to age 21, or to finish treatment that began before beneficiary turned 21.

Add



Alternative Benefit Plan

12. Base Benchmark Benefits Not Covered due to Substitution or Duplication

Collapse All

Base Benchmark Benefit that was Substituted:

Cognitive Rehabilitation Therapy (CRT)

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 substitution: Rehabilitation, Cognitive Rehabilitation Therapy. Federally Qualified Health Center (FQHC) services are being used from the existing State Plan for substitution purposes. Cognitive Rehabilitation Therapy would be considered "Rehabilitation and Habilitative Services and Devices" EHB7 category. CRT aims to rehabilitate lost or altered cognitive skills, enabling individuals to reach functional and independent daily living. FQHCs provide numerous rehabilitative services.

Base Benchmark Benefit that was Substituted:

Outpatient Hospital Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 1 duplication: Outpatient Hospital and Clinic Services -- The following hospital outpatient and clinic services are limited to a maximum of two services in any one calendar month or any combination of two services per month: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with Treatment Authorization Request (TAR). Includes Indian Health Services.

Base Benchmark Benefit that was Substituted:

Ambulatory Surgical Center Services

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 1 duplication: Outpatient Hospital Services, Outpatient Surgery -- Outpatient surgery includes anesthesiologist services.

Base Benchmark Benefit that was Substituted:

Podiatry

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 1 duplication: Other Licensed Practitioners, Podiatry.

Base Benchmark Benefit that was Substituted:

Chiropractic

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 1 duplication: Other Licensed Practitioners, Chiropractic -- Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from



Alternative Benefit Plan

the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted:

Allergy Care

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 1 duplication: Physician Services, Allergy Care -- Emergency treatment for allergy care does not require TAR.

Base Benchmark Benefit that was Substituted:

Treatment Therapies

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 1 duplication: Outpatient Hospital Services, Treatment Therapies -- Chemotherapy, radiation therapy, Intensive-Modulated Radiation Therapy (IMRT), renal dialysis, IV/infusion therapy, medication management.

Base Benchmark Benefit that was Substituted:

Emergency Services/Accidents

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 2 duplication: Outpatient Hospital Services, Emergency -- All inpatient and outpatient services that are necessary for the treatment of an emergency medical condition, including emergency dental services, as certified by the attending physician or other appropriate provider.

Base Benchmark Benefit that was Substituted:

Ambulance

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 2 duplication: Medical Transportation, Ambulance Service -- Emergency Medical Transportation. Air transportation only covered when ground transportation is not feasible; emergency transportation does not require TAR.

Base Benchmark Benefit that was Substituted:

Surgical Procedures

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 3 duplication: Inpatient Hospital Services, Surgical Services -- Room and Board. Professional services performed by physicians, including surgery and consultation, within the scope of practice of medicine or osteopathy as defined by State law. Includes case management; respiratory care; laboratory and X-ray services; prescriptions for medication, DME and medical supplies; and Indian Health Services.



Alternative Benefit Plan

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 6 duplication: Prescribed Drugs -- TAR required for more than six prescriptions per month.

Base Benchmark Benefit that was Substituted:

Physical Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Physical therapy -- Authorizations for physical therapy is valid for up to 120 days and must include a treatment plan. Prior authorization is not granted for more than 30 treatments at any one time.

Base Benchmark Benefit that was Substituted:

Durable Medical Equipment

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Home Health Services, Durable Medical Equipment -- durable medical equipment prescribed by physician.

Base Benchmark Benefit that was Substituted:

Hearing Aids

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Home Health Services, Hearing Aids -- \$1,510 annual cap for hearing aid benefits may be exceeded for medical necessity.

Base Benchmark Benefit that was Substituted:

Speech Therapy/Audiology

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Physical Therapy and Related Services, Speech Therapy/Audiology -- Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted:

Occupational Therapy

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Physical Therapy and Related Services, Occupational Therapy -- Outpatient services



Alternative Benefit Plan

are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted:

Alternative Treatments: Acupuncture

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Other Licensed Practitioners, Acupuncture -- Outpatient services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy; may exceed limit for medical necessity with a TAR.

Base Benchmark Benefit that was Substituted:

Outpatient Cardiac Rehabilitation

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Rehabilitative Services, Cardiac Rehabilitation

Base Benchmark Benefit that was Substituted:

Pulmonary Rehabilitation

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Rehabilitative Services: Pulmonary Rehabilitation

Base Benchmark Benefit that was Substituted:

Medical Supplies, Equipment, Devices

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Home Health Services, Medical Supplies and DME; and Prosthetic Devices -- Certain medical supplies require TAR. Cochlear implant for one ear only; frequency limits on replacement parts. Includes surgically implanted hearing devices, prior authorization required. Certain medical supplies require TAR.

Base Benchmark Benefit that was Substituted:

Orthopedic and Prosthetic Devices

Source:

Base Benchmark

Remove

Explain the substitution or duplication, including indicating the substituted benefit(s) or the duplicate section 1937 benchmark benefit(s) included above under Essential Health Benefits:

EHB 7 duplication: Prescribed Prosthetic Devices -- TAR required when cumulative costs of orthotics exceed \$250 and prosthetics exceed \$500.



Alternative Benefit Plan

Other:

Includes services by physicians, PA, NP, CNM, visiting nurses, Comprehensive Perinatal Services Program, LCSW, psychologists, and optometrists.

Other 1937 Benefit Provided:

Alternative Birth Centers

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

Conception through discharge.

Scope Limit:

None

Other:

Licensed or Otherwise State-Approved Free Standing Birthing Centers.

Other 1937 Benefit Provided:

Transportation Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Lowest cost type to cover patient's need

Duration Limit:

None

Scope Limit:

Nonemergency medical transportation (NEMT), see "Other" below.
Nonmedical transportation (NMT), see "Other" below.

Other:

Transportation is subject to utilization controls and permissible time and distance standards, to obtain covered Medi-Cal services.

NEMT is provided via ambulance, litter van, or wheelchair van only when ordinary public or private conveyance is medically contra-indicated and transportation. Prior authorization is required for NEMT and must include a written prescription by a licensed provider.

NMT includes round trip transportation by any other form of public or private conveyance and requires prior authorization and appointment verification by a licensed provider.

Other 1937 Benefit Provided:

Adult Vision

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove



Alternative Benefit Plan

Authorization:

Prior Authorization

Provider Qualifications:

Medicaid State Plan

Amount Limit:

1 routine eye exam in 24 months

Duration Limit:

None

Scope Limit:

Orthoptics and pleoptics are not covered.

Other:

Glasses and other medically necessary eye appliances are covered.

Other 1937 Benefit Provided:

Local Education Agency Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medi-Cal eligible public school children up to age 22 or end of school year beneficiary turns 22.

Other:

Services provided by Individualized Education Plan, Individualized Family Service Plan, California Children Services, Short-Doyle, or prepaid health plan. Services include health and mental health evaluation and education, individualized education plan, individualized family service plan, physician services, physical therapy, occupational therapy, speech therapy, audiology services, comprehensive vision services, psychology and counseling, nursing services, school health aid services, medical transportation/mileage and targeted care management services.

Other 1937 Benefit Provided:

TCM: Children at Risk of Medical Compromise

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Children up to age 21.

Other:

1915(g) State Plan. Services to assist eligible individuals access medical, social and educational services. Includes children who need assistance to access medical, social and education services when