



JENNIFER KENT
Director

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



EDMUND G. BROWN JR.
Governor

DEC 22 2015

Ms. Henrietta Sam-Louie
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 15-034

Dear Ms. Sam-Louie:

The Department of Health Care Services is submitting the enclosed State Plan Amendment (SPA) 15-034, for your review and approval. SPA 15-034 is a technical amendment to update language and information regarding Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) services and preventive and wellness services in the Limitations on Attachment 3.1-A and B (items 4b and 13c, respectively). The effective date of SPA 15-034 is October 1, 2015.

SPA 15-034 updates existing State Plan language regarding EPSDT, and preventive and wellness services, to be consistent with the Essential Health Benefit 09 description in the Alternative Benefit Plan. This technical change will help ensure continued compliance with State Plan requirements, and the Affordable Care Act, and will provide necessary clarification to providers and beneficiaries.

SPA 15-034 revises or adds language to the provisions set forth in the following sections of the State Plan:

- Limitations on Attachment 3.1-A, Item 4b, pages 8.6
- Limitations on Attachment 3.1-A, Item 13c, page 18a
- Limitations on Attachment 3.1-B, Item 4b, pages 8.6
- Limitations on Attachment 3.1-B, Item 13c, page 18a

Ms. Henrietta Sam-Louie
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Since SPA 15-034 serves only as a technical amendment, and makes no substantive changes to Medi-Cal benefits or reimbursement methodologies, there is no fiscal impact. On November 16, 2015, the Centers for Medicare and Medicaid Services agreed a tribal notice was not required.

If you have questions regarding the information provided, please contact Ms. Laurie Weaver, Assistant Deputy Director, Health Care Benefits and Eligibility, and Acting Chief, Benefits Division, by phone at (916) 552-9619 or by email at Laurie.Weaver@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED

Mari Cantwell
Chief Deputy Director
Health Care Programs
State Medicaid Director

Enclosures

cc: Cynthia Nanes
Division of Medicaid and Children's Health Operations
Centers for Medicare and Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300(5W)
San Francisco, CA 94103-6707

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
15-034

2. STATE
CA

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
October 1, 2015

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 USC 1396(a)(4) and (13), (r)

7. FEDERAL BUDGET IMPACT:
a. FFY 2016 \$0
b. FFY 2017 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Limitations on Attachment 3.1-A, Item 4b, page 8.6
Limitations on Attachment 3.1-A, Item 13c, page 18a
Limitations on Attachment 3.1-B, Item 4b, pages 8.6
Limitations on Attachment 3.1-B, Item 13c, page 18a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Limitations on Attachment 3.1-A, Item 13c, page 18a
Limitations on Attachment 3.1-B, Item 13c, page 18a

10. SUBJECT OF AMENDMENT:

Technical amendment to update language relating to EPSDT and preventive and wellness services.

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:
The Governor's Office does not wish to review the State Plan Amendment.

ORIGINAL SIGNED

16. RETURN TO:

**Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, MS 4506
P.O. Box 997417
Sacramento, CA 95899-7417**

14. TITLE:
**Chief Deputy Director
Health Care Programs
State Medicaid Director**

22 2015

15. DATE SUBMITTED:

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 CHART

<u>TYPE OF SERVICE</u>	<u>PROGRAM COVERAGE**</u>	<u>PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*</u>
<u>4b Early and periodic screening, diagnostic, and treatment (EPSDT) services</u>	<u>Covered for an eligible Medi-Cal beneficiary under age 21.</u> <u>Includes, at a minimum, a broad range of preventive services including "A" or "B" services recommended by the United States Preventive Services Task Force (USPSTF); Advisory Committee on Immunization Practices (ACIP) recommended vaccines; preventive care and screening for infants and children recommended by Health Resources and Services Administration's (HRSA) Bright Futures program/project; and additional preventive services for women as recommended by the Institute of Medicine (IOM).</u>	<u>Prior authorization is not required.</u>

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

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12d. Eyeglasses and other eye appliances	<p>Covered as medically necessary on the written prescription of a physician or an optometrist under this state plan only for the following beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women, if eyeglasses or other eye appliances are part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. • Individuals who <u>are is an eligible beneficiary of for</u> the Early and Periodic Screening, <u>DiagnosisDiagnostic</u>, and Treatment <u>(EPSDT) Program benefit</u>. 	<p>Prior authorization is required for low vision devices when the billed amounts are over \$100 and for contact lenses when medically indicated for conditions such as aphakia, keratoconus, anisometropia, or when facial pathology or deformity preclude the use of eyeglasses. Prior authorization is required for ophthalmic lenses and frames that cannot be supplied by the fabricating optical laboratory.</p>
13a. Diagnostic Services	<p>Covered under this state plan only for the EPSDT <u>program benefit</u>.</p>	
13b. Screening Services	<p>Covered under this state plan only for the EPSDT <u>program benefit</u>.</p>	
13c. Preventive Services	<p>Covered for all <u>Includes, at a minimum, a broad range of</u> preventive services <u>assigned a including grade of "A" or "B" services recommended</u> by the United States Preventive Services Task Force (USPSTF), and all approved vaccines and their administration, for infants, children, and adults recommended by the Advisory Committee on Immunization Practices (ACIP) <u>recommended vaccines</u>; Preventive care and screening for infants, children, and adults recommended by Health Resources and Services Administration's (HRSA) Bright Futures program/project; and additional preventive services for women as recommended by the Institute of Medicine (IOM).</p> <p><u>S</u>services are provided and covered by a physician or other licensed practitioner of the healing arts within the scope of his/ <u>or</u> her practice under State law and are reimbursed according to the methodologies for those services in that portion of the state plan.</p>	<p>Prior authorization is not required and services are exempt from cost sharing in accordance with ACA Section 4106.</p> <p>The State assures the availability of documentation to support the claiming of federal reimbursement for these services.</p> <p>The State assures that the benefit package will be updated as changes are made to USPSTF, and ACIP, <u>and IOM</u> recommendations, and that the State will update the coverage and billing codes to comply with these revisions.</p>

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