



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

4/30/2015

Hye Sun Lee
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

Dear Ms. Lee,

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 15-005 for your review and approval. SPA 15-005 will provide updates to the other licensed providers section of the State Plan, which outlines provider types that are permitted to bill the State for services rendered to Medi-Cal beneficiaries. This amendment will be effective for dates of service on or after September 1, 2015.

In an effort to increase the preventive care provided to the underserved populations throughout the state, DHCS has elected to allow Registered Dental Hygienists (RDHs) and Registered Dental Hygienists in Extended Functions (RDHEFs) employed by a public health program, created by Federal, State, or local law or administered by a Federal, State, county, or local governmental entity to enroll as billing providers in the Medi-Cal Dental Services Program, and to allow RDHs and RDHEFs to enroll as rendering providers if the public health program that employs them is registered as a billing provider in the Medi-Cal Dental Services Program. DHCS has also opted to allow Registered Dental Hygienists in Alternative Practice (RDHAPs) to enroll as billing and/or rendering providers in the Medi-Cal Dental Services Program as well.

Reimbursement for services provided by the aforementioned allied dental professionals is limited to services provided to the extent permitted by the applicable professional licensing statutes and regulations outlined by State law. In order to allow these allied dental professionals to be reimbursed, the Centers for Medicare and Medicaid Services (CMS) requires the State to update and submit a SPA. As such, SPA 15-005 updates the other licensed providers section in the State Plan to include these allied dental professionals.

Enclosed you will find the following documents for SPA 15-005:

- HCFA 179 Transmittal Form
- Attachment 3.1 A pages 12a – 12c
- Attachment 3.1 B pages 12a – 12a.2
- Supplement 6 Attachment 4.19B page 2

In compliance with the policy set forth by the American Recovery and Reinvestment Act of 2009 (ARRA), on February 18, 2015, DHCS notified Indian Health Programs and Urban Indian Organizations of SPA 15-005. As of the date of this letter, no comments have been received from Indian Health Programs and Urban Indian Organizations.

If you have any questions or need additional information, please contact Jon Chin, Acting Chief, Medi-Cal Dental Services Division, at (916) 464-0210 or by e-mail at Jon.Chin@dhcs.ca.gov.

Sincerely,

ORIGINAL SIGNED

Mari Cantwell
California Medicaid Director

Enclosures

cc: Jon Chin, Acting Chief
Department of Health Care Services
Medi-Cal Dental Services Division
MS 4708, P.O. Box 997413
Sacramento, CA 95899-7413

Author: Abby Aban, Associate Govenrmental Program Analyst
Contract Management and Policy Unit
(916) 464-0204

Unit: Nik Ratliff, Chief
Contract Management and Policy Unit
(916) 464-0210

Section: Jon Chin, Acting Chief
Contract Management and Administration
(916) 464-0209

Division: Jon Chin, Acting Chief
Medi-Cal Dental Services Division
(916) 464-0209

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-005	2. STATE: CALIFORNIA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE September 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 CFR section 440.60. 42 USC section 1396d (a)(6).	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$164,705 b. FFY 2016 \$1,985,351
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 3.1-A; PAGE 12a, 12b,12c ATTACHMENT 3.1-B; PAGE 12a, 12a.1, 12a.2 SUPPLEMENT 6 ATTACHMENT 4.19B; PAGE 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): ATTACHMENT 3.1-A; PAGE 12a ATTACHMENT 3.1-B; PAGE 12a SUPPLEMENT 6 ATTACHMENT 4.19B; PAGE 2

10. SUBJECT OF AMENDMENT: To allow Registered Dental Hygienists (RDHs) and Registered Dental Hygienists in Extended Functions (RHDEFs) to enroll as Medi-Cal Dental Services Program billing providers if they are employed in a public health program created by Federal, State, or local law or administered by a Federal, State, county, or local governmental entity, and to allow RDHs and RDHEFs to enroll as rendering providers if they are employed in a public health program created by Federal, State, or local law or administered by a Federal, State, county, or local governmental entity that is enrolled as a billing provider in the Medi-Cal Dental Services Program. To allow Registered Dental Hygienists in Alternative Practice (RDHAPs) to enroll as billing and/or rendering providers in the Medi-Cal Dental Services Program. To allow RDHs, RDHEFs, and RDHAPs to bill for services as permitted by the State statutes and regulations.

11. GOVERNOR'S REVIEW (*Check One*):

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL: ORIGINAL SIGNED	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
13. TYPED NAME: Jennifer Kent	
14. TITLE: Director	
15. DATE SUBMITTED: 4/30/2015	

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:

A large, solid gray rectangular area that occupies the upper portion of the page, intended for handwritten or typed remarks. It is bounded by a thin black line at the top and bottom.

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*
6d4 Certified Nurse Practitioners' services	All services permitted under scope of practice. As medically necessary, subject to limitations; however, experimental services are not covered. All limitations under 5a apply. All CNPs meet Federal provider qualifications as set forth in 42 CFR Part 440.60.	Limited to services provided to the extent permitted by applicable professional licensing statutes and regulations. Each patient must be informed that he/she may be treated by a CNP prior to receiving services. Services ordered by a CNP as permitted by State statutes and regulations, are covered to the same extent as if ordered by a physician. Prior authorization is not required, except as noted for physician services under 5a.
<u>6d5 Registered Dental Hygienists' services</u>	<p><u>All services permitted under scope of practice of a Registered Dental Hygienists (RDH) as medically necessary, subject to limitations. All RDHs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</u></p> <p><u>All RDHs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.</u></p> <p><u>A RDH may provide services in a public health program, created by Federal, State, or local law or administered by a Federal, State, county, or local governmental entity. The RDH shall also be employed by said program, and must provide</u></p>	<p><u>Limited to services provided to the extent permitted by applicable statutes and regulations. Services provided by a RDH that are a benefit of the Medi-Cal Dental program and are permitted by the State statutes and regulations are covered.</u></p> <p><u>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractors. On behalf of the State, the Dental contractors approve and provide payment for covered dental services performed by an enrolled dental provider. Prior authorization is required in general for crowns (except stainless steel crowns), root canal treatments, treatment of periodontal disease, dentures, implants, some complex oral surgical procedures, orthodontic</u></p>

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<u>TYPE OF SERVICES</u>	<u>PROGRAM COVERAGE**</u>	<u>PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*</u>
<u>6d5 Registered Dental Hygienists' services (continued)</u>	<u>documentation from the public health program attesting to the sponsorship of the individual upon enrollment.</u>	<u>treatment, and any other Medi-Cal Dental program covered services requiring prior authorization as outlined by the Medi-Cal Dental Manual of Criteria. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</u>
<u>6d6 Registered Dental Hygienists in Extended Functions' services</u>	<u>All services permitted under scope of practice for a Registered Dental Hygienists in Extended Functions (RDHEFs) as medically necessary, subject to limitations. All RDHEFs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</u>	<u>Limited to services provided to the extent permitted by applicable statutes and regulations. Services provided by a RDHEF that are a benefit of the Medi-Cal Dental program and are permitted by the State statutes and regulations are covered.</u>
	<u>All RDHEFs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.</u>	<u>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractors. On behalf of the State, the Dental contractors approve and provide payment for covered dental services performed by an enrolled dental provider.</u>
	<u>A RDHEF may provide services in a public health program, created by Federal, State, or local law or administered by a Federal, State, county, or local governmental entity. The RDHEF shall also be employed by said program, and must provide documentation from the public health program attesting to the sponsorship of the individual upon enrollment.</u>	<u>Prior authorization is required in general for crowns (except stainless steel crowns), root canal treatments, treatment of periodontal disease, dentures, implants, some complex oral surgical procedures, orthodontic treatment, and any other Medi-Cal Dental program covered services requiring prior authorization as outlined by the Medi-Cal Dental Manual of Criteria. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</u>

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TN Number: 15-005

Supersedes

TN Number:

Approval Date:

Effective Date: September 1, 2015

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<u>TYPE OF SERVICES</u>	<u>PROGRAM COVERAGE**</u>	<u>PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*</u>
<u>6d7 Registered Dental Hygienists in Alternative Practice's services</u>	<p><u>All services permitted under scope of practice for a Registered Dental Hygienists in Alternative Practice (RDHAPs) as medically necessary, subject to limitations. All RDHAPs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</u></p> <p><u>All RDHAPs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.</u></p>	<p><u>Limited to services provided to the extent permitted by applicable statutes and regulations. Services provided by a RDHAP that are a benefit of the Medi-Cal Dental program and are permitted by the State statutes and regulations are covered.</u></p> <p><u>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractors. On behalf of the State, the Dental contractors approve and provide payment for covered dental services performed by an enrolled dental provider. Prior authorization is required in general for crowns (except stainless steel crowns), root canal treatments, treatment of periodontal disease, dentures, implants, some complex oral surgical procedures, orthodontic treatment, and any other Medi-Cal Dental program covered services requiring prior authorization as outlined by the Medi-Cal Dental Manual of Criteria. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</u></p>

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Page 12a.2

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6d5 Registered Dental Hygienists' services	<p>All services permitted under scope of practice of a Registered Dental Hygienists (RDH) as medically necessary, subject to limitations. All RDHs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6).</p> <p>All RDHs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.</p> <p>A RDH may provide services in a public health program, created by Federal, State, or local law or administered by a Federal, State, county, or local governmental entity. The RDH shall also be employed by said program, and must provide</p>	<p>Limited to services provided to the extent permitted by applicable statutes and regulations. Services provided by a 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 contractors. On behalf of the State, the Dental contractors approve and provide payment for covered dental services performed by an enrolled dental provider. Prior authorization is required in general for crowns (except stainless steel crowns), root canal treatments, treatment of periodontal disease, dentures, implants, some complex oral surgical procedures, orthodontic</p>

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Limitations on Attachment 3.1-B

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d5	Registered Dental Hygienists' services (continued)	documentation from the public health program attesting to the sponsorship of the individual upon enrollment.	treatment, and any other Medi-Cal Dental program covered services requiring prior authorization as outlined by the Medi-Cal Dental Manual of Criteria. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.
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REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

A. Below is a list of health professionals that may bill under the IHS all-inclusive rate:

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse Midwife
- Registered Dental Hygienists
- Registered Dental Hygienists in Extended Functions
- Registered Dental Hygienists in Alternative Practice
- Clinical Psychologist
- Clinical Social Worker
- Marriage and Family Therapist
- Visiting Nurse if services are provided in the Tribal facilities
- Comprehensive Perinatal Services Program (CPSP): Registered Nurse, Dietitian, Health Educator, Childbirth Educator, Licensed Vocational Nurse, and Comprehensive Perinatal Health Worker. A September 17, 1985 HCFA letter allows these services as a physician or clinic service.
- Under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), the services of Licensed Marriage, Family and Child Counselors are available as 'other health visit' to persons under 21 years of age, as a result of an EPSDT screening which identifies the need for a service which is necessary to correct or ameliorate a mental illness or condition.

B. In addition, below is a list of interns that may provide Medi-Cal psychology services.

- Registered Marriage and Family Therapists Interns
- Registered Associate Clinical Social Workers
- Psychological Assistants

Interns must be under the supervision of a licensed mental health professional, in accordance with the requirements of applicable state laws.

C. Except for the services specified under Item D below, the following other ambulatory services, but not limited to, provided by health professional can be billed under the IHS all-inclusive rate.

- Medical and surgical services provided by a doctor of dental medicine or dental surgery, which if provided by a physician would be considered physician services
- Physical Therapy
- Occupational Therapy
- Drug and Alcohol visits (Subject to Medi-Cal provider participation requirements)
- Telemedicine
- Optometry (Eyeglasses and other eye appliances are restricted to beneficiaries identified under Item D below)

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

A. Below is a list of health professionals that may bill under the IHS all-inclusive rate:

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse Midwife
- Registered Dental Hygienists
- Registered Dental Hygienists in Extended Functions
- Registered Dental Hygienists in Alternative Practice
- Clinical Psychologist
- Clinical Social Worker
- Marriage and Family Therapist
- Visiting Nurse if services are provided in the Tribal facilities
- Comprehensive Perinatal Services Program (CPSP): Registered Nurse, Dietitian, Health Educator, Childbirth Educator, Licensed Vocational Nurse, and Comprehensive Perinatal Health Worker. A September 17, 1985 HCFA letter allows these services as a physician or clinic service.
- Under the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT), the services of Licensed Marriage, Family and Child Counselors are available as 'other health visit' to persons under 21 years of age, as a result of an EPSDT screening which identifies the need for a service which is necessary to correct or ameliorate a mental illness or condition.

B. In addition, below is a list of interns that may provide Medi-Cal psychology services.

- Registered Marriage and Family Therapists Interns
- Registered Associate Clinical Social Workers
- Psychological Assistants

Interns must be under the supervision of a licensed mental health professional, in accordance with the requirements of applicable state laws.

C. Except for the services specified under Item D below, the following other ambulatory services, but not limited to, provided by health professional can be billed under the IHS all-inclusive rate.

- Medical and surgical services provided by a doctor of dental medicine or dental surgery, which if provided by a physician would be considered physician services
- Physical Therapy
- Occupational Therapy
- Drug and Alcohol visits (Subject to Medi-Cal provider participation requirements)
- Telemedicine
- Optometry (Eyeglasses and other eye appliances are restricted to beneficiaries identified under Item D below)