

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

MAR 13 2013

Toby Douglas, Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 12-027. SPA 12-027 was submitted to my office on December 24, 2012 to comply with Section 4107 of the ACA, which mandates Medi-Cal coverage of tobacco cessation services for pregnant women.

The effective date of this SPA is October 1, 2012. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Attachment 3.1-A, pages 2 and 2a
- Attachment 3.1-B, pages 2a and 2a1

Since the reimbursement methodology for smoking cessation services is within the State's outpatient fee schedule currently being reviewed under CA SPA 12-006, we will follow up with any additional reimbursement questions via CA SPA 12-006.

If you have any questions, please contact Kristin Dillon by phone at (415) 744-3579 or by email at Kristin.Dillon@cms.hhs.gov.

Sincerely,

A handwritten signature in black ink that reads "Gloria Nagle". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gloria Nagle, Ph.D., MPA
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Kathyryn Waje, California Department of Health Care Services
Laurie Weaver, California Department of Health Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: SPA 12-027	2. STATE California
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		4. PROPOSED EFFECTIVE DATE October 1, 2012
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION 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: Affordable Care Act Section 4107 or 42 USC 1396d(bb)	7. FEDERAL BUDGET IMPACT: a. FFY 2012-13 \$0 b. FFY 2013-14 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, page 2 Attachment 3.1-A, page 2a Attachment 3.1-B, page 2a Attachment 3.1-B, page 2a1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, page 2 Attachment 3.1-B, page 2a

10. SUBJECT OF AMENDMENT:
To implement the Affordable Care Act Section 4107, Tobacco Cessation Services for Pregnant Women.

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: 	16. RETURN TO: Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.3.26 P.O. Box 997417 Sacramento, CA 95899-7417
13. TYPED NAME: Toby Douglas	
14. TITLE: Director	
15. DATE SUBMITTED: DEC 24 2012	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: 12/24/12	18. DATE APPROVED: MAR 13 2013
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/12	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Gloria Nagle, Ph.D. MPA	22. TITLE: Associate Regional Administrator

23. REMARKS:

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE CATEGORICALLY NEEDY

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided No limitations With limitations

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

- 4.c. Family planning services and supplies for individuals of child bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.

Provided No limitations With limitations

Please describe any limitations:

- 4.c.1 Family planning-related services provided under the above State Eligibility Option.

4. d. 1) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women
Provided:

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide and receive payment for covered services *other* than tobacco cessation services;

*Description provided on attachment.

TN No. 12-027
Supersedes
TN No. 10-014

Approval Date: MAR 13 2013 Effective Date: October 1, 2012

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided No limitations With limitations

The State is providing one (1) face-to-face counseling session per quit attempt, with a mandatory referral to a tobacco cessation quitline.

Face-to-face counseling (including assessment) for pregnant women will be consistent with the intervention as described in the "Treating Tobacco Use and Dependence-2008 Update: A Clinical Practice Guideline" published by the U.S. Public Health Service in May 2008 or any subsequent modification of such guideline and shall include a mandatory referral to a tobacco cessation quitline. Counseling services are covered for the prenatal period through the postpartum period (the end of the month in which the 60 day period following termination of the pregnancy ends).

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided No limitations With limitations

5.a.1 Sign language interpreter services (in connection with physician's services).

Provided No limitations With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided No limitations With limitations

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' services

Provided No limitations With limitations

*Description provided on attachment.

TN No. 12-027
Supersedes
TN No. None

Approval Date: MAR 13 2013 Effective Date: October 1, 2012

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE MEDICALLY NEEDY

4. d. 1) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women
Provided:

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide and receive payment for covered services *other* than tobacco cessation services;

2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided No limitations With limitations

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TN No. 12-027
Supersedes
TN No. 00-026

Approval Date: MAR 13 2013 Effective Date: October 1, 2012

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES
PROVIDED TO THE MEDICALLY NEEDY

5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided No limitations With limitations

5.a.1 Sign language interpreter services (in connection with physician's services).

Provided No limitations With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided No limitations With limitations

*Description provided on attachment.

TN No. 12-027
Supersedes
TN No. None

Approval Date: MAR 13 2013 Effective Date: October 1, 2012

ENCLOSURE

Revised Pages for:
CALIFORNIA MEDICAID STATE PLAN
Under Transmittal of
STATE PLAN AMENDMENT (SPA)

12-027*

All new pages will have this SPA* number identified as the new TN No., so it will not be repeated for each new insert pages.

Remove Page(s)	Insert Page (s)
Attachment 3.1-A, page 2 Attachment 3.1-B, page 2a	Attachment 3.1-A, page 2 Attachment 3.1-A, page 2a Attachment 3.1-B, page 2a Attachment 3.1-B, page 2a1