DHCS

TOBY DOUGLAS
DIRECTOR

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

EDMUND G. BROWN JR.
GOVERNOR

MAR 28 2013

Gloria Nagle, PhD, MPA
Associate Regional Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services, Region IX
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 13-014

Dear Ms. Nagle,

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 13-014 to recognize clinical preventive services and adult vaccine services and to establish a (1) one percent point increase in federal medical assistance percentage (FMAP) for expenditures.

This SPA complies with the direction provided by the State Medicaid Director's letter #13-002 dated February 1, 2013. The letter provides guidance to States on the implementation of Section 4106 of the Affordable Care Act, entitled "Improving Access to Preventive Services for Eligible Adults in Medicaid". Section 4106 amends Section 1905(a)(13), of the Social Security Act to enable states to provide clinical preventive services and approved vaccines in accordance with the United States Preventive Services Task Force (USPSTF) and the Advisory Committee on Immunization Practices (ACIP), respectively.

The enclosed SPA revises or adds language to the provisions set forth in the following pages:

- Attachment 3.1-B, page 5 – Makes a technical change to 13c. to indicate that preventive services are provided under the State Plan. This was an inadvertent oversight.

- Attachment 4.18-A, page 1 – Makes technical edits to exempt persons under 19, individuals who receive services in an Indian Health Service organization, and individuals who receive preventive services and vaccines.

Director's Office
1501 Capitol Avenue, MS 0000, P.O. Box 997413, Sacramento, CA 95899-7413
(916) 440-7400, (916) 440-7404 fax
Internet Address: www.dhcs.ca.gov

- Attachment 4.18-C, page 1 – Makes technical edits to exempt persons under 19, individuals who receive services in an Indian Health Service organization, and individuals who receive preventive services and vaccines.

- Limitations on Attachment 3.1-A, page 18a
  - Makes changes to delete the reference to skilled nursing facilities, intermediate care facilities, and managed care plans PACE/SCAN/AIDS from 12c. "Prosthetic and orthotic appliances, and hearing aids".
  - Makes changes to delete the reference to skilled nursing facilities and intermediate care facilities, from 12d. Eyeglasses and other eye appliances, and to make nonsubstantive technical changes.
  - Adds language to identify preventive services and vaccines as a benefit.

- Limitations on Attachment 3.1-B, page 18a
  - Makes changes to delete the reference to skilled nursing facilities, intermediate care facilities, and managed care plans PACE/SCAN/AIDS from 12c. "Prosthetic and orthotic appliances, and hearing aids".
  - Makes changes to delete the reference to skilled nursing facilities and intermediate care facilities from 12d. Eyeglasses and other eye appliances, and to make nonsubstantive technical changes.
  - Adds language to identify preventive services and vaccines as a benefit.

As required by the American Recovery and Reinvestment Act of 2009 (ARRA), DHCS routinely notifies Indian Health Programs and Urban Indian Organizations of SPAs that have a direct impact on the programs and organizations. Medi-Cal currently provides preventive services and vaccines for adults without cost sharing so a tribal notice was not released. However, DHCS held several tribal meetings, presentations and webinars in the months of February and March 2013 to discuss the Indian Health Services exemption language, in Attachment 4.18 A and C, pages 1, and to solicit tribal feedback. During those discussions DHCS received general clarification questions but no negative feedback or concerns with regards to the cost sharing exception process proposed. On March 22, 2013, CMS acknowledged the various forms of communication that took place with the tribal communities satisfied the tribal consultation requirements of this SPA and that no further consultation was required. No public notice is required for SPA 13-014.

DHCS would like to provide a special thank you and acknowledgement to the CMS Region IX and Central Office staff regarding the technical assistance and support during the development of this SPA.

If you have any questions regarding the information provided, please contact, Laurie Weaver, Chief, Benefits Division, at (916) 552-9400.

Sincerely,

Toby Douglas
Director

Enclosures

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

René Mollow, MSN, RN, Deputy Director
Health Care Benefits & Eligibility
Department of Health Care Services
P.O. Box 997413, MS 4607
Sacramento, CA 95899-7413

Laurie Weaver, Chief
Benefits Division
Department of Health Care Services
1501 Capitol Avenue, MS 4600
P.O. Box 997417
Sacramento, CA 95899-7417

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **SPA 13-014**

2. STATE **California**

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 **January 1, 2013**

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:
Section 1905(a)(13) of the Social Security Act
(42 U.S.C. 1396d(a)(13))

7. FEDERAL BUDGET IMPACT:
a. FFY 2013-2013 $ 0
b. FFY 2013-2014 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-B, page 5
Attachment 4.18-A, page 1
Attachment 4.18-C, page 1
Limitations on Attachment 3.1-A, page 18a
Limitations on Attachment 3.1-B, page 18a

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-B, page 5
Attachment 4.18-A, page 1
Attachment 4.18-C, page 1
Limitations on Attachment 3.1-A, page 18a
Limitations on Attachment 3.1-B, page 18a

10. SUBJECT OF AMENDMENT:
To implement the Affordable Care Act Section 4106, to cover preventive services and vaccines in accordance with the United States Preventive Services Task Force and the Advisory Committee on Immunization Practices.

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.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Toby Douglas

14. TITLE:
Director

15. DATE SUBMITTED: MAR 28 2013

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

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/Territory: California

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO MEDICALLY NEEDY GROUPS

c. Prosthetic devices and hearing aids.

__X__ Provided _____ No limitations _X_With limitations

d. Eye Glasses.

__X__ Provided _____ No limitations _X_With limitations

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostics services

_____ Provided _____ No limitations ____With limitations

b. Screening services

_____ Provided _____ No limitations ____With limitations

c. Preventive services.

__X___ Provided _____ No limitations _X__With limitations

d. Rehabilitative services; including rehabilitative mental health services and rehabilitative alcohol and drug treatment services for individuals diagnosed by physician as having a substance-related disorder. (See Supplements 1, 2, and 3 to Attachment 3.1-B)

__X__ Provided _____ No limitations ____With limitations

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient hospital services

__X___ Provided _____ No limitations _X__With limitations

b. Skilled nursing facility services

__X___ Provided _____ No limitations _X__With limitations

*Description provided on attachment.

State/Territory: California

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED TO MEDICALLY NEEDY GROUPS

c. Prosthetic devices and hearing aids.

__X__ Provided _____ No limitations _X_With limitations

d. Eye Glasses.

__X__ Provided _____ No limitations _X_With limitations

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in the plan.

a. Diagnostics services

_____ Provided _____ No limitations _____With limitations

b. Screening services

_____ Provided _____ No limitations _____With limitations

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d. Rehabilitative services; including rehabilitative mental health services and rehabilitative alcohol and drug treatment services for individuals diagnosed by physician as having a substance-related disorder. (See Supplements 1, 2, and 3 to Attachment 3.1-B)

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a. Inpatient hospital services

__X___ Provided _____ No limitations _X__With limitations

b. Skilled nursing facility services

__X___ Provided _____ No limitations _X__With limitations

*Description provided on attachment.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

A. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge Deduct. Coins. Copay.	Amount of Basis for Determination
Clinic	X	$1 per visit
Surgical center	X	$1 per visit
Optometric	X	$1 per outpatient visit
Chiropractic	X	$1 per outpatient visit
Psychology	X	$1 per outpatient visit
Podiatric	X	$1 per outpatient visit
Occupational therapy	X	$1 per outpatient visit
Physical therapy	X	$1 per outpatient visit
Speech therapy	X	$1 per outpatient visit
Audiology	X	$1 per outpatient visit
Acupuncture	X	$1 per outpatient visit
Drug Prescriptions	X	$1 per outpatient drug prescription
Dental	X	$1 per outpatient dental visit
Nonemergency services in an emergency room	X	$5 per visit (average payment for nonemergency services in an emergency room is greater than $50) All other amounts besides nonemergency services in an emergency room that meet the definition of nominal.

Exceptions:

1. Any service for which the State payment is $10 or less.
2. Any family planning service.
3. Any service provided to a person ~~age 18 or~~ under age 19.
4. ~~Any woman receiving perinatal care~~Any service furnished to a pregnant women, if the service relates to the pregnancy or to any other medical condition which may complicate the pregnancy, including counseling and pharmacotherapy for cessation of tobacco use.~~.~~
5. ~~Any person who is an inpatient in a health facility.~~ Any service provided to an individual who is an inpatient in a hospital, long-term care facility or other medical institution who is required to spend all but a minimal amount of his income required for personal needs towards the cost of care.
6. Any children under 21 living in boarding homes or institutions for foster care.
7. Any individual who is currently or has previously used services provided by an Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U) in any state and any American Indian/Alaskan Native that have received services through referral under contract health services.~~.~~

~~7.~~ 8. Any preventive services and vaccines in accordance with the Affordable Care Act Section 4106.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

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Occupational therapy	X	$1 per outpatient visit
Physical therapy	X	$1 per outpatient visit
Speech therapy	X	$1 per outpatient visit
Audiology	X	$1 per outpatient visit
Acupuncture	X	$1 per outpatient visit
Drug Prescriptions	X	$1 per outpatient drug prescription
Dental	X	$1 per outpatient dental visit
Nonemergency services in an emergency room	X	$5 per visit (average payment for nonemergency services in an emergency room is greater than $50) All other amounts besides nonemergency services in an emergency room that meet the definition of nominal.

Exceptions:

1. Any service for which the State payment is $10 or less.
2. Any family planning service.
3. Any service provided to a person under age 19.
4. Any service furnished to a pregnant women, if the service relates to the pregnancy or to any other medical condition which may complicate the pregnancy, including counseling and pharmacotherapy for cessation of tobacco use.
5. Any service provided to an individual who is an inpatient in a hospital, long-term care facility or other medical institution who is required to spend all but a minimal amount of his income required for personal needs towards the cost of care.
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8. Any preventive services and vaccines in accordance with the Affordable Care Act Section 4106.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: California

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge Deduct. Coins. Copay.	Amount of Basis for Determination
Physician	X	$1 per visit
Clinic/Outpatient	X	$1 per visit
Surgical center	X	$1 per visit
Optometric	X	$1 per outpatient visit
Chiropractic	X	$1 per outpatient visit
Psychology	X	$1 per outpatient visit
Podiatric	X	$1 per outpatient visit
Occupational therapy	X	$1 per outpatient visit
Physical therapy	X	$1 per outpatient visit
Speech therapy	X	$1 per outpatient visit
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Exceptions:

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2. Any family planning service.
3. Any service provided to a person ~~age 18 or~~ under age 19.
4. ~~Any woman receiving perinatal care.~~Any service furnished to a pregnant women, if the service relates to the pregnancy or to any other medical condition which may complicate the pregnancy, including counseling and pharmacotherapy for cessation of tobacco use.
5. ~~Any person who is an inpatient in a health facility~~. Any service provided to an individual who is an inpatient in a hospital, long-term care facility or other medical institution who is required to spend all but a minimal amount of his income required for personal needs towards the cost of care. ~~.~~
6. Any children under 21 living in boarding homes or institutions for foster care.
7. Any individual who is currently or has previously used services provided by an Indian Health Service, an Indian Tribe, Tribal Organization, or Urban Indian Organization (I/T/U) in any state and any American Indian/Alaskan Native that have received services through referral under contract health services.
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8. Any preventive services and vaccines in accordance with the Affordable Care Act Section 4106.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
12d. Eyeglasses and other eye appliances	Covered as medically necessary on the written prescription of a physician or an optometrist under this state plan only for the following beneficiaries: 1. 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. 2. Individual who is an eligible beneficiary of the Early and Periodic Screening Diagnosis and Treatment Program.	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.
13a Diagnostic services	Covered under this state plan only for EPSDT program	
13b Screening services	Covered under this state plan only for EPSDT program	
13c Preventive services	Covered for all preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) and all approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP). Preventive services are provided and covered by a physician or other licensed practitioner of the healing arts within the scope of his/her practice under State law and are reimbursed according to the methodologies for those services in that portion of the state plan.	Prior authorization is not required and services are exempt from cost sharing in accordance with ACA Section 4106. The State assures the availability of documentation to support the claiming of federal reimbursement for these services. The State assures that the benefit package will be updated as changes are made to USPSTF and ACIP recommendations, and that the State will update the coverage and billing codes to comply with these revisions.

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
~~12c Prosthetic and orthotic appliances, and hearing aids (continued).~~	~~Beneficiaries who are receiving long-term care in a licensed skilled nursing facility or intermediate care facility (NF-A and NF-B).~~ • ~~Beneficiaries who are receiving long-term care in a licensed intermediate care facility for the developmentally disabled (ICF/DD), including ICF/DD Habilitative and ICF/DD Nursing.~~ • ~~Beneficiaries in the Program for All Inclusive Care for the Elderly (PACE).~~ • ~~Beneficiaries receiving contracted managed care with Senior Care Action Network (SCAN) and AIDS Healthcare Foundation.~~	
12d. Eyeglasses and other eye appliances	Covered as medically necessary on the written prescription of a physician or an optometrist under this state plan only for the following beneficiaries: 1. 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. 2. Individual who is an eligible beneficiary ~~under~~ of the Early and Periodic Screening Diagnosis and Treatment Program. ~~3. Individual who is receiving long term care in a licensed skilled or intermediate care facility (NF-A and NF-B). Services would be provided in an FQHC or RHC if an NF-A or NF-B resident is a patient of the clinic.~~ ~~4. Individual who is receiving long term care in a licensed intermediate care facility for the developmentally disabled (ICF-DD) including ICF-DD Habilitative and ICF-DD Nursing.~~	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.
13a Diagnostic services	Covered under this state plan only for EPSDT program	
13b Screening services	Covered under this state plan only for EPSDT program	
13c Preventive services	Covered for all preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) and all approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP). Preventive services are provided and covered by a physician or other licensed practitioner of the healing arts within the scope of	Prior authorization is not required and services are exempt from cost sharing in accordance with ACA Section 4106. The State assures the availability of documentation to support the claiming of federal reimbursement for these services.

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

	his/her practice under State law and are reimbursed according to the methodologies for those services in that portion of the state plan. ~~under this state plan only for EPSDT program and for pregnant/postpartum Medi-Cal recipient~~	The State assures that the benefit package will be updated as changes are made to USPSTF and ACIP recommendations, and that the State will update the coverage and billing codes to comply with these revisions.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
12d. Eyeglasses and other eye appliances	Covered as medically necessary on the written prescription of a physician or an optometrist under this state plan only for the following beneficiaries: 1. 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. 2. Individual who is an eligible beneficiary of the Early and Periodic Screening Diagnosis and Treatment Program.	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.
13a Diagnostic services	Covered under this state plan only for EPSDT program.	
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13c Preventive services	Covered for all preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) and all approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP). Preventive services are provided and covered by a physician or other licensed practitioner of the healing arts within the scope of his/her practice under State law and are reimbursed according to the methodologies for those services in that portion of the state plan.	Prior authorization is not required and services are exempt from cost sharing in accordance with ACA Section 4106. The State assures the availability of documentation to support the claiming of federal reimbursement for these services. The State assures that the benefit package will be updated as changes are made to USPSTF and ACIP recommendations, and that the State will update the coverage and billing codes to comply with these revisions.

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
~~12c Prosthetic and orthotic appliances, and hearing aids (continued).~~	~~Beneficiaries who are receiving long-term care in a licensed skilled nursing facility or intermediate care facility (NF-A and NF-B).~~ • ~~Beneficiaries who are receiving long-term care in a licensed intermediate care facility for the developmentally disabled (ICF/DD), including ICF/DD Habilitative and ICF/DD Nursing.~~ • ~~Beneficiaries in the Program for All Inclusive Care for the Elderly (PACE).~~ • ~~Beneficiaries receiving contracted managed care with Senior Care Action Network (SCAN) and AIDS Healthcare Foundation.~~	
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13a Diagnostic services	Covered under this state plan only for EPSDT program	
13b Screening services	Covered under this state plan only for EPSDT program	
13c Preventive services	Covered for all preventive services assigned a grade of A or B by the United States Preventive Services Task Force (USPSTF) and all approved vaccines and their administration, recommended by the Advisory Committee on Immunization Practices (ACIP). Preventive services are provided and covered by a physician or other licensed practitioner of the healing arts within the scope of	Prior authorization is not required and services are exempt from cost sharing in accordance with ACA Section 4106. The State assures the availability of documentation to support the claiming of federal reimbursement for these services.

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

	his/her practice under State law and are reimbursed according to the methodologies for those services in that portion of the state plan. ~~under this state plan only for EPSDT program and for pregnant/postpartum Medi-Cal recipient~~	The State assures that the benefit package will be updated as changes are made to USPSTF and ACIP recommendations, and that the State will update the coverage and billing codes to comply with these revisions.