



**Department of Health Care Services (DHCS)
State Plan Amendment (SPA) 13-008
Two-Visit Limit per Month Questions and Responses**

1. Why does DHCS state that there is no impact to Indian health programs for SPA13-008, doesn't it limit the number of visits? Also under the Tribal Uncompensated Care Waiver Amendment (UCWA) the limit would not apply right?

DHCS Response: SPA 13-008 does not change existing policy limiting the number of visits. The intent of SPA 13-008 is to clarify services subject to the two-visit limit in any one calendar month in the State Plan. The limits do not apply under the Tribal UCWA.

2. What are the substantive changes between SPA 12-003 and 13-008? “Prayer and Spiritual Healing” was dropped from the listed services. Why was it included in 12-003 but rescinded in 13-008?

DHCS Response: “Prayer and Spiritual Healing” were erroneously included in the previous SPA 12-003. Prayer and Spiritual Healing are not benefits of the Medi-Cal program.

3. Many questions were raised under 12-003 Consultation regarding the guidelines of “Prayer and Spiritual Healing” and if traditional healing qualifies. Can you clarify these questions at this time?

DHCS Response: “Prayer and Spiritual Healing” were erroneously included in the previous SPA 12-003. Prayer and Spiritual Healing are not benefits of the Medi-Cal program.

4. How will the 2-visit limit be tracked? (Specifically, how will we be able to determine if the client received a visit at another FQHC or RHC during the month?)

DHCS Response: Each service visit affected by the two-visit limitation must be reserved through the Medi-Service reservation system as described in the Medi-Cal Provider Manual. If the two-visit limit is exceeded, the Medi-Service reservation system will deny the service without an approved Treatment Authorization Request.

FQHCs, RHCs, and Indian Health Services/Memorandum of Agreement (IHS/MOA) providers do not use the Medi-Service reservation system. FQHC, RHC, and IHS/MOA providers must document medical necessity for services exceeding the two-visit limit in the beneficiary's medical record and are subject to audit to ensure required documentation is included in the record (see the FQHC, RHC, and IHS/MOA sections of the Medi-Cal Provider Manual).

FQHC, RHC, and IHS/MOA providers are encouraged to ask the beneficiary, while documenting the beneficiary's medical history, about previous services received during that calendar month. If this information is not readily available, FQHC, RHC, or IHS/MOA providers should request the names of providers that the beneficiary has visited in the calendar month and contact these providers to verify the number and types of previous visits.

5. Can you clarify if this applies to Indian Health Service/Memorandum of Agreement 638 clinics? It only says RHC and FQHC clinics.

DHCS Response: Service limitations apply to services provided in an Indian Health Service clinic. Please reference the Optional Benefits Exclusion, Acupuncture Services, Chiropractic Services, Occupational Therapy, Podiatry Services, Psychological Services, Speech Therapy, and Indian Health Services, sections of the Medi-Cal Provider Manual.