



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

MAR 29 2016

Ms. Kristin Dillon
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 SPA 16-008

Dear Ms. Dillon:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 16-008 for your review and approval. SPA 16-008 provides technical updates to Supplement 6 to Attachment 4.19-B, page 2, for Comprehensive Perinatal Service Program (CPSP) providers, with an effective date of January 1, 2016.

SPA 16-008 will align the description of CPSP in Supplement 6 to Attachment 4.19-B, page 2, with the CPSP description in Limitations to Attachment 3.1-A and 3.1-B by removing the list of CPSP providers and instead referring to CPSP services. This change also brings Supplement 6 into compliance with Senate Bill 407 (Morrell, Chapter 313, Statutes of 2015), which authorized health care providers to employ and/or contract with licensed midwives (LMs) for CPSP services.

CPSP services are a Medi-Cal benefit and this amendment does not change the reimbursement methodology for Indian Health Services clinics. Additionally, there is no fiscal impact, because services that LMs provide are part of CPSP. CMS agreed on February 22, 2016, that a tribal notice was not required.

SPA 16-008 revises language to the provisions set forth in the following section of the State Plan:

- Supplement 6 to Attachment 4.19-B, Page 2

Ms. Kristin Dillon
Page 2
April 15, 2016

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- Supplement 6 to Attachment 4.19-B, Page 2

If you have any questions regarding the information provided, please contact Ms. Cynthia Owens, Chief (Acting), Benefits Division, by phone at (916) 552-9400 or by email at Cynthia.Owens@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 94103-6706

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

1. TRANSMITTAL NUMBER:
SPA 16-008

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
January 1, 2016

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:
SSA Section 1905(a) (2); 42 CFR 440.20

7. FEDERAL BUDGET IMPACT:
a. FFY 2015 \$0
b. FFY 2016 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supplement 6 to Attachment 4.19-B, page 2

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Supplement 6 to Attachment 4.19-B, page 2

10. SUBJECT OF AMENDMENT:
Removes the specific list of CPSP providers from Supplement 6 to Attachment 4.19-B, page 2.

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

13. TYPED NAME:
Mari Cantwell

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

15. DATE SUBMITTED:

MAR 29 2016

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**

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:

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
- Clinical Psychologist
- Clinical Social Worker
- Marriage and Family Therapist
- Visiting Nurse if services are provided in the Tribal facilities
- Comprehensive Perinatal Services Program (CPSP) providers. A September 17, 1985 HCFA letter allows these services as a physician or clinic service.
- Under the Early and Periodic Screening, Diagnostic, 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)

**On the following page (5), please note in this document you will find:

Text Deletion's marked with red font color, ~~strikethrough~~, and an * a the beginning and ending of the deletion

Text Insertion's marked with red font color, underline, and (**) at the beginning and ending of the insertion

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TN No. ~~*14-012*~~(**)

16-008(**)

Supersedes

TN No. ~~11-037a~~(**) 14-012(**)

Approval Date: _____ Effective Date: *01/01/2014* (**) 01/01/2016(**)

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