

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

November 22, 2017

Mari Cantwell
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 17-031, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 1, 2017. This SPA implements a one-year supplemental payment for certain dental services using California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56 Tobacco Tax) funds allocated for the 2017-18 State Fiscal Year. The supplemental payment will be for services rendered on or after July 1, 2017 through and including June 30, 2018.

The effective date of this SPA is July 1, 2017. Enclosed is the following approved SPA page that should be incorporated into your approved state plan:

- Supplement 25 to Attachment 4.19-B, page 1

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Alani Jackson, DHCS
Laurie Weaver, DHCS
Nathaniel Emery, DHCS
Wendy Ly, DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>1</u> <u>7</u> — <u>0</u> <u>3</u> <u>1</u>	2. STATE California
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2017
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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 C.F.R. Part 447, Subpart B	7. FEDERAL BUDGET IMPACT a. FFY ²⁰¹⁷ _____ \$ <u>52,500,000</u> b. FFY ²⁰¹⁸ _____ \$ <u>157,500,000</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 24 to Attachment 4.19-B, Page 1 Supplement 25 to Attachment 4.19-B, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) <u>None</u>
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10. SUBJECT OF AMENDMENT

Implementation of a one-year supplemental payment for certain dental services using California Healthcare, Research and Prevention Tobacco Tax Act (Proposition 56 Tobacco Tax) funds allocated for the 2017-18 State Fiscal Year (Stats. 2017, ch. 22). The supplemental payment would be for services rendered on or after July 1, 2017 through and including June 30, 2018.

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

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

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 Mari Cantwell	
14. TITLE State Medicaid Director	
15. DATE SUBMITTED September 1, 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 1, 2017	18. DATE APPROVED November 22, 2017
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL <u>/s/</u>
21. TYPED NAME Henrietta Sam-Louie	22. TITLE Associate Regional Administrator, Division of Medicaid & Children's Health Operations

23. REMARKS

For Box 11 "OTHER, AS Specified": Please note: The Governor's Office does not wish to review the State Plan Amendment.

Box 8 and 9: Edits made by CMS per 10/5/17 state response to CMS informal questions. Box 15 edit added by CMS per email dated 11/17/17 from CA.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

One-year Supplemental Payment for Certain Dental Services for the State Fiscal Year 2017-2018

Effective for dates of services on or after July 1, 2017 through and including June 30, 2018, a supplemental payment will be applied to certain dental services in the following dental categories: restorative, endodontic, prosthodontic, oral and maxillofacial, adjunctive, visits and diagnostic services.

The supplemental payment for services in these categories will be at a rate equal to 40 percent of the Dental Schedule of Maximum Allowances (SMA) reimbursed to providers who have the ability to bill for these services through the Dental Fiscal Intermediary, or Medi-Cal Dental providers who bill through the Dental Managed Care delivery system.

The SMA website link can be found here:

https://www.denti-cal.ca.gov/DC_documents/providers/provider_handbook/handbook.pdf#page=135.

For reference, the SMA is published in the Provider Services Handbook, Section 5, pages 5-106 through 5-126.

Dental procedures eligible for the supplemental payments are those codes published at this website link: https://www.denti-cal.ca.gov/DC_documents/providers/provider_bulletins/Volume_33_Number_10.pdf