

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

MAY 02 2014

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) 14-012. SPA 14-012 was submitted to my office on March 27, 2014 to add licensed marriage and family therapists, registered marriage and family therapist interns, registered associate clinical social workers, and psychology assistants as providers of psychology services under the direction of a licensed practitioner within their scope of service. The effective date of this SPA is January 1, 2014.

Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Limitations to Attachment 3.1-A, page 11a
- Limitations to Attachment 3.1-A, page 15
- Limitations to Attachment 3.1-A, page 15a
- Limitations to Attachment 3.1-B, page 11a
- Limitations to Attachment 3.1-B, page 15
- Limitations to Attachment 3.1-B, page 15a
- Supplement 6 to Attachment 4.19-B, page 2
- Supplement 6 to Attachment 4.19-B, page 2a

If you have any questions, please contact Tyler Sadwith by phone at (415) 744-3563 or by email at tyler.sadwith@cms.hhs.gov.

Sincerely,

Original Signed

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

Enclosure

cc: Laurie Weaver, California Department of Health Care Services
Nathaniel Emery, California Department of Health Care Service

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 14-012	2. STATE California
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2014

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: Title 42 USC 1396d (a)(6), Title 42 CFR 440.60	7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$0 b. FFY 2015 \$0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Limitations on Attachment 3.1-A, page 11a Limitations on Attachment 3.1-A, page 15 Limitations on Attachment 3.1-A, page 15a Limitations on Attachment 3.1-B, page 11a Limitations on Attachment 3.1-B, page 15 Limitations on Attachment 3.1-B, page 15a Supplement 6 Attachment 4.19B, page 2 Supplement 6 Attachment 4.19B, page 2a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Limitations on Attachment 3.1-A, page 11a Limitations on Attachment 3.1-A, page 15 Limitations on Attachment 3.1-A, page 15a Limitations on Attachment 3.1-B, page 11a Limitations on Attachment 3.1-B, page 15 Limitations on Attachment 3.1-B, page 15a Supplement 6 Attachment 4.19B, page 2 Supplement 6 Attachment 4.19B, page 2a

10. SUBJECT OF AMENDMENT:

Adding licensed marriage and family therapists, and registered interns to the list of providers who can provide psychology services.

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: 3/27/14	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 27, 2014	18. DATE APPROVED: May 2, 2014
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2014	20. SIGNATURE OF REGIONAL OFFICIAL: Original Signed
21. TYPED NAME: Gloria Nagle, Ph.D, MPA	22. TITLE: Associate Regional Administrator
23. REMARKS:	

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d.1 Psychology	<p>Psychology services are covered as a benefit under this plan when provided by a psychologist, clinical social worker, or marriage and family therapist (MFT) licensed by the state.</p> <p>Registered MFT interns, registered associate clinical social workers (ASWs), and psychological assistants may also provide psychology services under the direct supervision of a licensed mental health professional, that is within their scope of practice in accordance with applicable state laws.</p> <p>Psychology services are covered outpatient settings for all Medi-Cal beneficiaries.</p>	TAR approval is not required for outpatient psychology services.

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

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
7d Physical and occupational therapy, speech therapy and audiology services provided by a home health agency.	See 11. The two-visit limit does not apply to therapies provided in the home health setting.	See 11.
8 Special duty nursing services.	Not covered	
9 Clinic services	<p>Clinic services are covered under this state plan. Clinic services means preventive, diagnostic, therapeutic, rehabilitative, or palliative services that are furnished by a facility that is not part of a hospital but is organized and operated to provide medical care to outpatients. Clinic services include outpatient heroin or other opioid detoxification services. Services shall be furnished at the clinic by or under the direction of a physician or dentist.</p> <p>Acupuncture, audiology, chiropractic, dental, incontinence creams and washes, optometry, podiatry, and speech therapy are covered optional benefits only for the following beneficiaries:</p> <ul style="list-style-type: none"> • Pregnant women, if the optional benefit is part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy. • Individuals who are eligible for the Early and Periodic Screening, Diagnosis and Treatment Program. 	<p>Refer to appropriate service section for prior authorization requirements</p> <p>Narcotic Treatment Programs pursuant to federal and state regulations are the only facilities that may administer methadone for heroin or other opioid detoxification services. Other narcotic drugs permitted by federal law may be used for outpatient heroin or other opioid detoxification services at any outpatient clinic or physician office setting where the medical staff has appropriate state and federal certifications for treatment of opioid dependence outside of Narcotic Treatment Programs. Refer to type of service "5a Physician Services" for prior authorization and other requirements for outpatient heroin or other opioid detoxification services.</p>

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

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
9 Clinic Services (continued)	The following services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, and speech therapy.	
10 Dental services	<p>Pursuant to 42 U.S.C. Section 1396d (a)(10), dental services are covered as described under this plan only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women: emergency dental services and pregnancy related-services or services to treat a condition that may complicate the pregnancy. 2. Individuals who are eligible for the EPSDT program: emergency dental services and all other medically necessary dental services. <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p> <p>For eligible beneficiaries 21 years of age and older (non-EPSDT), an \$1,800 annual benefit maximum applies, with the following exceptions:</p> <ul style="list-style-type: none"> • Emergency dental services • Services including pregnancy-related services and for other conditions that might complicate the pregnancy. • Dentures • Dental implants and implant-retained prostheses. 	Dental services are administered through a contract with the Medi-Cal Dental Fiscal Intermediary (Dental FI). The Dental FI approves and provides payment for covered dental services performed by an enrolled dental provider. Prior authorization is required in general for crowns (except stainless steel crowns), root canal treatments, treatment of periodontal disease, dentures, implants, some complex oral surgical procedures, and orthodontic treatment. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
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*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
7d Physical and occupational therapy, speech therapy and audiology services provided by a home health agency.	See 11. The two-visit limit does not apply to therapies provided in the home health setting.	See 11.
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TN No. 14-012

Supersedes:

TN No. 13-008

Approval Date: May 2, 2014

Effective Date: 1/1/14

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
9 Clinic Services (continued)	The following services are subject to a two-services limit in any one calendar month or any combination of two services per month from the following services, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, and speech therapy.	
10 Dental services	<p>Pursuant to 42 U.S.C. Section 1396d (a)(10), dental services are covered as described under this plan only for the following beneficiaries:</p> <ol style="list-style-type: none"> 1. Pregnant women: emergency dental services and pregnancy related-services or services to treat a condition that may complicate the pregnancy. 2. Individuals who are eligible for the EPSDT program: emergency dental services and all other medically necessary dental services. <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p> <p>For eligible beneficiaries 21 years of age and older (non-EPSDT), an \$1,800 annual benefit maximum applies, with the following exceptions:</p> <ul style="list-style-type: none"> • Emergency dental services • Services including pregnancy-related services and for other conditions that might complicate the pregnancy. • Dentures • Dental implants and implant-retained prostheses. 	Dental services are administered through a contract with the Medi-Cal Dental Fiscal Intermediary (Dental FI). The Dental FI approves and provides payment for covered dental services performed by an enrolled dental provider. Prior authorization is required in general for crowns (except stainless steel crowns), root canal treatments, treatment of periodontal disease, dentures, implants, some complex oral surgical procedures, and orthodontic treatment. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.

* Prior authorization is not required for emergency services.

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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): Registered Nurse, Dietitian, Health Educator, Childbirth Educator, Licensed Vocational Nurse, and Comprehensive Perinatal Health Worker. A September 17, 1985 HCFA letter allows these services as a physician or clinic service.
- Under the Early and Periodic Screening, Diagnosis, 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)

D. Acupuncture, audiology, chiropractic, eyeglasses and other appliances, podiatry, and speech therapy are covered benefits under this state plan only for the following beneficiaries:

1. Pregnant women, if the optional benefit is part of their pregnancy-related services or for services to treat a condition that might complicate their pregnancy.
2. Individuals who are eligible for the Early and Periodic Screening, Diagnostic and Treatment Program.