



JENNIFER KENT
DIRECTOR

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



EDMUND G. BROWN JR.
GOVERNOR

November 8, 2017

Ms. Henrietta Sam-Louie
Associate Regional IX Administrator
Division of Medicaid and Children's Health Operations
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6707

Dear Ms. Henrietta Sam-Louie:

STATE PLAN AMENDMENT (SPA) 17-027

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 17-027 for your review and approval. This SPA proposes to restore adult optional dental benefits for beneficiaries ages 21 and older with full-scope dental coverage.

The restored benefits would be effective January 1, 2018, pursuant to Senate Bill 97 (Chapter 52, Statutes of 2017) which amended Welfare and Institutions Code, Section 14131.10. DHCS proposes to restore adult optional dental benefits that were not restored in May 2014 (SPA 13-018). Restored benefits will include, for example, laboratory processed crowns, posterior root canal therapy, periodontal services, and partial dentures, including denture adjustments, repairs, and relines. The full dental benefits are listed in the Dental Provider Handbook, Section 5, Manual of Criteria, posted on the Denti-Cal website.

Indian Health Programs and Urban Indian Organizations were provided notification by way of a Tribal Organizational Summary detailing the provisions of this proposed SPA on October 5, 2017, and were given the opportunity to comment on this proposal. A copy of that notice is also enclosed. As of November 7, no comments have been received.

Ms. Henrietta Sam-Louie
Page 2
November 8, 2017

If you have any questions regarding the SPA, please contact Alani Jackson, Chief,
Medi-Cal Dental Services Division, at (916) 552-8559 or via e-mail at
Alani.Jackson@dhcs.ca.gov.

ORIGINAL SIGNED

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

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

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

7. FEDERAL BUDGET IMPACT

a. FFY _____ \$ _____

b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*)

10. SUBJECT OF AMENDMENT

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

12. SIGNATURE OF STATE AGENCY OFFICIAL

16. RETURN TO

13. TYPED NAME

14. TITLE

15. DATE SUBMITTED

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 PLAN CHART

	TYPE OF SERVICES	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, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, podiatry, psychology, and speech therapy.	
10	Dental Services	<p>Effective January 1, 2018, Medi-Cal Adult Dental Benefits will be restored to include all optional dental benefits, not restored in 2014, as outlined in the state's manual of criteria.</p> <p>Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not benefits.</p>	Dental services are administered through an agreement between the Medi-Cal Dental program and its contractor(s). On behalf of the State, the Dental contractor(s) shall approve and provide payment for covered dental services performed by an enrolled dental provider when services are provided in accordance with the state's manual of criteria.

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN Number: 17-027

Approval Date:

Effective Date: January 1, 2018

Supersedes

TN Number: 15-010 (TC Approved November 8, 2016)

STATE PLAN CHART

	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
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TN Number: 15-010 (TC Approved November 8, 2016)

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued).	<p>4. Certified Nurse Midwife (CNM) who is authorized to practice nursing and midwifery services by the State and who is acting within the scope of his/her license</p> <p>5. Visiting nurse who is authorized to practice nursing by the State and who is acting within the scope of his/her license</p> <p>6. Comprehensive Perinatal Services Program (CPSP) practitioner services</p> <p>7. Licensed clinical social worker who is authorized to practice social work services by the State and who is acting within the scope of his/her license</p> <p>8. Clinical psychologist who is authorized to practice psychology services by the State and who is acting within the scope of his/her license</p> <p>9. Licensed acupuncturist who is authorized to provide acupuncture services by the State and who is acting within the scope of his/her license</p> <p>Audiology, chiropractic, 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 services for a condition that might complicate the pregnancy. • Individuals who are eligible for the Early and Periodic Screening, Diagnostic and Treatment benefit. <p>Psychology services are covered in FQHCs for all Medi-Cal beneficiaries.</p>	

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TN No. 17-027
Supersedes
TN No. 16-025

Approval Date: _____

Effective Date: 1/1/18

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
2c and 2d Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued).	<p>4. Certified Nurse Midwife (CNM) who is authorized to practice nursing and midwifery services by the State and who is acting within the scope of his/her license</p> <p>5. Visiting nurse who is authorized to practice nursing by the State and who is acting within the scope of his/her license</p> <p>6. Comprehensive Perinatal Services Program (CPSP) practitioner services</p> <p>7. Licensed clinical social worker who is authorized to practice social work services by the State and who is acting within the scope of his/her license</p> <p>8. Clinical psychologist who is authorized to practice psychology services by the State and who is acting within the scope of his/her license</p> <p>9. Licensed acupuncturist who is authorized to provide acupuncture services by the State and who is acting within the scope of his/her license</p> <p>Audiology, chiropractic, 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 services for a condition that might complicate the pregnancy. • Individuals who are eligible for the Early and Periodic Screening, Diagnostic and Treatment benefit. <p>Psychology services are covered in FQHCs for all Medi-Cal beneficiaries.</p>	

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