



JENNIFER KENT
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

March 20, 2019

Richard C. Allen, Director
Western Regional Operations Group
Centers for Medicare & Medicaid Services
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706

**SPA 19-0009: NEW SCHOOL-BASED VISION CARE SERVICE IN THE LEA
MEDI-CAL BILLING OPTION PROGRAM**

Dear Mr. Allen:

The Department of Health Care Services (DHCS) is submitting the enclosed State Plan Amendment (SPA) 19-0009.

This SPA proposes to provide comprehensive vision services to Medi-Cal eligible students. The SPA will add medically necessary comprehensive eye exams, corrective lenses, and frames as a new service, and optometrist as a new practitioner, to the Local Educational Agency (LEA) Medi-Cal Billing Option Program. DHCS published the Public Notice on December 28, 2018, and received approval for no tribal/designee notice on January 9, 2019.

Enclosed for your review and approval, the following SPA documents add language to the provisions set forth in the following sections of the State Plan:

- Form 179 – Transmittal and Notice of Approval
- Limitations on Attachment 3.1-A, pages 9a and 9g (Redline Version)
- Limitations on Attachment 3.1-A, pages 9a and 9g (Clean Version)
- Limitations on Attachment 3.1-A, pages 27 and 29d (Redline Version)
- Limitations on Attachment 3.1-A, pages 27 and 29d (Clean Version)
- Limitations on Attachment 3.1-B, pages 9a and 9g (Redline Version)
- Limitations on Attachment 3.1-B, pages 9a and 9g (Clean Version)
- Limitations on Attachment 3.1-B, pages 26 and 28d (Redline Version)
- Limitations on Attachment 3.1-B, pages 26 and 28d (Clean Version)
- Attachment 4.19-B, Supplement 8, page 5 (Clean Version)
- Attachment 4.19-B, Supplement 8, page 5 (Redline Version)

The proposed effective date for SPA 19-0009 is January 1, 2019.

Mr. Richard C. Allen

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March 20, 2019

Please contact John Mendoza, Chief, Safety Net Financing Division, at (916) 552-9130 or by e-mail at john.mendoza@dhcs.ca.gov if you have any questions.

Sincerely,

A large black rectangular redaction box covers the signature area. A blue ink scribble is visible to the right of the box.

Chief Deputy Director
Health Care Programs
State Medicaid Director

Enclosures

cc: Ms. Jacey Cooper
Senior Advisor
Health Care Programs
Department of Health Care Services
Jacey.Cooper@dhcs.ca.gov

Ms. Lindy Harrington
Deputy Director
Health Care Financing
Department of Health Care Services
Lindy.Harrington@dhcs.ca.gov

Mr. John Mendoza, Chief
Safety Net Financing Division
Department of Health Care Services
John.Mendoza@dhcs.ca.gov

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

1. TRANSMITTAL NUMBER

19 — 0009

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

January 1, 2019

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

Social Security Act 1915(g)

7. FEDERAL BUDGET IMPACT

a. FFY 2019 \$ 6,200,000

b. FFY 2020 \$ 6,200,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Limitations on Attachment 3.1-A, pages 9a, 9g, 27 and 29d; Limitations on Attachment 3.1-B, pages 9a, 9g, 26 and 28d; Attachment 4.19-B, Supplement 8, page 5

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

Limitations on Attachment 3.1-A, pages 9a, 9g, 27 and 29d; Limitations on Attachment 3.1-B, pages 9a, 9g, 26 and 28d; Attachment 4.19-B, Supplement 8, page 5

10. SUBJECT OF AMENDMENT

New school-based vision care service in the Local Educational Agency Medi-Cal Billing Option Program

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

Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

13. NAME
Mari Cantwell

14. TITLE
State Medicaid Director

15. DATE SUBMITTED
March 20, 2019

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

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

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
<p>4b EPSDT (cont.)</p> <p>Services provided by LEA providers (cont.)</p> <p>*Prior authorization is not required for emergency services. **Covers all medically necessary services.</p>	<p><u>Assessment Services</u></p> <p>Health and mental health evaluation and education (Early Periodic Screening Diagnostic Treatment (EPSDT), also covered in Items 4b and 13d). EPSDT services are defined as medically necessary when used to correct or ameliorate defects and physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screening. Health and mental health evaluation and education includes parts of EPSDT assessment and screenings such as:</p> <ul style="list-style-type: none"> • Developmental Assessment • Health Education and Anticipatory Guidance appropriate to age and health status which includes wellness counseling • Hearing Assessment • Nutritional Assessment • Psychosocial Status Assessment • Vision Assessment <p>LEA covered services also include the following assessment services:</p> <ul style="list-style-type: none"> • Audiological Assessment • Comprehensive Eye Exam • Health Assessment • Occupational Therapy Assessment • Orientation and Mobility Assessment • Physical Therapy Assessment • Psychological Assessment • Respiratory Assessment • Speech-Language Assessment 	<p><u>Practitioner Qualifications and Limitations</u></p> <p>LEA assessments and treatment services must be performed by practitioners who meet the applicable qualification requirements as defined in 42 CFR Part 440, who render services within their scope of practice, as defined in State law.</p>

STATE PLAN CHART

Type of Service	Program Coverage*	Prior Authorization or Other Requirements
<p>24g Local Educational Agency (LEA) Services (cont.)</p>	<p><u>Assessment Services</u></p> <p>Health and mental health evaluation and education (Early Periodic Screening Diagnostic Treatment (EPSDT), also covered in Items 4b and 13d). EPSDT services are defined as medically necessary when used to correct or ameliorate defects and physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screening. Health and mental health evaluation and education includes parts of EPSDT assessment and screenings such as:</p> <ul style="list-style-type: none"> • Developmental Assessment • Health Education and Anticipatory Guidance appropriate to age and health status which includes wellness counseling • Hearing Assessment • Nutritional Assessment • Psychosocial Status Assessment • Vision Assessment <p>LEA covered services also include the following assessment services:</p> <ul style="list-style-type: none"> • Audiological Assessment • Comprehensive Eye Exam • Health Assessment • Occupational Therapy Assessment • Orientation and Mobility Assessment • Physical Therapy Assessment • Psychological Assessment • Respiratory Assessment • Speech-Language Assessment 	<p><u>Practitioner Qualifications and Limitations</u></p> <p>LEA assessments and treatment services must be performed by practitioners who meet the applicable qualification requirements as defined in 42 CFR Part 440, who render services within their scope of practice, as defined in State law.</p>

*Covers all medically necessary services.

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
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STATE PLAN CHART

Type of Service	Program Coverage*	Prior Authorization or Other Requirements
<p>23g Local Educational Agency (LEA) Services (cont.)</p> <p>*Covers all medically necessary services.</p>	<p><u>Assessment Services</u></p> <p>Health and mental health evaluation and education (Early Periodic Screening Diagnostic Treatment (EPSDT), also covered in Items 4b and 13d). EPSDT services are defined as medically necessary when used to correct or ameliorate defects and physical and mental illness and conditions discovered during a regular (periodic) or inter-periodic screening. Health and mental health evaluation and education includes parts of EPSDT assessment and screenings such as:</p> <ul style="list-style-type: none"> • Developmental Assessment • Health Education and Anticipatory Guidance appropriate to age and health status which includes wellness counseling • Hearing Assessment • Nutritional Assessment • Psychosocial Status Assessment • Vision Assessment <p>LEA covered services also include the following assessment services:</p> <ul style="list-style-type: none"> • Audiological Assessment • Comprehensive Eye Exam • Health Assessment • Occupational Therapy Assessment • Orientation and Mobility Assessment • Physical Therapy Assessment • Psychological Assessment • Respiratory Assessment • Speech-Language Assessment 	<p><u>Practitioner Qualifications and Limitations</u></p> <p>LEA assessments and treatment services must be performed by practitioners who meet the applicable qualification requirements as defined in 42 CFR Part 440, who render services within their scope of practice, as defined in State law.</p>

- (k) Interim rates for comprehensive eye examinations, eyeglasses and dispensing services will be based on existing rates from the Medi-Cal Fee Schedule.

D. Interim Rates for Treatment Services

1. Median treatment times for psychology and counseling, speech therapy, audiology, occupational therapy, and physical therapy were developed using time reported in the Treatment Service Questionnaire. Each Treatment Service Questionnaire was subjected to a desk review to evaluate the reasonableness of the data provided.
 - (a) Treatment service rates for psychology and counseling, speech therapy, audiology, occupational therapy and physical therapy were developed based on an initial service increment range of 15 to 45 minutes as well as additional rate increments of 15-minutes. Time spent by health service practitioners for preparation and completion activities and travel have been included in the development of initial interim service rates (but not the additional 15-minute increment rates) for these services. The initial service billed for these practitioners represents any amount of treatment time between 15 and 45 minutes. Additional treatment time beyond the initial 45-minutes will be billed as one unit for each 15-minute increment of treatment time.
 - (b) Individual interim treatment service rates were developed for psychology and counseling, speech therapy, audiology, occupational therapy, and physical therapy. Group treatment interim service rates were developed for psychology and counseling, speech therapy, occupational therapy and physical therapy.
 - (c) Trained Health Care Aide hourly costs will be used as an interim rate proxy for the following services and practitioner types:
 - i. Speech Therapy Services provided by a Speech-Language Pathology Assistant;
 - ii. Occupational Therapy Services provided by an Occupational Therapy Assistant;
 - iii. Physical Therapy Services provided by a Physical Therapy Assistant;
 - iv. Psychological Services provided by an Associate Marriage and Family Therapist and a Registered Associate Clinical Social Worker.
 - (d) School nurse hourly costs will be used as an interim rate proxy for nutritional treatments, respiratory therapy treatments, and all services provided by Physician Assistants. Interim rates will be based on school nurse hourly costs.
 - (e) Occupational therapist hourly costs will be used as an interim rate proxy for orientation and mobility services provided by Certified Orientation and Mobility Specialists. Interim rates based on occupational therapist hourly costs will be billed in service units representing 15-minute increments.