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

Toby Douglas, Director California Department of Health Care Services P.O. Box 997413, MS 0000 Sacramento, CA 95899-7413 DEC 3 1 2013

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 13-042. SPA 13-042 was submitted to my office on November 15, 2013 to expand the scope of physical, occupational and speech therapy services offered to all Medi-Cal populations to include services aimed at the maintenance and acquisition of skills.

The effective date of this SPA is October 1, 2013. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Attachment 3.1-A, pages 16, 16a and 16b
- Attachment 3.1-B. pages 16, 16a and 16b

If you have any questions, please contact Tom Schenck by phone at (415) 744-3589 or by email at tom.schenck@cms.hhs.gov.

Sincerely,

Gloria Nagle, Ph.D., MPA

Associate Regional Administrator

Marke Nagle

Division of Medicaid & Children's Health Operations

Enclosure

cc: Kathyryn Waje, California Department of Health Care Services Laurie Weaver, California Department of Health Care Services

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193	
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER: 2. STATE		
STATE PLAN MATERIAL	13-042	CA	
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE		
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDIC		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	October 1, 2013		
DEPARTMENT OF HEALTH AND HUMAN SERVICES			
5. TYPE OF PLAN MATERIAL (Check One):			
☐ NEW STATE PLAN ☐ AMENDMENT TO BE	CONSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each	h amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:		
ACA, section 2001	a. FFY \$		
	b. FFY \$		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	SEDED PLAN SECTION	
Limitations on Attachment 3.1-A, page 16	OR ATTACHMENT (If Applicable)):	
Limitations on Attachment 3.1-A, page 16a	Limitations on Attachment 3.1-A, page		
Limitations on Attachment 3.1-A, page 16b	Limitations on Attachment 3.1-A, page		
Limitations on Attachment 3.1-B, page 16	Limitations on Attachment 3.1-A, page		
Limitations on Attachment 3.1-B, page 16a	Limitations on Attachment 3.1-B, page		
Limitations on Attachment 3.1-B, page 16b	Limitations on Attachment 3.1-B, page 16a		
71 0	Limitations on Attachment 3.1-B, page		
10. SUBJECT OF AMENDMENT:	1		
Acquisition and maintenance of physical, occupational, and speech thera	npy services		
11. GOVERNOR'S REVIEW (Check One):			
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	CIFIED:	
☐ 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:		
ORIGINAL COPY SIGNED BY:			
13. TYPED NAME:	Department of Health		
Toby Douglas	Attn: State Plan Coor		
14. TITLE:	1501 Capitol Avenue, S	Suite 71.3.26	
Director	P.O. Box 997417		
15. DATE SUBMITTED: November 15, 2013	Sacramento, CA 95899	0-7417	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 11/15/2013	18. DATE APPROVED: 12/31/201	13	
PLAN APPROVED – ON	E COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 10/1/2013	20. SIGNATURE OF REGIONAL OF	FICIAL:	
5 ·	ORIGINAL COPY SIGNED B	Y:	
21. TYPED NAME: Gloria Nagle, PhD, MPA	22. TITLE:		
21. TITES TRAINS. CIONA HAGIO, I IIS, IVII /	Associate Regional Administr	ator	
	1		

23. REMARKS:

	TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11a.	Physical Therapy	Physical therapy is covered for the restoration, maintenance and acquisition of skills only when prescribed by a physician, dentist, or podiatrist.	All physical therapy services are subject to prior authorization.
		Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.	Services must be performed by providers who meet the applicable qualification requirements as defined for physical therapy in 42 CFR Section 440.110(a), licensed and within their scope of practice under state
		Outpatient physical therapy provided in a certified rehabilitation center is covered only when billed by	law.
		the rehabilitation center.	More than one evaluation visit in a six-month period requires authorization.
		In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.	

Approval Date: DEC 3 1 2013

Effective Date: 10/1/13

^{*}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*
11b.	Occupational Therapy	Occupational therapy is covered for the restoration, maintenance and acquisition of skills only when prescribed by a physician, dentist, or podiatrist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.	Services must be performed by providers who meet the applicable qualification requirements as defined for occupational therapy in 42 CFR Section 440.110(b), licensed and within their scope of practice under state law.
		Outpatient occupational therapy provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.	
		In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.	More than one evaluation visit in a six-month period requires authorization.
		Occupational therapy services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.	
		Outpatient occupational therapy services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: audiology, acupuncture, chiropractic, psychology, podiatry, and speech therapy.	TAR is required for an occupational therapy visit that exceeds the two-visit limit.
		Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 regarding psychology services.	,

TN No. <u>13-042</u> Supersedes TN No. 13-008

Approval Date: DEC 3 1 2013

Effective Date: _10/1/13

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	TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11c.	Speech Therapy/Audiology	Speech therapy for the restoration, maintenance and acquisition of skills and audiology may be provided only upon the written prescription of a physician or dentist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.	Services must be performed by providers who meet the applicable qualification requirements as defined for speech therapy and audiology services in 42 CFR Section 440.110(c), licensed and within their scope of practice under state law.
		Speech therapy and audiology provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.	
		In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.	More than one evaluation visit in a six-month period requires authorization.
		Speech therapy and audiology services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.	
		Speech therapy and audiology services are covered under this state plan only for the following beneficiaries:	
		 Pregnant women, if the speech therapy and audiology services are 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. 	

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	TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11a.	Physical Therapy	Physical therapy is covered for the restoration, maintenance and acquisition of skills only when prescribed by a physician, dentist, or podiatrist.	All physical therapy services are subject to prior authorization.
		Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.	Services must be performed by providers who meet the applicable qualification requirements as defined for physical therapy in 42 CFR Section 440.110(a), licensed and within their scope of practice under state
		Outpatient physical therapy provided in a certified rehabilitation center is covered only when billed by	law.
		the rehabilitation center.	More than one evaluation visit in a six-month period requires authorization.
		In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.	

DEC 3 1 2013

Approval Date: _____

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	TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11b.	Occupational Therapy	Occupational therapy is covered for the restoration, maintenance and acquisition of skills only when prescribed by a physician, dentist, or podiatrist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.	Services must be performed by providers who meet the applicable qualification requirements as defined for occupational therapy in 42 CFR Section 440.110(b), licensed and within their scope of practice under state law.
		Outpatient occupational therapy provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.	
		In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.	More than one evaluation visit in a six-month period requires authorization.
		Occupational therapy services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.	
		Outpatient occupational therapy services are limited to a maximum of two services in any one calendar month or any combination of two services per month from the following services: audiology, acupuncture, chiropractic, psychology, podiatry, and speech therapy.	TAR is required for an occupational therapy visit that exceeds the two-visit limit.
		Effective January 1, 2014, the two-visit limit does not apply to psychology services. See Item 6d.1 regarding psychology services.	

DEC 3 1 2013 Approval Date:

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^{*}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*
11c.	Speech Therapy/Audiology	Speech therapy for the restoration, maintenance and acquisition of skills and audiology may be provided only upon the written prescription of a physician or dentist. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.	Services must be performed by providers who meet the applicable qualification requirements as defined for speech therapy and audiology services in 42 CFR Section 440.110(c), licensed and within their scope of practice under state law.
		Speech therapy and audiology provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.	
		In a certified rehabilitation center, one visit in a six-month period to evaluate the patient and prepare an extended treatment plan may be provided without authorization.	More than one evaluation visit in a six-month period requires authorization.
		Speech therapy and audiology services are covered in hospital outpatient departments and organized outpatient clinics for all Medi-Cal beneficiaries.	
		Speech therapy and audiology services are covered under this state plan only for the following beneficiaries:	
		 Pregnant women, if the speech therapy and audiology services are 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. 	

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