

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 30, 2023

Michelle Baass
Director and Interim State Medicaid Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 23-0022


Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0022. This amendment will align services provided by Registered Dental Hygienists (RDHs), Registered Dental Hygienists in Extended Functions (RDHEFs), and Registered Dental Hygienists in Alternative Practice (RDHAPs) with the state's scope of practice laws.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 Code of Federal Regulations (CFR) 440.60. This letter is to inform you that California Medicaid SPA 23-0022 was approved on November 29, 2023, with an effective date of December 1, 2023.

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

Sincerely,

 Digitally signed by
James G. Scott -S
Date: 2023.11.30
09:02:15 -06'00'
James G. Scott, Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER

2 3 — 0 0 2 2

2. STATE

CA3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX



XXI

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

December 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION

~~43 U.S.C. Section 1396a; 42 C.F.R. 447, Subpart 7~~

Sec. 1905(a)(6) of the Social Security Act & 42 CFR 440.60

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024\$ 0b. FFY 2025\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

~~Attachment 4.19-B, Page 20b~~

Limitations on Attachment 3.1-A, pages 12a.1-12a.6

Limitations on Attachment 3.1-B, pages 12a.1-12a.6

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)~~Attachment 4.19-B, Page 20b~~

Limitations on Attachment 3.1-A, pages 12a.1-12a.6

Limitations on Attachment 3.1-B, pages 12a.1-12a.6

9. SUBJECT OF AMENDMENT See Box 22 below for revised description.

~~Updates Medi-Cal dental provider enrollment requirements for Registered Dental Hygienists in Alternative Practice and will update the associated supervision levels and referral requirements of an Registered Dental Hygienist, Registered Dental Hygienist in Extended Functions, and RDHAP as specified in Business and Professions Code 1900-1931 and Manual of Criteria.~~

10. GOVERNOR'S REVIEW (Check One)



GOVERNOR'S OFFICE REPORTED NO COMMENT



COMMENTS OF GOVERNOR'S OFFICE ENCLOSED



NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL



OTHER, AS SPECIFIED:

Please note: The Governor's Office does not wish to review
the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME

Jacey Cooper

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

September 15, 2023

15. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

FOR CMS USE ONLY

16. DATE RECEIVED

September 15, 2023

17. DATE APPROVED

November 29, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

December 1, 2023

19. S

20. TYPED NAME OF APPROVING OFFICIAL

James G. Scott

21. TITLE OF APPROVING OFFICIAL

Director, Division of Program Operations

22. REMARKS

Box 5: CMS pen & ink change to update applicable citations based on email with CA dated 11/16/23.

Box 7-8: CMS made a pen & ink change to strikethrough reimbursement page that the state withdrew per state's written response dated 11/16/23 to CMS's informal comments.

Box 9: CMS pen & ink change to revise description per email with CA dated 11/17/23 as "Aligns services provided by Registered Dental Hygienists (RDHs), Registered Dental Hygienists in Extended Functions (RDHEFs), and Registered Dental Hygienists in Alternative Practice (RDHAPs) with the state's scope of practice laws."

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A

| TYPE OF SERVICES | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|---|--|--|
| 6d6 Licensed Registered Dental Hygienists' services | All services permitted under scope of practice of a licensed Registered Dental Hygienists (RDH) as medically necessary, subject to limitations. All licensed RDHs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6). | <p>A licensed RDH may provide services within the RDH's scope of practice as permitted by their state licensing board which include, but are not limited to, educational services, oral health training programs, oral health screenings, and scaling and root planing services.</p> <p>A licensed RDH is authorized to provide treatment performed in the following settings and under the following conditions:</p> <ul style="list-style-type: none"> • In a public health program, created by federal, state, or local law; or • In a public health program, administered by a federal, state, county, or local governmental entity; at a sponsored event by a sponsoring entity or at a nonprofit organization; and, • The licensed RDH shall also be employed by said program and must provide documentation from the public health program attesting to the licensed RDH's employment upon program enrollment. |

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN Number 23-0022

Supersedes

TN Number: 18-0025

Approval Date: November 29, 2023

Effective Date: December 1, 2023

Page 12a.1

STATE PLAN CHART

(This chart is an overview only)

Limitations on Attachment 3.1-A

| TYPE OF SERVICES | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|---|--------------------|--|
| 6d6 Licensed Registered Dental Hygienists' services (continued) | | <p>All licensed RDHs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.</p> <p>Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Services provided by a licensed RDH that are a benefit of the Medi-Cal Dental program and are permitted by the state statutes and regulations are covered.</p> <p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). The Medi-Cal Dental Manual of Criteria identifies which services require prior authorization requirements for the above-mentioned services including RDHs. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</p> |

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TN Number: 18-0025

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Page 12a.2

STATE PLAN CHART

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TN Number: 18-0025

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Page 12a.3

STATE PLAN CHART

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Limitations on Attachment 3.1-A

| TYPE OF SERVICES | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
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| 6d7 Licensed Registered Dental Hygienists in Extended Functions' services (continued) | | <p>All licensed RDHEFs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan.</p> <p>Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Services provided by a licensed RDHEF that are a benefit of the Medi-Cal Dental program and are permitted by state statutes and regulations are covered.</p> <p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). The Medi-Cal Dental Manual of Criteria identifies which services require prior authorization including RDHEFs. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</p> |

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TN Number: 18-0025

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Page 12a.4

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| TYPE OF SERVICES | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
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| 6d8 Licensed Registered Dental Hygienists in Alternative Practice's services | All services permitted under scope of practice for a licensed Registered Dental Hygienists in Alternative Practice (RDHAPs) as medically necessary, subject to limitations. All licensed RDHAPs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6). | A licensed RDHAP may provide services within the RDHAP's scope of practice as permitted by their state licensing board which include, but are not limited to, educational services, oral health training programs, oral health screenings, and scaling and root planing services. All licensed RDHAPs are authorized to provide treatment performed in the following settings: residences of the homebound, schools, residential facilities and other settings permissible under federal and state law. |

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Page 12a.5

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| 6d8 Licensed Registered Dental Hygienists in Alternative Practice's services (continued) | | <p>All licensed RDHAPs shall refer any screened patients with possible oral abnormalities to a dentist for a comprehensive examination, diagnosis, and treatment plan. Upon enrollment, all RDHAPs shall provide documentation of an existing relationship with at least one dentist for referral, consultation, and emergency services.</p> <p>Limited to services provided under scope of practice and to the extent permitted by applicable statutes and regulations. Services provided by a licensed RDHAP that are a benefit of the Medi-Cal Dental program and are permitted by state statutes and regulations are covered.</p> <p>Dental services are administered through an agreement with the Medi-Cal Dental program or its contractor(s). Prior authorization is required for Scaling and Root Planing. The Medi-Cal Dental Manual of Criteria identifies which services require prior authorization including RDHAPs. Prior authorization requirements are the same for EPSDT-eligible and other beneficiaries.</p> |

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Page 12a.6

STATE PLAN CHART

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Limitations on Attachment 3.1-B

| TYPE OF SERVICES | PROGRAM COVERAGE** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
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| 6d6 Licensed Registered Dental Hygienists' services | All services permitted under scope of practice of a licensed Registered Dental Hygienists (RDH) as medically necessary, subject to limitations. All licensed RDHs meet Federal provider qualifications as set forth in 42 CFR Part 440.60 and 42 USC 1396d (a)(6). | <p>A licensed RDH may provide services within the RDH's scope of practice as permitted by their state licensing board which include, but are not limited to, educational services, oral health training programs, oral health screenings, and scaling and root planing services.</p> <p>A licensed RDH is authorized to provide treatment performed in the following settings and under the following conditions:</p> <ul style="list-style-type: none"> • In a public health program, created by federal, state, or local law; or • In a public health program, administered by a federal, state, county, or local governmental entity; at a sponsored event by a sponsoring entity or at a nonprofit organization; and, • The licensed RDH shall also be employed by said program and must provide documentation from the public health program attesting to the licensed RDH's employment upon program enrollment. |

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