

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

October 30, 2015

Mari Cantwell
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 15-019. SPA CA-15-019 was submitted to my office on August 31, 2015. This SPA exempts dental services and applicable ancillary services provided to beneficiaries of all ages from the 10% provider rate cut approved under Assembly Bill (AB) 97.

The effective date of this SPA is July 1, 2015. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- Attachment 4.19-B, page 3.6

If you have any questions, please contact Cheryl Young by phone at (415) 744-3598 or by email at cheryl.young@cms.hhs.gov.

Sincerely,

/s/

Henrietta Sam-Louie
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Nathaniel Emery, California Department of Health Care Services (DHCS)
Alani Jackson, CA DHCS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 15-019	2. STATE CALIFORNIA
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2015	

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: *42 CFR 447 Subpart C* (**) 42 CFR 447 Subpart F (**)	7. FEDERAL BUDGET IMPACT: a. FFY 2015 * \$30,022,000 * (**)29,200,000(**) b. FFY 2016 * \$30,022,000 * (**)29,200,000 (**)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B; add page 3.6	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19B; page 3.5 N/A

10. SUBJECT OF AMENDMENT:

To exempt dental services and applicable ancillary services from the Medi-Cal provider ten percent payment reduction as enacted by Assembly Bill (AB) 97 (Chapter 3, Statutes of 2011).

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:
13. TYPED NAME: Mari Cantwell	Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417
14. TITLE: State Medicaid Director	
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 UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: California

- 22) For dates of service on or after July 1, 2015, the payment reduction specified in paragraph (13), set forth on page 3.3, does not apply to dental services and applicable ancillary services provided to beneficiaries of all ages.

TN No 15-019

Supersedes Approval Date: October 30, 2015 Effective Date: July 1, 2015

TN # Not Applicable (N/A)