

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

April 17, 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 for your records is an approved copy of the California Department of Health Care Services' State Plan Amendment (SPA) CA-12-006. This SPA was submitted to my office on March 30, 2012 and is approved effective January 1, 2012.

This SPA inserts a website and effective date for the current Medi-Cal fee schedule into the State Plan. It also creates a supplement in which all services that are reimbursed according to that fee schedule are specified. Attached are the following pages to be incorporated into your State Plan:

- Attachment 4.19-B, page 1
- Attachment 4.19-B, page 20a
- Supplement 17 to Attachment 4.19-B

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

Sincerely,

/s/

Hye Sun Lee
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

cc: Connie Florez, California Department of Health Care Services
Pamela Tello, California Department of Health Care Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:
12-006

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
January 1, 2012

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, Sections

7. FEDERAL BUDGET IMPACT:
a. FFY 2012-13 No fiscal impact
b. FFY 2013-14 No fiscal impact

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B: amended pages 1, added Supplement 17, and amended page 20a.

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (*If Applicable*):

Attachment 4.19-B, pages 1 and page 20a.

10. SUBJECT OF AMENDMENT:

Companion Letter SPA – Non-substantive changes.

11. 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:
The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:
ORIGINAL SIGNED

13. TYPED NAME:

Mari Cantwell

14. TITLE:

California Medicaid Director, Department of Health Care Services

15. DATE SUBMITTED:

16. RETURN TO:

**Department of Health Care Services
Attn: State Plan Coordinator
1501 Capitol Avenue, Suite 71.3.26
P.O. Box 997417
Sacramento, CA 95899-7417**

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 SOCIAL SECURITY ACT
STATE California

A. Non-institutional services for governmental and private providers listed in Supplement 17 of Attachment 4.19-B are reimbursed the same using the methodology set forth in paragraph (C).

B. The State Agency's rates for the services listed in Supplement 17 were posted as of March 15, 2012, and are effective for dates of services on or after that date. The rates for these services are posted on the Medi-Cal Rates website at: <http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>.

C. The policy of the State Agency is that reimbursement for each of the other types of care or service listed in Section 1905(a) of the Act that are included in the program under the plan will be at the lesser of usual charges or the limits specified in the California Code of Regulations (CCR), Title 22, Division 3, Chapter 3, Article 7 (commencing with Section 51501) and CCR, Title 17, Chapter 4, Subchapter 13, Sections 6800-6874, for EPSDT health assessment services, or as specified by any other means authorized by state law.

1. The methodology utilized by the State Agency in establishing payment rates will be as follows:
 - (a) The development of an evidentiary base or rate study resulting in the determination of a proposed rate.
 - (b) To the extent required by State or Federal law or regulations, the presentation of the proposed rate at public hearing to gather public input to the rate determination process.
 - (c) The determination of a payment rate based on an evidentiary base, including pertinent input from the public.
 - (d) The establishment of the payment rate through the State Agency's adoption of regulations specifying such rate in the CCR, Title 22, Division 3, Chapter 3, Article 7 (commencing with Section 51501), and CCR, Title 17, Chapter 4, Subchapter 13, commencing with Section 6868, Schedule of Maximum Allowances for EPSDT health assessment, or through any other means authorized by State law.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: CALIFORNIA

Payment for Home Health Agency Services

The State developed fee schedule rates are the same for both public and private providers of home health agency services. The rates for home health services were posted as of March 15, 2012, and are effective for services on or after that date. The rates for home health services are posted on the Medi-Cal website at: <http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp>.

TN No. 12-006 Approval Date _____ Effective Date January 1, 2012
Supersedes
TN No. 05-026

State Plan Under Title XIX of the Social Security Act
State: California

NON-INSTITUTIONAL SERVICES

The following is a list of the non-institutional services set forth in Section 1905(a) of the Social Security Act that are reimbursed using the methodology set forth in Attachment 4.19-B, page 1, paragraph 1. The numbering of the list below is taken from the list provided in Attachment 3.1-A entitled, Amount, Duration, and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy:

- 2.a. Outpatient hospital services, other than the supplemental payment reimbursement methodologies for-hospital outpatient services that are identified and described in Attachment 4.19-B, pages 46-50; Attachment 4.19-B, pages 51-51c; and Supplement 14 to Attachment 4.19-B.
3. Other Laboratory and X-Ray Services
- 4.b. Early and periodic screening, diagnostic and treatment services, which include services for Pediatric Day Health Centers, for individuals under 21 years of age, and treatment of conditions found.
- 4.c. Family planning services and supplies for individuals of child-bearing age and for individuals eligible pursuant to Att. 2.2-A, B, if this eligibility option is elected by the State.
 - 4.c.1 Family planning-related services provided under the above State Eligibility Option.
- 5.a. Physicians' services, billed separately, whether furnished in the office, the patient's home, a hospital, a nursing facility, or provided anywhere else necessary.
6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law, as referenced in Attachment 3.1-A and 3.1-B.
 - a. Podiatrists' services.
 - c. Chiropractors' services.

TN No 12-006

Approval Date: April 17, 2015 Effective Date: January 1, 2012

Supersedes

TN No _____

State Plan Under Title XIX of the Social Security Act
State: California

NON-INSTITUTIONAL SERVICES

- d. Other practitioners' services.
- 9. Clinic services, other than those specific clinic services that are identified and described in Supplements 5, 9 and 10 to Attachment 4.19-B.
- 11. Physical therapy and related services.
 - a. Physical therapy.
 - b. Occupational therapy.
 - c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).
- 12. Prosthetic devices; hearing aids; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
 - c. Prosthetic devices and hearing aids.
 - d. Eye glasses.
- 13. Other preventive services, i.e., other than those provided elsewhere in the plan, as referenced in Attachment 3.1-A and 3.1-B. Excludes substance abuse services provided under Drug Medi-Cal.
 - c. Preventive services.
- 17. Nurse-midwife services.
- 18. Hospice care.
- 20. Extended services for pregnant women.
 - a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

State Plan Under Title XIX of the Social Security Act
State: California

NON-INSTITUTIONAL SERVICES

- b. Services for any other medical conditions that may complicate pregnancy.
- 21. Ambulatory prenatal care for pregnant woman furnished during a presumptive eligibility period by an eligible provider.
- 23. Certified pediatric or family nurse practitioners' services.
- 24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
 - a. Transportation.
 - e. Emergency outpatient hospital services.