

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

MAR 04 2014

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

Dear Mr. Douglas:

Enclosed is an approved copy of California State Plan Amendment (SPA) 13-015. CA SPA 13-015 was submitted to my office on December 13, 2013 to exempt dental pediatric surgery centers from the provider payment reduction imposed by California Assembly Bill (AB) 97, provided that at least 95 percent of the Medi-Cal beneficiaries they serve are under the age of 21.

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

- Attachment 4.19-B, page 3.5

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,

ORIGINAL SIGNED

Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Wendy Ly, California Department of Health Care Services
Chris Wordlaw, California Department of Health Care Services
Andrew McCray California Department of Health Care Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 13-015	2. STATE CALIFORNIA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE DECEMBER 1, 2013

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 PART 447.	7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$1,006,245.91 b. FFY 2014 \$1,207,495.09
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19B; amend page 3.5	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19B, page 3.5

10. SUBJECT OF AMENDMENT:

To exempt dental pediatric surgery centers from the Medi-Cal ten percent provider payment reduction provided that they serve at least 95 percent of their Medi-Cal Beneficiaries under the age of 21 in reference to the ten percent provider payment reduction as enacted by Assembly Bill (AB) 97 (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: ORIGINAL COPY SIGNED BY:	16. RETURN TO: Department of Health Care Services Attn: State Plan Coordinator 1501 Capitol Avenue, Suite 71.326 P.O. Box 997417 Sacramento, CA 95899-7417
13. TYPED NAME: Toby Douglas	
14. TITLE: Director	
15. DATE SUBMITTED: Dec 13, 2013	

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: Original Signed
21. TYPED NAME: Gloria Nagle	22. TITLE:

23. REMARKS:

State made pen and ink change to Box 7.

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

- (17) The effect of the payment reductions in paragraphs (6) through (13) will be monitored in accordance with the monitoring plan at Attachment 4.19-F, entitled "Monitoring Access to Medi-Cal Covered Healthcare Services".
- (18) For dates of service on or after April 1, 2012, the payment reduction specified in paragraph (13), set forth on page 3.3 do not apply to Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, as described in Attachment 3.1-A, section 4b, when those services are provided and billed by Pediatric Day Health Care (PDHC) facilities.
- (19) For dates of service on or after October 20, 2012, the payment reduction specified in paragraph (13), set forth on page 3.3, does not apply to audiology services, as described in Attachment 3.1-A, section 11c (entitled, "Amount, Duration and Scope of Medical and Remedial Care and Services Provided to the Categorically Needy"), when those services are provided by a Type C Communication Disorder Center located in California counties of Alameda, San Benito, Santa Clara, Santa Cruz, San Francisco, and Sonoma. A Type C Communication Disorder Center is an identified team in a health care provider office or facility capable of providing audiological evaluation, hearing aid evaluation and recommendations, hearing aid orientation, speech-language evaluation and speech-language remediation, comprehensive assessment and aural rehabilitative management to children of all ages.
- (20) For dates of service on or after August 31, 2013, the payment reduction specified in paragraph (13), set forth on page 3.3, will not apply to nonprofit dental pediatric surgery centers which provide at least 99 percent of their dental procedures under general anesthesia to children with severe dental disease under the age of 21.
- (21) For dates of service on or after December 1, 2013, the payment reduction specified in paragraph (13), set forth on page 3.3, will not apply to dental pediatric surgery centers provided that they serve at least 95 percent of their Medi-Cal beneficiaries under the age of 21.

TN No 13-015
Supersedes
TN # 13-039

Approval Date **MAR 04 2014** Effective Date December 1, 2013