

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

August 5, 2022

Jacey Cooper
Chief Deputy Director, Health Care Programs
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7443

Re: California State Plan Amendment (SPA) 22-0044

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) California 22-0044. This amendment proposes to expand the list of providers who can prescribe physical therapy to include physicians and other licensed practitioners of the healing arts within their scope of practice under state law, as authorized by federal regulations.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 42 CFR 440.130(c) and 42 CFR 440.110(a). This letter is to inform you that California Medicaid SPA 22-0044 was approved on August 5, 2022, with an effective date of July 1, 2022.

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

Sincerely,

Ruth Hughes
-S

Digitally signed by Ruth
Hughes -S
Date: 2022.08.05 10:53:57
-05'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Lisa Murawski, DHCS
Michelle Tamai, DHCS
Angeli Lee, DHCS

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 4 4

2. STATE

CA

3. 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

July 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR 440.60 and 42 CFR 440.110(a)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Limitations on Attachment 3.1-A and 3.1-B, Page 16

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Limitations on Attachment 3.1-A and 3.1-B, Page 16

9. SUBJECT OF AMENDMENT

To expand the list of providers who can prescribe physical therapy.

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

[Redacted Signature]

12. TYPED NAME

Jacey Cooper

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

June 23, 2022

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

June 23, 2022

17. DATE APPROVED

August 5, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL

Ruth Hughes -S Digitally signed by Ruth Hughes -S
Date: 2022.08.05 10:54:24 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Box 5: CMS pen and ink change to add federal regulatory citation for physical therapy per email with CA DHCS dated 8/2/22.

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
11a. Physical Therapy	<p>Physical therapy is covered for the restoration, maintenance, and acquisition of skills only when prescribed by a physician or other licensed practitioner of the healing arts within their scope of practice. Prescriptions for treatment plans are limited to six months and may be renewed for medical necessity.</p> <p>Outpatient physical therapy provided in a certified rehabilitation center is covered only when billed by the rehabilitation center.</p> <p>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.</p>	<p>All physical therapy services are subject to prior authorization.</p> <p>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 law.</p> <p>More than one evaluation visit in a certified rehabilitation center within a six-month period requires prior authorization.</p>

* Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 22-0044

Supersedes

TN No. 13-042

Approval Date: August 5, 2022

Effective Date: July 1, 2022

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