DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

December 1, 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) 23-0029

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0029. This amendment will clarify and update denture policy categorical information and clarify exemptions in the prosthodontics (removable) general policies for Medi-Cal.

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) 440.100 and 42 CFR 440.120. This letter is to inform you that California Medicaid SPA 23-0029 was approved on December 1, 2023, with an effective date of October 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,

[redacted] Digitally signed by James G. Scott -S
Date: 2023.12.01 10:51:39 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 23-0029

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
October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
~~43 U.S.C. Section 1396a; 42 C.F.R. 447, Subpart 7~~
42 CFR 440.100 and 42 CFR 440.120

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 $ 0
b. 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 15a, 15a.1, and 18
Limitations on Attachment 3.1-B, pages 15a, 15a.1, and 18

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*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 15a, 15a.1, and 18
Limitations on Attachment 3.1-B, pages 15a, 15a.1, and 18

9. SUBJECT OF AMENDMENT
To clarify and update denture policy categorical information and clarify exemptions in the prosthodontics (removable) general policies for Medi-Cal.

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]

12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
September 29, 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 29, 2023

17. DATE APPROVED
December 1, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2023

19. S[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS

Box 5: CMS made pen & ink changes to correct the statutory citation and to add regulatory citations per email with state dated 11/16/23.

Boxes 7-8: CMS made pen & ink changes to remove the reimbursement page, which was withdrawn on 10/30/23 as part of CA's responses to CMS's comments.

Instructions on Back

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
9. Clinical services (continued)	The following services are limited to a maximum of two services in any one calendar month or any combination of two services per month, although additional services can be provided based on medical necessity through the TAR process: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy.	
10. Dental services	Effective January 1, 2018, pursuant to 42 U.S.C. Section 1396d(a)(10), emergency and essential diagnostic and restorative dental services are covered, based on medical necessity. For beneficiaries 21 years of age and older, there is an $1,800 annual benefit maximum, unless medically necessary or under the following exceptions: • Emergency dental services • Services that are federally mandated under Part 440 (commencing with Section 440.1) of Title 42 of the Code of Federal Regulations • Pregnancy-related services and for other conditions that might complicate the pregnancy • Maxillofacial and complex oral surgery • Maxillofacial services, including dental implants and implant-retained prostheses • Services provided in long-term care facilities For beneficiaries under 21 years of age, medically necessary dental services mandated by Sections 1905(a)(4)(B) and (r) of the Social Security Ace (42 U.S.C. Sections 1396d(a)(4)(B) and (r)), early and periodic screening, diagnostic, and treatment services are covered. Cosmetic procedures, experimental procedures, and orthodontic services for beneficiaries 21 years of age and older are not covered benefits.	All limitations may be exceeded based on medical necessity and approved through a prior authorization or exemption process.

*Prior authorization is not required for emergency services.
**Coverage is limited to medically necessary services.

STATE PLAN CHART

TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
10 Dental services (continued)	Effective July 1, 2015, under California law, Medi-Cal enables providers to practice synchronous and asynchronous teledentistry.	

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	TYPE OF SERVICES	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
12b.	Dentures	Full or partial dentures once every five-year period. Immediate dentures once in a lifetime.	All limitations may be exceeded based on medical necessity and approved through a prior authorization or exemption process.
12c.	Prosthetic and orthotic appliances, and hearing aids.	Prosthetic and orthotic appliances are covered when prescribed by a physician or other licensed practitioner within their scope of practice. Hearing aids are covered only when supplied by a hearing aid dispenser upon the prescription of an otolaryngologist or the attending physician where there is no otolaryngologist available. Loaner aids, during repair periods covered under guarantee, are not covered. Replacement batteries are not covered. Replacement of hearing aids that are lost, stolen, or irreparably damaged due to circumstances beyond the beneficiary's control is not included in the $1,510 maximum benefit cap. Hearing aid benefits are subject to a $1,510 maximum cap per beneficiary per fiscal year, although this limit can be exceeded based on medical necessity through prior authorization. Hearing aid benefits include hearing aids and hearing aid supplies and accessories. The following beneficiaries are exempt from the cap: • Pregnant women, if hearing aids are part of their pregnancy related services or for services to treat a condition that might complicate their pregnancy. • Individuals who are eligible for the Early and Periodic Screening, Diagnostic and Treatment Program.	Prior authorization is required. Prior authorization is required for the purchase or trial period rental of hearing aids and for hearing aid repairs which exceed a cost of $25. Cords, receivers, ear molds, and hearing aid garments are covered without prior authorization.

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