

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 21-0019**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

December 15, 2021

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

RE: TN 21-0019

Dear Ms. Cooper:

We have reviewed the proposed California State Plan Amendment (SPA) to Attachment 4.19-B, CA-21-0019, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 28, 2021. This SPA, effective January 1, 2022, authorizes supplemental payments for select preventive dental services and dental exam services, and adds Caries Risk Assessment (CRA) and Silver Diamine Fluoride (SDF) services to the dental fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or [blake.holt@cms.hhs.gov](mailto:blake.holt@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 1 — 0 0 19

2. STATE

California

3. PROGRAM IDENTIFICATION:

Title XIX of the Social Security Act (Medicaid)

TO: REGIONAL ADMINISTRATOR

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

4. PROPOSED EFFECTIVE DATE

January 1, 2022

5. TYPE OF PLAN MATERIAL (*Check One*) NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION

42 U.S.C. Section 1396a; 42 C.F.R. 447, Subpart F

7. FEDERAL BUDGET IMPACT

a. FFY 2022 \$ 95,216 (in thousands)

b. FFY 2023 \$ 127,754 (in thousands)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

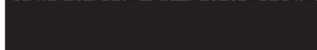
Attachment 4.19-B, Page 20b and Pages 6Z.1-6Z.3  
Supplement 37 to Attachment 4.19-B, Page 1  
Supplement 6 to Attachment 4.19-B, Pages 4.1-4.49. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*)Attachment 4.19-B, Page 20b and Page 6Y  
Supplement 6 to Attachment 4.19-B, Page 3

10. SUBJECT OF AMENDMENT

Proposes to authorize CalAIM Dental Initiatives - supplemental payments on certain preventive dental services and dental exam services for continuity of care, and to authorize two new statewide dental benefits

11. GOVERNOR'S REVIEW (*Check One*) GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL



13. TYPED NAME

Jacey Cooper

14. TITLE

State Medicaid Director

15. DATE SUBMITTED

September 28, 2021

16. RETURN TO

Department of Health Care Services

Attn: Director's Office

P.O. Box 997413, MS 0000

Sacramento, CA 95899-7413

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED

September 28, 2021

18. DATE APPROVED

December 15, 2021

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2022

20. SIGNATURE OF REGIONAL OFFICIAL



21. TYPED NAME

Todd McMillion

22. TITLE

Director, Division of Reimbursement Review

23. REMARKS

For Box 11 "Other, As Specified," Please note: The Governor's Office does not wish to review the State Plan Amendment.

Pen and ink concurrences: 12/3/21: Box 7 from "FY 2022: \$95,216 (in thousands); FY 2023 \$127,754 (in thousands)" to "FY 2022: \$89,431,000 (whole dollars); FY 2023 \$119,242,000 (whole dollars)." Box 8: deleting "4.4", adding "4.2". Box 9: deleting "and Page 6y" and "Supplement 6 to Attachment 4.19-V, Page 3."

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

ALTERNATE PAYMENT METHODOLOGY (APM) for payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) for select dental preventive services and select annual dental exam services.

Effective January 1, 2022, this APM will pay an additional supplemental incentive payment for select dental preventive and annual dental exam services. FQHCs and RHCs must agree to receive the APM, which will not be less than the Prospective Payment System (PPS) rate. FQHCs and RHCs qualify for the payment by rendering the service, which is paid once monthly as a lump sum. FQHCs and RHCs will not put their PPS rate reimbursement at risk by failing to qualify for the supplemental incentive payment. The supplemental payments are paid monthly in a lump sum separate from the PPS rate and based upon dental claims detail submitted by FQHCs and RHCs within the previous month. The supplemental payment rates are 75 percent of the dental SMA rate (located in Attachment 4.19-B, Page 20b) for each eligible dental preventive service and a flat rate of \$55 once a year for each member who received an eligible dental exam and received an eligible dental exam the previous year from the same dental office.

FQHCs and RHCs furnishing of dental services are only eligible to receive the supplemental payments for select preventive dental services one time per date of service. FQHCs and RHCs are eligible to receive the supplemental payments for select annual dental exam codes once annually per beneficiary. The formula will be calculated as follows:

- a. For providers who receive the PPS for select dental preventive and select annual dental exam services, this APM will result in a total payment as indicated below:

Select Preventive and Annual Dental Exam Services APM = [Applicable Office Visit PPS] + [Select Dental Preventive Service or Select Annual Dental Exam Service Supplemental Incentive Payment]

For providers who receive an APM for select dental preventive and select annual dental exam services, this APM will result in a total payment as indicated below:

TN No. 21-0019

Supersedes Approval Date:<sup>12/15/2021</sup> Effective Date: January 1, 2022

TN No. None

Select Preventive and Annual Dental Exam Services APM = [Applicable Office Visit APM] + [Select Dental Preventive Service or Select Annual Dental Exam Service Supplemental Incentive Payment]

- b. Supplemental incentive payment methodology
  - i. For select preventive dental services listed in paragraph c.i, the supplemental incentive payment amount is calculated at 75% of the standard fee-for-service rate. DHCS' dental fee schedule and rates updates are located in Attachment 4.19-B, Page 20b of California's State Plan.
  - ii. For select annual dental exam services listed in paragraph c.ii, the supplemental incentive payment amount is \$55.

TN No. 21-0019

Supersedes Approval Date:12/15/2021 Effective Date: January 1, 2022

TN No. None

c. Eligible Services:

i. Preventive services Current Dental Terminology (CDT) codes  
(children under age 21):

- D1120
- D1206
- D1208
- D1351
- D1352
- D1510
- D1516
- D1517
- D1526
- D1527
- D1551
- D1552
- D1553
- D1556
- D1557
- D1558
- D1575

Preventive services CDT codes (adults age 21 and over):

- D1320
- D1999

ii. Dental exam services CDT codes (all ages)

- D0120
- D0145
- D0150

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

**Payment for Dental Services**

The State developed fee schedule rates are the same for both public and private providers of dental services. Dental services are paid based on procedure codes. The agency's dental fee schedule and rate updates are published under Section 5, Manual of Criteria and Schedule of Maximum Allowances, of the Medi-Cal Dental Program Provider Handbook, which was updated on January 1, 2022, and are effective for services on or after that date. The link to the Medi-Cal Dental Program Provider Handbook is as follows:

[https://www.dental.dhcs.ca.gov/Dental\\_Providers/Medi-Cal\\_Dental/Provider\\_Handbook/](https://www.dental.dhcs.ca.gov/Dental_Providers/Medi-Cal_Dental/Provider_Handbook/)

TN No. 21-0019  
Supersedes:  
TN No. 21-0001

Approval Date: 12/15/2021

Effective Date: January 1, 2022

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REIMBURSEMENT FOR INDIAN HEALTH SERVICES  
AND TRIBAL 638 HEALTH FACILITIES

Dental services will continue to be reimbursed at the federal All-Inclusive Rate (AIR).

**Supplemental Incentive Payments for Select Preventive Dental Services**

Effective January 1, 2022, a separate supplemental incentive payment for select preventive dental services will be paid, as described on Page 6Z.1 of Attachment 4.19-B, when rendered in Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics. These supplemental incentive payments will be in addition to the AIR for the office visit that accompanies the service. Payments are issued in a monthly lump sum based on claims received from the previous month; the supplemental incentive payment is only available one time per date of service. For IHS-MOA clinics, these supplemental incentive payments will be available at the rate of 75% of the dental Schedule of Maximum Allowances (SMA) rate and will not impact the clinics' AIR. Services eligible for the supplemental incentive payment are listed below.

Preventive services Current Dental Terminology (CDT) codes (children under age 21):

- D1120
- D1206
- D1208
- D1351
- D1352
- D1510
- D1516
- D1517
- D1526
- D1527
- D1551
- D1552
- D1553
- D1556
- D1557
- D1558
- D1575

Preventive services CDT codes (adults age 21 and over):

- D1320
- D1999

For reference, the SMA effective dates and a link to the dental SMA fee schedule are located in Attachment 4-19.B, Page 20b of California's State Plan.



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REIMBURSEMENT FOR INDIAN HEALTH SERVICES  
AND TRIBAL 638 HEALTH FACILITIES

Dental services will continue to be reimbursed at the AIR.

**Supplemental Incentive Payments for Select Annual Dental Exam Services**

Effective January 1, 2022, a separate fixed-rate supplemental incentive payment for select annual dental exam services will be paid, as described on Page 6Z.1 of Attachment 4.19-B, when rendered in Indian Health Services Memorandum of Agreement (IHS-MOA) 638 clinics. These supplemental incentive payments will be in addition to the AIR for the office visit that accompanies the service. Payments are issued in a monthly lump sum based on claims received from the previous month. The supplemental incentive payment is only available one time per year for each member who received an eligible dental exam and received an eligible dental exam the previous year from the same dental office. For IHS-MOA clinics, these supplemental incentive payments will be available at the rate of \$55 and will not impact the clinics' AIR. Services eligible for the supplemental incentive payment are listed below.

Dental exam services CDT codes (all ages):

- D0120
- D0145
- D0150

For reference, the SMA effective dates and a link to the dental SMA fee schedule are located in Attachment 4-19.B, Page 20b of California's State Plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

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**California Advancing and Innovating Medi-Cal (CalAIM) Supplemental Payments for Certain Preventive Dental Services and Certain Dental Exam Services**

The Medi-Cal Dental Program will provide supplemental payments, in addition to the base Schedule of Maximum Allowances (SMA), to certain preventive dental services and dental exam services for dates of service beginning January 1, 2022.

The supplemental payment rates for certain preventive dental services is 75 percent of the dental SMA rate, which is published in the Medi-Cal Dental Provider Handbook, Section 5 (Manual of Criteria and Schedule of Maximum Allowances). This additional payment will be paid when each code is billed. Effective dates for the dental SMA fee schedule are located in Attachment 4-19.B, Page 20b of California's State Plan.

Preventive services Current Dental Terminology (CDT) codes (children under age 21):

- D1120
- D1206
- D1208
- D1351
- D1352
- D1510
- D1516
- D1517
- D1526
- D1527
- D1551
- D1552
- D1553
- D1556
- D1557
- D1558
- D1575

Preventive services CDT codes (adults age 21 and over):

- D1320
- D1999

The supplemental payment rates for the specified dental exam services below will be a flat rate of \$55. Once per calendar year, the additional supplemental payment will be paid when any of the dental exam codes listed below is billed for each member who receives any of the exams listed below from the same dental office during the previous calendar year.

Dental exam services CDT codes (all ages):

- D0120
- D0145
- D0150