

ASSEMBLY BILL

No. 560

Introduced by Assembly Member Perata

February 25, 1997

An act to amend Sections 1725, 1741, 1750, 1751, and 1764 of, and to add Sections 1768 and 1770 to, the Business and Professions Code, and to amend Section 14132 of the Welfare and Institutions Code, relating to dentistry, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 560, as introduced, Perata. Dentistry: registered dental hygienist in alternative practice.

(1) Existing law provides procedures for the licensing of dental auxiliaries. These provisions define a dental auxiliary as a person who may perform dental supportive procedures authorized by law. Existing law authorizes the Board of Dental Examiners of California to impose various fees upon dental auxiliaries, subject to prescribed limits, for deposit in the State Dental Auxiliary Fund, a continuously appropriated fund.

This bill would establish a registered dental hygienist in alternative practice as a new category of dental auxiliary who may provide authorized services as a primary provider. The bill would prescribe registration and education requirements and delineate the practice of a registered dental hygienist in alternative practice. The bill would provide for a fee not to exceed \$250 for registration as a registered dental hygienist in alternative practice. By providing for the licensure of

registered dental hygienists in alternative practice and thereby increasing the source of moneys in a continuously appropriated fund, this bill would make an appropriation. The bill would also modify the definition of a dental auxiliary.

(2) Existing law defines a dental assistant as a person who may perform basic supportive dental procedures as authorized by law under the supervision of a licensed dentist. Existing law requires the board to adopt regulations relating to the functions which may be performed by dental assistants under direct or general supervision, and the settings within which dental assistants may work.

This bill would authorize a dental assistant to perform certain basic supportive procedures if under the supervision of a registered dental hygienist in alternative practice.

(3) Existing law makes it a misdemeanor for any person other than a licensee of the board to hold himself or herself out as one of the named categories of dental auxiliary or to use any other term indicating or implying he or she is licensed by the board in one of those categories.

This bill would add a registered dental hygienist in alternative practice to the above described categories. By changing this definition of a crime, this bill would impose a state-mandated local program.

(4) Under existing law, the Medi-Cal Act, the schedule of benefits available to recipients includes the application of fluoride, or other appropriate fluoride treatment, as defined, and other prophylaxis treatment for children 17 years of age and under.

This bill would provide that all dental hygiene services provided by a registered dental hygienist in alternative practice as authorized by this bill is covered as long as the services are within the scope of Denti-Cal benefits, and they are necessary services provided by a registered dental hygienist in alternative practice.

(5) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.



Vote: majority. Appropriation: yes. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. Section 1725 of the Business and
2 Professions Code is amended to read:

3 1725. The amount of the fees prescribed by this
4 chapter ~~which~~ *that* relate to the licensing of dental
5 auxiliaries shall be ~~fixed~~ *established* by board resolution
6 and subject to the following limitations:

7 (a) The application fee for an original license shall not
8 exceed twenty dollars (\$20).

9 (b) The fee for examination for licensure as a
10 registered dental assistant shall not exceed fifty dollars
11 (\$50) for the written examination and shall not exceed
12 sixty dollars (\$60) for the practical examination.

13 (c) The fee for examination for licensure as a
14 registered dental assistant in extended functions shall not
15 exceed two hundred fifty dollars (\$250).

16 (d) The fee for examination for licensure as a
17 registered dental hygienist shall not exceed two hundred
18 twenty dollars (\$220).

19 (e) The fee for examination for licensure as a
20 registered dental hygienist in extended functions shall
21 not exceed two hundred fifty dollars (\$250).

22 (f) *The fee for registration as a registered dental*
23 *hygienist in alternative practice shall not exceed two*
24 *hundred fifty dollars (\$250).*

25 (g) The biennial renewal fee for a dental auxiliary
26 whose license expires on or after January 1, 1991, shall not
27 exceed sixty dollars (\$60). On or after January 1, 1992, the
28 board may set the renewal fee in an amount not to exceed
29 eighty dollars (\$80).

30 ~~(g)~~

31 (h) The delinquency fee shall not exceed twenty-five
32 dollars (\$25) or one-half of the renewal fee, whichever is
33 greater. Any delinquent license may be restored only
34 upon payment of all fees, including the delinquency fee.

35 ~~(h)~~



1 (i) The fee for issuance of a duplicate registration,
2 license, or certificate to replace one that is lost or
3 destroyed, or in the event of a name change, shall not
4 exceed twenty-five dollars (\$25).

5 ~~(i)~~

6 (j) The fee for each curriculum review and site
7 evaluation for educational programs for registered dental
8 assistants which are not accredited by a board-approved
9 agency, the Council for Private Postsecondary and
10 Vocational Education, or the Chancellor’s office of the
11 California Community Colleges shall not exceed one
12 thousand four hundred dollars (\$1,400).

13 ~~(j)~~

14 (k) The fee for each curriculum review and site
15 evaluation for radiation safety courses that are not
16 accredited by a board approved agency, the Council for
17 Private Postsecondary and Vocational Education, or the
18 Chancellor’s office of the California Community Colleges
19 shall not exceed three hundred dollars (\$300).

20 ~~(k)~~

21 (l) No fees or charges other than those listed in
22 subdivisions (a) through ~~(j)~~ (k) above shall be levied by
23 the board in connection with the licensure of dental
24 auxiliaries, registered dental assistants educational
25 program site evaluations and radiation safety course site
26 evaluations pursuant to this chapter.

27 ~~(l)~~

28 (m) Fees fixed by the board pursuant to this section
29 shall not be subject to the approval of the Office of
30 Administrative Law.

31 ~~(m)~~

32 (n) Fees collected pursuant to this section shall be
33 deposited in the State Dental Auxiliary Fund.

34 SEC. 2. Section 1741 of the Business and Professions
35 Code is amended to read:

36 1741. As used in this article:

37 (a) “Board” means the Board of Dental Examiners of
38 the State of California.

39 (b) “Committee” means the Committee on Dental
40 Auxiliaries.



1 (c) "Direct supervision" means supervision of dental
2 procedures based on instructions given by a licensed
3 dentist, who must be physically present in the treatment
4 facility during the performance of those procedures.

5 (d) "General supervision" means supervision of
6 dental procedures based on instructions given by a
7 licensed dentist but not requiring the physical presence
8 of the supervising dentist during the performance of
9 those procedures.

10 (e) "Dental auxiliary" means a person who may
11 perform dental—~~supportive~~ *assisting or dental hygiene*
12 *procedures authorized by the provisions of this article or,*
13 *in the case of a registered dental hygienist in alternative*
14 *practice, may provide authorized services as a primary*
15 *provider. "Dental auxiliary" includes all of the following:*

- 16 (1) *A dental assistant pursuant to Section 1750.*
- 17 (2) *A registered dental assistant pursuant to Section*
18 *1753.*
- 19 (3) *A registered dental assistant in extended functions*
20 *pursuant to Section 1756.*
- 21 (4) *A registered dental hygienist pursuant to Section*
22 *1758.*
- 23 (5) *A registered dental hygienist in extended*
24 *functions pursuant to Section 1761.*
- 25 (6) *A registered dental hygienist in alternative*
26 *practice pursuant to Section 1768.*

27 SEC. 3. Section 1750 of the Business and Professions
28 Code is amended to read:

29 1750. A dental assistant is a person who may perform
30 basic supportive dental procedures as authorized by this
31 article under the supervision of a licensed dentist *and*
32 *who may perform basic supportive procedures as*
33 *authorized pursuant to subdivision (b) of Section 1751*
34 *under the supervision of a registered dental hygienist in*
35 *alternative practice.*

36 SEC. 4. Section 1751 of the Business and Professions
37 Code is amended to read:

38 1751. (a) By September 15, 1993, the board, upon
39 recommendation of the committee, consistent with this
40 article, standards of good dental practice, and the health



1 and welfare of patients, shall adopt regulations relating to
2 the functions ~~which~~ *that* may be performed by dental
3 assistants under direct or general supervision, and the
4 settings within which dental assistants may work. At least
5 once every seven years thereafter, the board shall review
6 the list of functions performable by dental assistants, the
7 supervision level, and settings under which they may be
8 performed, and shall update the regulations as needed to
9 keep them current with the state of the practice.

10 (b) *Under the supervision of a registered dental*
11 *hygienist in alternative practice, a dental assistant may*
12 *perform the following basic supportive procedures:*

- 13 (1) *Intraoral retraction and suctioning.*
- 14 (2) *Expose radiographs, if the dental assistant is*
15 *appropriately certified.*

16 SEC. 5. Section 1764 of the Business and Professions
17 Code is amended to read:

18 1764. Any person other than one who has been issued
19 a license by the board who holds himself *or herself* out as
20 a registered dental assistant, ~~or~~ a registered dental
21 assistant in extended functions, ~~or~~ a registered dental
22 hygienist, ~~or~~ a registered dental hygienist in extended
23 functions, *or registered dental hygienist in alternative*
24 *practice*, or uses any other term indicating or implying he
25 *or she* is licensed by the board in the aforementioned
26 categories, is guilty of a misdemeanor.

27 SEC. 6. Section 1768 is added to the Business and
28 Professions Code, to read:

29 1768. (a) The board shall approve as a registered
30 dental hygienist in alternative practice, subject to
31 Sections 1758, 1759, and 1760, a person who meets either
32 of the following requirements which have prepared the
33 person to practice dental hygiene in an alternative
34 setting:

35 (1) The person holds a current California license as a
36 dental hygienist and meets the following requirements:

- 37 (A) The person has been engaged in clinical practice
38 as a dental hygienist for a minimum of 2,000 hours during
39 the immediately preceding 36 months.



1 (B) The person has successfully completed a
2 bachelor's degree or its equivalent from a college or
3 institution of higher education that is accredited by a
4 national agency recognized by the Council on
5 Postsecondary Accreditation or the United States
6 Department of Education, and a minimum of 150 hours
7 of additional educational requirements, as prescribed by
8 the board by regulation, that are consistent with good
9 dental and dental hygiene practice, including, but not
10 necessarily limited to, dental hygiene technique and
11 theory including gerontology and medical emergencies,
12 and business administration and practice management.

13 (2) A person who has received a letter of acceptance
14 into the employment utilization phase of the Health
15 Manpower Pilot Project No. 155 established by the Office
16 of Statewide Health Planning and Development
17 pursuant to Article 1 (commencing with Section 128125)
18 of Chapter 3 of Part 3 of Division 107 of the Health and
19 Safety Code.

20 (b) By January 1, 1999, the board, upon
21 recommendations of the committee, consistent with the
22 standards of good dental practice, shall adopt regulations
23 prescribing all of the following:

24 (1) The content for the 150 hours of coursework to be
25 successfully completed for licensure of a registered
26 dental hygienist in alternative practice.

27 (2) The functions requiring general supervision that
28 may be performed by a registered dental hygienist in
29 alternative practice as an employee of a dentist.

30 (3) The functions that may be performed
31 independently and without the supervision of a dentist by
32 a registered dental hygienist in alternative practice.

33 (c) The Director of Consumer Affairs shall review the
34 regulations adopted by the board in accordance with
35 Section 313.1.

36 (d) If the board does not adopt regulations in
37 accordance with subdivision (b), or if the regulations are
38 not approved in accordance with Section 313.1, the
39 coursework and duties for alternative dental hygiene
40 practice that were established under the auspices of the



1 Health Manpower Pilot Project shall govern a registered
2 dental hygienist in alternative practice for purposes of
3 this section and Section 1770.

4 SEC. 7. Section 1770 is added to the Business and
5 Professions Code, to read:

6 1770. (a) A registered dental hygienist in alternative
7 practice may practice, pursuant to Section 1768, as an
8 employee of a dentist or of another registered dental
9 hygienist in alternative practice, or as an independent
10 contractor, or as a sole proprietor of an alternative dental
11 hygiene practice.

12 (b) A registered dental hygienist in alternative
13 practice may perform the duties authorized pursuant to
14 Section 1768 in the following settings:

- 15 (1) Residences of the homebound.
- 16 (2) Schools.
- 17 (3) Residential facilities and other institutions.
- 18 (4) Dental health professional shortage areas, as
19 certified by the Office of Statewide Health Planning and
20 Development in accordance with existing office
21 guidelines.

22 (c) A registered dental hygienist in alternative
23 practice shall not do any of the following:

- 24 (1) Infer, purport, advertise, or imply that he or she is
25 in any way able to provide dental services or make any
26 type of dental health diagnosis beyond the evaluation of
27 a patient's dental hygiene status, providing a dental
28 hygiene treatment plan, and providing the associated
29 dental hygiene services.
- 30 (2) Hire a registered dental hygienist to provide direct
31 patient services other than a registered dental hygienist
32 in alternative practice.

33 (d) A registered dental hygienist in alternative
34 practice may submit or allow to be submitted any
35 insurance or third-party claims for patient services
36 performed as authorized pursuant to this article.

37 (e) A registered dental hygienist in alternative
38 practice may hire other registered dental hygienists in
39 alternative practice to assist in his or her practice.



1 (f) A registered dental hygienist in alternative
2 practice may hire and supervise dental assistants
3 performing functions specified in subdivision (b) of
4 Section 1751.

5 (g) A registered dental hygienist in alternative
6 practice shall provide to the board documentation of an
7 existing relationship with at least one dentist for referral,
8 consultation, and emergency services.

9 SEC. 8. Section 14132 of the Welfare and Institutions
10 Code is amended to read:

11 14132. The following is the schedule of benefits under
12 this chapter:

13 (a) Outpatient services are covered as follows:

14 Physician, hospital or clinic outpatient, surgical center,
15 respiratory care, optometric, chiropractic, psychology,
16 podiatric, occupational therapy, physical therapy, speech
17 therapy, audiology, acupuncture to the extent federal
18 matching funds are provided for acupuncture, and
19 services of persons rendering treatment by prayer or
20 healing by spiritual means in the practice of any church
21 or religious denomination insofar as these can be
22 encompassed by federal participation under an approved
23 plan, subject to utilization controls.

24 (b) Inpatient hospital services, including, but not
25 limited to, physician and podiatric services, physical
26 therapy and occupational therapy, are covered subject to
27 utilization controls.

28 (c) Nursing facility services, subacute care services,
29 and services provided by any category of intermediate
30 care facility for the developmentally disabled, including
31 podiatry, physician, nurse practitioner services, and
32 prescribed drugs, as described in subdivision (d), are
33 covered subject to utilization controls. Respiratory care,
34 physical therapy, occupational therapy, speech therapy,
35 and audiology services for patients in nursing facilities
36 and any category of intermediate care facility for the
37 developmentally disabled are covered subject to
38 utilization controls.



1 (d) Purchase of prescribed drugs is covered subject to
2 the Medi-Cal List of Contract Drugs and utilization
3 controls.

4 (e) Outpatient dialysis services and home
5 hemodialysis services, including physician services,
6 medical supplies, drugs and equipment required for
7 dialysis, are covered, subject to utilization controls.

8 (f) Anesthesiologist services when provided as part of
9 an outpatient medical procedure, nurse anesthetists
10 services when rendered in an inpatient or outpatient
11 setting under conditions set forth by the director,
12 outpatient laboratory services, and X-ray services are
13 covered, subject to utilization controls. Nothing in this
14 subdivision shall be construed to require prior
15 authorization for anesthesiologist services provided as
16 part of an outpatient medical procedure or for portable
17 X-ray services in a nursing facility or any category of
18 intermediate care facility for the developmentally
19 disabled.

20 (g) Blood and blood derivatives are covered.

21 (h) (1) Emergency and essential diagnostic and
22 restorative dental services, except for orthodontic, fixed
23 bridgework, and partial dentures that are not necessary
24 for balance of a complete artificial denture, are covered,
25 subject to utilization controls. The utilization controls
26 shall allow emergency and essential diagnostic and
27 restorative dental services and prostheses that are
28 necessary to prevent a significant disability or to replace
29 previously furnished prostheses which are lost or
30 destroyed due to circumstances beyond the beneficiary's
31 control. The department's utilization controls shall not
32 require X-rays as a condition of reimbursement for fillings
33 for children under 18 years of age. Notwithstanding the
34 foregoing, the director may by regulation provide for
35 certain fixed artificial dentures necessary for obtaining
36 employment or for medical conditions which preclude
37 the use of removable dental prostheses, and for
38 orthodontic services in cleft palate deformities
39 administered by the department's California Children
40 Services Program.



1 (2) For persons 21 years of age or older, the services
2 specified in paragraph (1) shall be provided subject to the
3 following conditions:

4 (A) Periodontal treatment is not a benefit.

5 (B) Endodontic therapy is not a benefit except for
6 vital pulpotomy.

7 (C) Laboratory processed crowns are not a benefit.

8 (D) Removable prosthetics shall be a benefit only for
9 patients as a requirement for employment.

10 (E) The director may, by regulation, provide for the
11 provision of fixed artificial dentures that are necessary for
12 medical conditions that preclude the use of removable
13 dental prostheses.

14 (F) Notwithstanding the conditions specified in
15 subparagraphs (A) to (E), inclusive, the department may
16 approve services for persons with special medical
17 disorders subject to utilization review.

18 (3) Paragraph (2) shall become inoperative July 1,
19 1995.

20 (i) Medical transportation is covered, subject to
21 utilization controls.

22 (j) Home health care services are covered, subject to
23 utilization controls.

24 (k) Prosthetic and orthotic devices and eyeglasses are
25 covered, subject to utilization controls. Utilization
26 controls shall allow replacement of prosthetic and
27 orthotic devices and eyeglasses necessary because of loss
28 or destruction due to circumstances beyond the
29 beneficiary's control. Frame styles for eyeglasses
30 replaced pursuant to this subdivision shall not change
31 more than once every two years, unless the department
32 so directs.

33 Orthopedic and conventional shoes are covered when
34 provided by a prosthetic and orthotic supplier on the
35 prescription of a physician and when at least one of the
36 shoes will be attached to a prosthesis or brace, subject to
37 utilization controls. Modification of stock conventional or
38 orthopedic shoes when medically indicated, is covered
39 subject to utilization controls. When there is a clearly
40 established medical need that cannot be satisfied by the



1 modification of stock conventional or orthopedic shoes,
2 custom-made orthopedic shoes are covered, subject to
3 utilization controls.

4 (l) Hearing aids are covered, subject to utilization
5 controls. Utilization controls shall allow replacement of
6 hearing aids necessary because of loss or destruction due
7 to circumstances beyond the beneficiary's control.

8 (m) Durable medical equipment and medical supplies
9 are covered, subject to utilization controls. The utilization
10 controls shall allow the replacement of durable medical
11 equipment and medical supplies when necessary because
12 of loss or destruction due to circumstances beyond the
13 beneficiary's control.

14 (n) Family planning services are covered, subject to
15 utilization controls.

16 (o) Inpatient intensive rehabilitation hospital services,
17 including respiratory rehabilitation services, in a general
18 acute care hospital are covered, subject to utilization
19 controls, when either of the following criteria are met:

20 (1) A patient with a permanent disability or severe
21 impairment requires an inpatient intensive rehabilitation
22 hospital program as described in Section 14064 to develop
23 function beyond the limited amount that would occur in
24 the normal course of recovery.

25 (2) A patient with a chronic or progressive disease
26 requires an inpatient intensive rehabilitation hospital
27 program as described in Section 14064 to maintain the
28 patient's present functional level as long as possible.

29 (p) Adult day health care is covered in accordance
30 with Chapter 8.7 (commencing with Section 14520).

31 (q) (1) Application of fluoride, or other appropriate
32 fluoride treatment as defined by the department, other
33 prophylaxis treatment for children 17 years of age and
34 under, are covered.

35 (2) *All dental hygiene services provided by a*
36 *registered dental hygienist in alternative practice*
37 *pursuant to Section 1768 of the Business and Professions*
38 *Code may be covered as long as they are within the scope*
39 *of Denti-Cal benefits and they are necessary services*



1 *provided by a registered dental hygienist in alternative*
2 *practice.*

3 (r) (1) Paramedic services performed by a city,
4 county, or special district, or pursuant to a contract with
5 a city, county, or special district, and pursuant to a
6 program established under Article 3 (commencing with
7 Section 1480) of Chapter 2.5 of Division 2 of the Health
8 and Safety Code by a paramedic certified pursuant to that
9 article, and consisting of defibrillation and those services
10 specified in subdivision (3) of Section 1482 of the article.

11 (2) All providers enrolled under this subdivision shall
12 satisfy all applicable statutory and regulatory
13 requirements for becoming a Medi-Cal provider.

14 (3) This subdivision shall be implemented only to the
15 extent funding is available under Section 14106.6.

16 (s) In-home medical care services are covered when
17 medically appropriate and subject to utilization controls,
18 for beneficiaries who would otherwise require care for an
19 extended period of time in an acute care hospital at a cost
20 higher than in-home medical care services. The director
21 shall have the authority under this section to contract
22 with organizations qualified to provide in-home medical
23 care services to those persons. These services may be
24 provided to patients placed in shared or congregate living
25 arrangements, if a home setting is not medically
26 appropriate or available to the beneficiary. As used in this
27 section, “in-home medical care service” includes utility
28 bills directly attributable to continuous, 24-hour
29 operation of life-sustaining medical equipment, to the
30 extent that federal financial participation is available.

31 As used in this subdivision, in-home medical care
32 services, include, but are not limited to:

- 33 (1) Level of care and cost of care evaluations.
- 34 (2) Expenses, directly attributable to home care
35 activities, for materials.
- 36 (3) Physician fees for home visits.
- 37 (4) Expenses directly attributable to home care
38 activities for shelter and modification to shelter.
- 39 (5) Expenses directly attributable to additional costs of
40 special diets, including tube feeding.



- 1 (6) Medically related personal services.
- 2 (7) Home nursing education.
- 3 (8) Emergency maintenance repair.
- 4 (9) Home health agency personnel benefits which
- 5 permit coverage of care during periods when regular
- 6 personnel are on vacation or using sick leave.
- 7 (10) All services needed to maintain antiseptic
- 8 conditions at stoma or shunt sites on the body.
- 9 (11) Emergency and nonemergency medical
- 10 transportation.
- 11 (12) Medical supplies.
- 12 (13) Medical equipment, including, but not limited to,
- 13 scales, gurneys, and equipment racks suitable for
- 14 paralyzed patients.
- 15 (14) Utility use directly attributable to the
- 16 requirements of home care activities which are in
- 17 addition to normal utility use.
- 18 (15) Special drugs and medications.
- 19 (16) Home health agency supervision of visiting staff
- 20 which is medically necessary, but not included in the
- 21 home health agency rate.
- 22 (17) Therapy services.
- 23 (18) Household appliances and household utensil costs
- 24 directly attributable to home care activities.
- 25 (19) Modification of medical equipment for home use.
- 26 (20) Training and orientation for use of life support
- 27 systems, including, but not limited to support of
- 28 respiratory functions.
- 29 (21) Respiratory care practitioner services as defined
- 30 in Sections 3702 and 3703 of the Business and Professions
- 31 Code, subject to prescription by a physician and surgeon.
- 32 Beneficiaries receiving in-home medical care services
- 33 are entitled to the full range of services within the
- 34 Medi-Cal scope of benefits as defined by this section,
- 35 subject to medical necessity and applicable utilization
- 36 control. Services provided pursuant to this subdivision,
- 37 which are not otherwise included in the Medi-Cal
- 38 schedule of benefits, shall be available only to the extent
- 39 that federal financial participation for these services is



1 available in accordance with a home- and
2 community-based services waiver.

3 (t) Home- and community-based services approved
4 by the United States Department of Health and Human
5 Services may be covered to the extent that federal
6 financial participation is available for those services
7 under waivers granted in accordance with Section 1396n
8 of Title 42 of the United States Code. The director may
9 seek waivers for any or all home- and community-based
10 services approvable under Section 1396n of Title 42 of the
11 United States Code. Coverage for those services shall be
12 limited by the terms, conditions, and duration of the
13 federal waivers.

14 The department shall submit a report, as provided in
15 Section 28 of the 1982 Budget Act, 30 days prior to
16 providing these services as Medi-Cal benefits. The report
17 shall be submitted to the Joint Legislative Budget
18 Committee and the fiscal committees and shall address
19 the cost-effectiveness of services provided pursuant to
20 this subdivision.

21 (u) Comprehensive perinatal services, as provided
22 through an agreement with a health care provider
23 designated in Section 14134.5 and meeting the standards
24 developed by the department pursuant to Section
25 14134.5, subject to utilization controls.

26 The department shall seek any federal waivers
27 necessary to implement the provisions of this subdivision.
28 The provisions for which appropriate federal waivers
29 cannot be obtained shall not be implemented. Provisions
30 for which waivers are obtained or for which waivers are
31 not required shall be implemented notwithstanding any
32 inability to obtain federal waivers for the other provisions.
33 No provision of this subdivision shall be implemented
34 unless matching funds from Subchapter XIX
35 (commencing with Section 1396) of Chapter 7 of Title 42
36 of the United States Code are available.

37 (v) Early and periodic screening, diagnosis, and
38 treatment for any individual under 21 years of age is
39 covered, consistent with the requirements of Subchapter



1 XIX (commencing with Section 1396) of Chapter 7 of
2 Title 42 of the United States Code.

3 (w) Hospice service which is Medicare-certified
4 hospice service is covered, subject to utilization controls.
5 Coverage shall be available only to the extent that no
6 additional net program costs are incurred.

7 (x) When a claim for treatment provided to a
8 beneficiary includes both services which are authorized
9 and reimbursable under this chapter, and services which
10 are not reimbursable under this chapter, that portion of
11 the claim for the treatment and services authorized and
12 reimbursable under this chapter shall be payable.

13 (y) Home- and community-based services approved
14 by the United States Department of Health and Human
15 Services for beneficiaries with a diagnosis of AIDS or
16 ARC, who require intermediate care or a higher level of
17 care.

18 Services provided pursuant to a waiver obtained from
19 the Secretary of the United States Department of Health
20 and Human Services pursuant to this subdivision, and
21 which are not otherwise included in the Medi-Cal
22 schedule of benefits, shall be available only to the extent
23 that federal financial participation for these services is
24 available in accordance with the waiver, and subject to
25 the terms, conditions, and duration of the waiver. These
26 services shall be provided to individual beneficiaries in
27 accordance with the client's needs as identified in the
28 plan of care, and subject to medical necessity and
29 applicable utilization control.

30 The director may under this section contract with
31 organizations qualified to provide, directly or by
32 subcontract, services provided for in this subdivision to
33 eligible beneficiaries. Contracts or agreements entered
34 into pursuant to this division shall not be subject to the
35 Public Contract Code.

36 (z) Respiratory care when provided in organized
37 health care systems as defined in Section 3701 of the
38 Business and Professions Code, and as an in-home medical
39 service as outlined in subdivision (s).



1 SEC. 9. No reimbursement is required by this act
2 pursuant to Section 6 of Article XIII B of the California
3 Constitution because the only costs that may be incurred
4 by a local agency or school district will be incurred
5 because this act creates a new crime or infraction,
6 eliminates a crime or infraction, or changes the penalty
7 for a crime or infraction, within the meaning of Section
8 17556 of the Government Code, or changes the definition
9 of a crime within the meaning of Section 6 of Article
10 XIII B of the California Constitution.

11 Notwithstanding Section 17580 of the Government
12 Code, unless otherwise specified, the provisions of this act
13 shall become operative on the same date that the act
14 takes effect pursuant to the California Constitution.

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