

Tribal and Designee Medi-Cal Advisory Process Webinar on Proposed Changes to the Medi-Cal Program

February 26, 2025

Welcome and Webinar Logistics

Dos & Don'ts of WebEx

- » Everyone will be automatically muted upon entry
- » Use the Q&A or Chat box to submit comments or questions
- » Please use the Chat box for any technical issues related to the webinar

Feedback Guidance for Participants

- » **Q&A or Chat Box.** Please feel free to utilize either option to submit feedback or questions during the meeting.
- » **Spoken.**
 - Participants may “raise their hand” for Webex facilitator to unmute the participant to share feedback
 - Alternatively, participants who have raised their hand may unmute their own lines, but DHCS asks that you wait for a facilitator to recognize your request to speak
 - DHCS will take comments or questions first from tribal leaders and then all others in the room and on the webinar
- » **If you logged on via phone-only.** Press “*6” on your phone to “raise your hand”

Purpose

- » The Department of Health Care Services (DHCS) is hosting this webinar regarding proposed changes to the Medi-Cal Program. This webinar will provide information and allow for feedback on State Plan Amendments (SPA) and Waiver Renewals/Amendments proposed for submission to Centers for Medicare and Medicaid Services (CMS).
- » Background: Executive Orders recognize the unique relationship of Tribes with the federal government and emphasize the importance of States to work with Tribes on matters that may impact Indian health.
- » This webinar is one way for DHCS to provide information about the Medi-Cal program and get feedback verbally and in writing.

Agenda

- » Welcome and Purpose
- » Overview of State Plan and State Plan Amendments (SPAs)
- » SPAs Scheduled for Submission to CMS by March 28, 2025
- » Closing and Feedback

State Plan Amendment Overview



Medicaid State Plan Overview

- » State Plan: The official contract between the state and federal government by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding.
- » The State Plan describes the nature and scope of Medicaid and gives assurance that it will be administered in accordance with the specific requirements of Title XIX of the Federal Social Security Act, Code of Federal Regulations, Chapter IV, and State law/regulations.
- » California's State Plan is over 1600 pages and can be accessed online at: <https://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>

State Plan Amendment (SPA) Overview

- » SPA: Any formal change to the State Plan.
- » Approved State Plans and SPAs ensure the availability of federal funding for the state's program (Medi-Cal).
- » The CMS reviews all State Plans and SPAs for compliance with:
 - » -Federal Medicaid statutes and regulations
 - » -State Medicaid manual
 - » -Most current State Medicaid Directors' Letters, which serve as policy guidance.

SPA 25-0002
Public Provider Ground Emergency Medical
Transportation (PP-GEMT)
Intergovernmental Transfer (IGT) Program

Serina Kung

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Fee-For-Service Rates Development Division

Background

- » DHCS established the PP-GEMT IGT program to provide increased reimbursements, by application of an add-on increase, to emergency medical transports provided by eligible public GEMT providers, effective January 1, 2023.
- » Providers are eligible to participate in the program if they meet all of the following criteria:
 - (1) Provide GEMT services to Medi-Cal beneficiaries
 - (2) Are enrolled as a Medi-Cal provider for the period being claimed, and
 - (3) Are owned or operated by the state, a city, county, city and county, fire protection, special districts, community services districts, health care district, or a federally recognized Indian tribe.

Purpose

- » The program provides increased reimbursement to eligible public providers of GEMT services by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule rates for eligible GEMT services.
- » The reimbursement rate add-on is a fixed amount, as shown in the table below.

Procedure Code	Description
A0429	Basic Life Support, Emergency
A0427	Advanced Life Support, Level 1, Emergency
A0433	Advanced Life Support, Level 2
A0434	Specialty Care Transport
A0225	Neonatal Emergency Transport

Summary of Proposed Changes

- » Continue the PP-GEMT IGT program for eligible public providers of GEMT services, effective January 1, 2025 through December 31, 2025.
- » Update the PP-GEMT IGT program add-on in CY 2025 to account for inflation using the California Consumer Price Index, trend adjustments, and other material changes.
- » Public providers are not eligible to participate in the GEMT Quality Assurance Fee program for periods when the PP-GEMT IGT Program is in effect.

Impact to Tribal Health Programs

- » Eligible tribally owned and operated GEMT providers may choose to participate in the PP-GEMT IGT program.
- » Eligible providers who choose to participate will receive the PP-GEMT IGT add on amount for eligible GEMT services for the program period, effective January 1, 2025 through December 31, 2025.

Impact to Federally Qualified Health Centers (FQHCs)

- » DHCS does not anticipate an impact to FQHCs as a result of the PP-GEMT IGT Program.

Impact to American Indian Medi-Cal Members

- » DHCS does not anticipate an impact to American Indian Medi-Cal beneficiaries who receive GEMT services.

Resources

» **PP-GEMT IGT Public Notice**

[SPA 25-0002 Public Notice \(ca.gov\)](#)

» **AB 1705:**

[Bill Text - AB-1705 Medi-Cal: emergency medical transportation services.](#)

Contact Information

» **Email to:**

AB1705@dhcs.ca.gov

» **Mail to:**

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Justice-Involved Juvenile Services

SPA 25-0006

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Benefits Division

Background

- » SPA 25-0006 must be submitted to the Centers for Medicare and Medicaid Services (CMS) to attest compliance with federal law¹ to provide screenings, diagnostic services, and targeted case management (TCM) to eligible individuals.
- » Eligible individuals are defined as individuals who are under 21 years of age and determined eligible for any Medi-Cal eligibility group, as well as former foster care children ages 18 to 26, or former foster children up to age 26 who are within 30 days of their scheduled release date from a public institution following adjudication, according to federal law².

¹ Social Security Act, section 1902(a)(84)

² Social Security Act, section 1902(nn)(2)

Background continued

- » DHCS began providing Justice-Involved (JI) reentry initiative services on October 1, 2024, through a federal Medicaid 1115 demonstration waiver³. The initiative provides crucial medical and behavioral health services, including care coordination, for Medi-Cal eligible adults and youth in state prisons, county jails, and youth correctional facilities in the 90 days before their release.
- » CMS is requiring⁴ states to submit a SPA with an effective date of January 1, 2025, attesting to their compliance with federal Consolidated Appropriations Act⁵. If DHCS needs to submit a SPA in addition to its authority of the waiver, it will submit SPA 25-0006 to CMS by March 31, 2025.

³ CalAIM Reentry Initiative Demonstration Approval

⁴ State Health Official Letter #24-004

⁵ Consolidated Appropriations Act, section 5121

Purpose

- » To seek federal approval to provide eligible juveniles (under 21 years of age and former foster children ages up to age 26 years) who are post adjudication in a public institution certain screenings and diagnostic services in the 30-days prior to scheduled release, and TCM in the 30 days leading up to their release and for 30 days after release from a public institution.
- » DHCS will submit companion Alternative Benefits Plan (ABP) SPA 25-0007 to align the ABP with the updates to be made by SPA 25-0006.

Summary of Proposed Changes

- » DHCS is seeking to attest to coverage of the following Medi-Cal services to eligible juveniles, as described above:
 - Medical, dental, and behavioral health screenings and diagnostic services, provided in accordance with Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) guidelines. Services would be provided within 30 days prior to release or not later than one week after release, or as soon as practicable.
 - Targeted Case Management: Medi-Cal will provide TCM beginning 30 days before release and continuing for 30 days after release. Services will include referrals to appropriate care and services available near the juvenile's home or residence, if possible.

Summary of Proposed Changes

- » These services would be available to Medi-Cal members in both the fee-for-service (FFS) and managed care delivery systems.
- » The proposed effective date for SPA 25-0006 is January 1, 2025.
- » SPA 25-0006 is subject to CMS approval.

Impact to Tribal Health Programs

- » To the extent that Tribal Health Programs participate in justice involved services and provide screening and diagnostic services, and TCM to eligible individuals, those Medi-Cal members may access services more frequently.

Impact to Federally Qualified Health Centers (FQHCs)

- » To the extent that FQHCs provide screening and diagnostic services, and TCM for eligible juveniles, those Medi-Cal members may access services more frequently.

Impact to American Indian Medi-Cal Members

- » Eligible juveniles may have increased access to these benefits, which is expected to improve health outcomes.

Contact Information

Comments may be sent via email to Angeli.Lee@dhcs.ca.gov or by mail to the address below:

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Alternate Benefit Plan (ABP) Updates

SPA #25-0007

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Background

- » DHCS proposes to update the ABP section of the State Plan to reflect updates made by the following SPAs:
 - 24-0003
 - 24-0031
 - 24-0042
 - 24-0052
 - 25-0006
 - 25-0009
 - 25-0014

Background Continued

- » **SPA 24-0003** proposes to add Psychiatric Residential Treatment Facilities (PRTFs) as a setting where inpatient psychiatric services to beneficiaries under 22 years of age can be provided. DHCS submitted SPA 24-0003 to the Centers for Medicare and Medicaid Services (CMS) on March 29, 2024.
- » **SPA 24-0031** proposes to make clarifying and technical edits to behavioral health treatment (BHT) services. DHCS submitted SPA 24-0031 to CMS on September 23, 2024.

Background Continued

- » **SPA 24-0042** – Expanded the continuum of community-based services and evidence-based practices available through Medi-Cal specialty behavioral health delivery systems. CMS approved SPA 24-0042 on December 19, 2024.
- » **SPA 24-0052** – Added Enhanced Community Health Worker (CHW) services, including Enhanced Community Health Representative services, as tailored preventive services to Medi-Cal members with significant behavioral health needs. CMS approved SPA 24-0052 on December 13, 2024.

Background Continued

- » **SPA 25-0006** will provide eligible juveniles (under 21 years of age and former foster children up to age 26 years) who are post adjudication in a public institution, certain screenings and diagnostic services in the 30-days prior to scheduled release, and targeted case management (TCM) in the 30 days leading up to their release and for 30 days after release from a public institution.

Background Continued

- » **SPA 25-0009** - (previously known as SPA 24-0018) proposes to add psychological associates as a prospective payment system (PPS) billable practitioner type for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal FQHCs. DHCS will submit SPA 25-0009 to CMS by March 31, 2025.

Background Continued

- » **SPA 25-0014** (previously known as SPA 24-0032) proposes to add certified wellness coach (CWC) services as a preventive service. DHCS will submit SPA 25-0014 to CMS by March 31, 2025.

Purpose

- » To seek federal approval to align the Alternate Benefit Plan (ABP) with the updates made by State Plan Amendments (SPA) 24-0003, 24-0031, 24-0042, 24-0052, 25-0006, 25-0009, and 25-0014.

Summary of Proposed Changes

- » SPA 25-0007 aligns the ABP with updates made by the above-mentioned SPAs. The proposed effective date for the ABP SPA 25-0007 is January 1, 2025. This ABP SPA is subject to approval by CMS.

SPA 24-0003 Impacts

- » **Impact to THPs:** THPs may be able to make referrals for Medi-Cal members to receive inpatient psychiatric services in PRTFs. DHCS anticipates Medi-Cal members that receive referrals will be able to better access these services, likely improving their health outcomes.
- » **Impact to FQHCs:** FQHCs may be able to make referrals for Medi-Cal members to receive inpatient psychiatric services in PRTFs. DHCS anticipates members that receive referrals will be able to better access these services, likely improving their health outcomes.
- » **Impact to American Indian Medi-Cal members:** DHCS anticipates this proposed SPA will increase access to inpatient psychiatric services for American Indian Medi-Cal members under the age of 21, as it will allow for the provision of the “psych under 21” benefit in an additional setting that is not a hospital.

SPA 24-0031 Impacts

- » **Impact to THPs:** Tribal and urban Indian health programs do not provide BHT services, so DHCS does not believe there will be an impact to THPs.
- » **Impact to FQHCs:** Urban Indian health programs do not provide BHT services, so DHCS does not believe there will be an impact to FQHCs.
- » **Impact to American Indian Medi-Cal members:** This proposed SPA clarifies existing DHCS policy and does not change coverage policies. Therefore, DHCS does not believe there will be an impact to American Indian Medi-Cal members.

SPA 24-0042 Impacts

- » **Impact to THPs:** THPs may be reimbursed by county MHPs for providing covered specialty mental health services (SMHS) for eligible Medi-Cal members. The changes enable THPs that provide covered SMHS and Drug Medi-Cal/Drug Medi-Cal- Organized Delivery System (DMC/DMC-ODS) services to expand capacity to serve eligible members seeking treatment for co-occurring mental health conditions and substance use disorders (SUDs).
- » **Impact to FQHCs:** County MHPs are responsible for reimbursing the FFS rate to contracted FQHCs for Assertive Community Treatment (ACT), Coordinated Specialty Care (CSC), and Clubhouse Services. These services can help ensure community-based care is available for members with mental health conditions. Similarly, an FQHC provider contracted with the county mental health plans may elect to add an alcohol and drug counselor as a practitioner type under Rehabilitative Mental Health Services, and a FQHC provider contracted to provide DMC or DMC-ODS services may add an Other Qualified Provider as a practitioner type. The SPA did not make alcohol and drug counselors or other qualified providers billable PPS practitioners, and these services are reimbursed at the FFS rate. The SPA enabled FQHCs that provide covered SMHS and DMC/DMC-ODS services to expand capacity to serve eligible members seeking treatment for co-occurring mental health conditions and substance use disorders.

SPA 24-0042 Impacts continued

- » **Impact to American Indian Medi-Cal members:** American Indian Medi-Cal members may have increased access to ACT, CSC and clubhouse services, which are expected to improve health outcomes for members with mental health conditions. American Indian Medi-Cal members with co-occurring mental health conditions and SUDs may also have additional practitioner options to help address their treatment needs.

SPA 24-0052 Impacts

- » **Impact to THPs:** THPs may be reimbursed for providing enhanced CHW services as a preventive service under the SMHS, Drug Medi-Cal (DMC), and/or DMC-ODS delivery systems for eligible Medi-Cal members. Provision of enhanced CHW services by THPs can help ensure community-based care is available for Medi-Cal members with mental health conditions and substance use disorders.
- » **Impact to FQHCs:** FQHCs must be contracted with their county to deliver SMHS and DMC-ODS services prior to furnishing any services. Furthermore, for SMHS, DMC, and DMC-ODS enhanced CHW (CHR) Services, the CHW personnel must be carved out of the PPS rate. The proposed SPA changes will not make SMHS and DMC/DMC- ODS enhanced CHWs (CHRs) billable PPS practitioners. Counties will be responsible for reimbursing these services at FFS rates to FQHC providers.
- » **Impact to American Indian Medi-Cal members:** American Indian Medi-Cal members may have increased access to enhanced CHW services, which are expected to improve health outcomes for those who are able to access them.

SPA 25-0006 Impacts

- » **Impact to THPs:** To the extent that Tribal Health Programs participate in justice involved services and provide screening and diagnostic services, and TCM to eligible individuals, those Medi-Cal members may access services more frequently.
- » **Impact to FQHCs:** To the extent that FQHCs provide screening and diagnostic services, and TCM for eligible juveniles, those Medi-Cal members may access services more frequently.
- » **Impact to American Indian Medi-Cal members:** Eligible juveniles may have increased access to these benefits, which is expected to improve health outcomes.

SPA 25-0009 Impacts

- » **Impact to THPs:** The proposed changes may improve access to behavioral health services by providing THPs that participate in Medi-Cal as a Tribal FQHC with more flexibility in the types of specialized behavioral health practitioners that may receive reimbursement at the Tribal FQHC APM which is set at the all-inclusive rate (AIR) or at the prospective payment system (PPS) rate. THP that participate in Medi-Cal as Indian Health Services-Memorandum of Agreement providers already have the ability to be reimbursed at the AIR for services provided by psychological associates.
- » **Impact to FQHCs:** The proposed changes may positively impact access to behavioral health services by providing FQHCs more flexibility in the types of specialized behavioral health practitioners that may receive PPS.
- » **Impact to American Indian Medi-Cal members:** DHCS anticipates a positive impact to Indian Medi-Cal members because adding psychological associates will likely increase access to behavioral health services.

SPA 25-0014 Impacts

- » **Impact to THPs:** THPs may use CWCs to provide services, but CWCs are not considered THP billable providers. Therefore, CWC services are not considered billable encounters and will not be eligible for reimbursement at the federal AIR. Reimbursement for CWC services will be available at fee-for-service (FFS) rates outside of the Office of Management and Budget Indian Services per visit rate for Tribal 638 clinic providers. To the extent that THPs provide CWC services, an increase in Medi-Cal members that access the services within THPs may occur.
- » **Impact to FQHCs:** Under the APM for CWCs, FQHCs may elect to receive a supplemental reimbursement equal to the established Medi-Cal FFS rate when CWC services are provided on the same or a different day as a PPS eligible visit.
- » **Impact to American Indian Medi-Cal members:** Medi-Cal members may have increased access to this benefit, which is expected to improve health outcomes for members receiving these services.

Contact Information

Comments may be sent via email to Angeli.Lee@dhcs.ca.gov or by mail to the address below:

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SPA 25-0008
Removal of 'Four Walls' Limitation for Indian
Health Services-Memorandum of
Agreement (IHS-MOA) Providers

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Background

- » The Centers for Medicare & Medicaid Services (CMS) Final Rule (FR) [CMS-1809-FC](#)¹ allows Medicaid to cover clinic services outside of the "four walls" of the Indian Health Services-Memorandum of Agreement (IHS-MOA) providers' facility.
- » Previously, CMS interpreted section 1905(a)(9) of the Social Security Act in its regulation at 42 CFR 440.90 that "clinic services" do not include services furnished outside of the "four walls" of the clinic, except if the services are furnished by clinic personnel to a homeless individual. During the Public Health Emergency (PHE), CMS provided a grace period for the "four walls" limitation policy for services provided outside of the clinic facility. CMS has released this FR to permanently allow services to be provided outside of the clinic's "four walls".
- » [Senate Bill \(SB\) 801](#)², enacted on January 1, 2022, renamed psychological assistant to psychological associate.

1 United States Government Publishing Office. Federal Register, vol. 89, no. 227, 27 Nov. 2024.

2 California. Senate Bill No. 801. 2021. Statutes of California, Chapter 647.

Purpose

- » Eliminate the “four walls” limitation for Indian Health Services-Memorandum of Agreement (IHS-MOA) providers.
- » Make a technical correction to update psychological assistants to psychological associates to align with recent state law changes.

Summary of Proposed Changes

- » DHCS is seeking federal approval of SPA 25-0008 to eliminate the “four walls” limitation for IHS-MOA providers, effective January 1, 2025. To implement this change, DHCS is proposing to revise the definition of a visit and visiting nurse services by removing language in the State Plan that pertains to providing services in the tribal facility. This SPA also seeks to update the title of psychological assistants to psychological associates to align with the changes authorized by SB 801.

Impact to Tribal Health Programs

- » These proposed changes will impact IHS-MOA providers by allowing for them to bill for covered services by a billable health professional outside of the clinic's "four walls". There is no impact to Tribal Federally Qualified Health Centers (Tribal FQHCs) as the "four walls" limitation is not applicable to Tribal FQHCs. DHCS believes there is no impact to IHS-MOAs as a result of change from psychological assistant to associate because it is a technical change that will allow this provider type to continue to bill for behavioral health services under the license of a clinical psychologist. Please note proposed SPA 25-0009 will be submitted to CMS to allow psychological associates to be reimbursable as Tribal FQHC providers under the license of clinical psychologist by March 31, 2025.

Impact to Federally Qualified Health Centers (FQHCs)

- » DHCS does not anticipate an impact to FQHCs because the CMS FR does not change existing DHCS policies for FQHCs. Please note proposed SPA 25-0009 will be submitted to CMS to allow psychological associates to be reimbursable as FQHC providers under the license of clinical psychologist by March 31, 2025.

Impact to American Indian Medi-Cal Members

- » DHCS does not anticipate an impact to American Indian Medi-Cal members because members will continue to have access to covered services at a THP.

Resources

- » United States Government Publishing Office. Federal Register, vol. 89, no. 227, 27 Nov. 2024.
- » California. Senate Bill No. 801. 2021. Statutes of California, Chapter 647.

Contact Information

- » Comments may be sent by email to Andrea.Zubiate@dhcs.ca.gov or by mail to the address below:
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Certified Wellness Coach as a New Medi-Cal Benefit

SPA 25-0014 (formerly 24-0032)

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Background

- » Highlighted by California's Governor Newsom as a part of California's Master Plan for Kids' Mental Health¹, the Children and Youth Behavioral Health Initiative (CYBHI)², is a multiyear, multi-department package of investments that reimagines the systems that support behavioral health for all of California's children, youth, and their families, regardless of payer.
- » As part of the CYBHI, the Department of Health Care Access and Information (HCAI) is responsible for developing a new category of behavioral health provider, "behavioral health coach." Behavioral health coaches are currently known as a Certified Wellness Coach (CWC). CWCs are trained and certified providers intended to help address the unmet mental health and substance use needs of children and youth.³

Background Continued

- » The Department of Health Care Services (DHCS) is proposing to add CWC services as a preventive service⁴ to help increase the state's overall capacity to provide prevention and early intervention supports and services that can support the behavioral health and well-being of Medi-Cal members in California in a wide variety of settings, such as health centers, schools, and in the community.
- » This new Medi-Cal benefit will be offered to Medi-Cal members in the Medi-Cal managed care and Fee-For-Service (FFS) delivery systems.

Background Continued

- » CWCs will support the development of a larger, more representative behavioral health workforce, providing individuals with increased support from people who they can connect with, who speak their language, understand their communities, and work in places that are convenient to Medi-Cal members.
- » Through wellness promotion, screening, and crisis referral, CWCs help make behavioral health supports more inclusive and readily available to Medi-Cal members, bridging the crucial gap between need and accessibility.

Purpose

- » DHCS will submit State Plan Amendment (SPA) 25-0014 (formerly 24-0032) to the Centers for Medicare & Medicaid Services (CMS) in the first quarter of 2025 to seek federal approval to:
 - Adopt CWC as a new Medi-Cal benefit.
 - Reimburse Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) providers a supplemental reimbursement amount through an Alternative Payment Methodology (APM) for services provided by CWCs ⁵.
 - The SPA will have an effective date of January 1, 2025.

Summary of Proposed Changes

- » SPA 25-0014 proposes the following changes:
 - Add CWC services, as a new preventive service to support behavioral health needs and to promote the physical and mental health well-being of Medi-Cal members.
 - Add CWCs that may provide the following services:
 1. Wellness promotion and education.
 2. Screening not requiring a licensed provider.
 3. Care coordination including navigation services.
 4. Individual and group behavioral health coaching, including wellness education, coping skills, goal setting and planning, teaching life skills, stress management, and problem solving.
 5. Crisis referral, including identifying potential risk, providing emotional support, and engaging in warm handoffs with licensed, credentialed, or associate behavioral health providers.

Summary of Proposed Changes Continued

- » SPA 25-0014 proposes the following changes:
 - Require that CWCs must be supervised by a licensed qualified practitioner including Pupil Personnel Services (PPS) credential holders or licensed behavioral health clinicians.
 - Add an Alternative Payment Methodology supplemental reimbursement for FQHCs and RHCs.
 - Require that CWCs be supervised by a licensed billable FQHC, RHC, or THP mental health practitioner such as a psychiatrist, clinical psychologist, Licensed Clinical Social Worker, Licensed Marriage Family Therapists, or Licensed Professional Clinical Counselor.

Impact to Tribal Health Programs

- » To the extent that Tribal Health Plans (THPs) provide CWC services, an increase in Medi-Cal members that access the services within THPs may occur.
- » THPs may use CWCs to provide services, but CWCs are not considered THP billable providers. Therefore, CWC services are not considered billable encounters and will not be eligible for reimbursement at the federal All-Inclusive Rate (AIR).
- » Reimbursement for CWC services will be available at FFS rates outside of the Office of Management and Budget Indian Services per visit rate for Tribal 638 clinic providers.

Impact to Federally Qualified Health Centers

- » Under this APM, FQHCs may elect to receive a supplemental reimbursement equal to the established Medi-Cal FFS rate when CWC services are provided on the same or a different day as a PPS-eligible visit. All Medi-Cal FFS rates are published at <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates?tab=rates>.

Impact to American Indian Medi-Cal Members

- » Medi-Cal members may have increased access to this benefit, which is expected to improve health outcomes for members receiving these services.

Next Steps: Adding CWC Benefit to the CYBHI Fee Schedule

- » In early 2025, CWCs will be added to the CYBHI statewide multi-payer fee schedule (CYBHI Fee Schedule), which establishes the minimum rates at which managed care plans must reimburse local education agencies and school-linked providers for the provision of services to a student under the age of 26 at a school site, including on-campus, off-campus, and mobile clinic locations.

Other Helpful Resources

- » HCAI CWC Model: [https://hcai.ca.gov/wp-content/uploads/2024/07/Certified-Wellness-Coach-Model June 2024.pdf](https://hcai.ca.gov/wp-content/uploads/2024/07/Certified-Wellness-Coach-Model_June_2024.pdf)
- » HCAI CWC Webpage: <https://hcai.ca.gov/workforce/initiatives/certified-wellness-coach/>
- » CWC Website: <https://cawellnesscoach.org>
- » DHCS CYBHI Webpage: <https://www.dhcs.ca.gov/cybhi>
- » DHCS CWC Webpage: Forthcoming
- » California Health and Human Services Agency CYBHI Website: <https://cybhi.chhs.ca.gov>

Contact Information

If you have any questions/feedback/concerns pertaining to the adding CWC as a new Medi-Cal benefit, please email

CWCbenefit@dhcs.ca.gov.

Feedback/Questions

