

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

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REIMBURSEMENT METHODOLOGY FOR PREVENTIVE SERVICES: BEHAVIORAL  
HEALTH TREATMENT AND BEHAVIORAL INTERVENTION SERVICES

Notwithstanding any other provision of this attachment, effective for dates of service on or after January 1, 2025, the reimbursement methodology for Behavioral Health Treatment and Behavioral Intervention Services as described in State Plan Limitations on Attachment 3.1-A pages 18b-18c, Limitations on Attachment 3.1-B pages 18b-18c, and Supplement 6 to Attachment 3.1-A will be established using the following methodologies.

This service is comprised of the following subcomponents:

**Non-Facility Based Behavior Intervention Services:** Providers in this subcategory are behavior analysts, associate behavior analysts, behavior management assistants, behavior management consultants, behavioral technicians, educational psychologists, clinical social workers, and professional clinical counselors. These providers are paid the usual and customary rate, as described in 1) below, if they have one. If these providers do not have a usual and customary rate, then the rates are established using the Department of Developmental Services (DDS) Fee Schedules methodology, as described in 2) below.

For psychiatrists, physicians and surgeons, physical therapists, occupational therapists, psychologists, psychological associates, licensed marriage and family therapists, associate marriage and family therapists, associate clinical social workers, associate clinical counselors, speech pathologists, and audiologists when providing BHT – the DHCS Fee Schedules methodology applies, as defined in 3) below.

**1) Usual and Customary Rate Methodology** – A usual and customary rate means the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their families and where at least 30% of the recipients of the given service are not regional center consumers or their families. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate for a regional center consumer and/or family shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability who is not a regional center consumer, and any difference between the rates must be for extra services provided and not imposed as a surcharge to cover the cost of measures necessary for the vendor to achieve compliance with the Americans With Disabilities Act. All providers are paid the usual and customary rate if they have one.

**2) DDS Fee Schedules** – In March 2019, DDS submitted a rate study to the California Legislature addressing the sustainability, quality, and transparency of community-based services for individuals with developmental disabilities. As a part of this rate study, rate

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models were developed for specified services that include specific assumptions related to the various costs associated with delivering each service, including direct care worker wages, benefits, and 'productivity' (i.e., billable time); staffing ratios; mileage; facility expenses; and agency program support and administration. Separate models were established for each regional center to account for costs differences related to wages, travel, and nonresidential real estate. The rate models were implemented with two components as follows:

DDS Fee Schedule: Effective January 1, 2025, providers included in the Rate Study will have their rates set at 90% of the rate study benchmark, with the opportunity to earn the remaining 10% through the Quality Incentive Program (below). Providers whose current rates are higher than the 90% benchmark as of December 31, 2024, will remain at that higher level.

Quality Incentive Program (QIP): Effective January 1, 2025, all providers whose rates are less than 100% of the rate identified in the regional center specific rate model are eligible to earn supplemental payments equal to the difference between their rate and the rate identified in the regional center specific rate model by participating in the QIP. The initial phase of the QIP involves the submission of information for the creation of a statewide provider service directory. Information will be reviewed and verified by the regional center. Upon completion of this review, providers will be notified of any supplemental rate add-on they will receive for services provided on or after January 1, 2025.

The fee schedule rates for behavior analysts, associate behavior analysts, behavior management assistants, behavior management consultants, behavioral technicians, educational psychologists, clinical social workers, professional clinical counselors, psychiatrists, psychologists, psychological associates, licensed marriage and family therapists, associate marriage and family therapists, licensed clinical social workers, associate clinical social workers, and licensed professional clinical counselors were set as of January 1, 2025, and are effective for services provided on or after that day. All rates are published at: <https://www.dds.ca.gov/rc/vendor-provider/rate-reform/rate-models/>.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.

**3) DHCS Fee Schedules** – The fee schedule rates for physicians, and physical therapists and occupational therapists with less than one year as licensed provider, and occupational therapists with less than one year as a licensed therapist were set as of January 1, 2025, and are effective for services provided on or after that date. All rates are published at: <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/rates> as well as <https://www.dhcs.ca.gov/services/ltc/Pages/DD.aspx>

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.