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State/Territory Name: California

State Plan Amendment (SPA) #: 25-0032

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 27, 2025

Tyler Sadwith
State Medicaid Director
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 25-0032

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0032. This amendment proposes to clarify the list of providers for Behavioral Health Treatment services by removing duplicate listings of Board-Certified Behavior Analysts and Behavior Management Consultants from the list of Qualified Autism Service (QAS) Professionals, since the individual provider types are also listed as QAS Providers.

We conducted our review of your submittal according to the statutory requirements in Section 1905(a)(13) and 1905(r) of the Social Security Act and implementing regulations at 42 Code of Federal Regulations 440.130(c) and 440.40(b). This letter is to inform you that California Medicaid SPA 25-0032 was approved on October 27, 2025, with an effective date of October 1, 2025.

Enclosed are copies of CMS Form 179 and approved SPA pages to be incorporated into the California State Plan.

If you have any questions, please contact Nikki Lemmon at Nicole.Lemmon@cms.hhs.gov.

Sincerely,



Nicole McKnight
On Behalf of Courtney Miller, MCOG Director

Enclosures

cc: Lindy Harrington
Angeli Lee, DHCS
Shanna Haysbert, DHCS

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

1. TRANSMITTAL NUMBER

2 5 — 0 0 3 2

2. STATE

CA3. 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, 2025

5. FEDERAL STATUTE/REGULATION CITATION

SSA 1905(a)(13) and 1905(r); 42 CFR 440.130(c) and 440.40(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026\$ 0b. FFY 2027\$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 6 to Attachment 3.1-A, Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

Supplement 6 to Attachment 3.1-A, Page 1

9. SUBJECT OF AMENDMENT

Technical correction to clarify BHT provider types.

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

12. TYPED NAME

Tyler Sadwith

13. TITLE

State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED

September 30, 2025

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 30, 2025

17. DATE APPROVED

October 27, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

On Behalf of Courtney Miller, MCOG Director

22. REMARKS

Provider Type	Provider Qualifications	Behavioral-Analytic Assessment	Behavioral Treatment Plan Development and Modification	BHT Services
		Behavioral-analytic assessments identify strengths and weaknesses across multiple domains. Assessments may utilize information obtained from multiple sources, and may involve parents, guardians, or others when for the direct benefit of the child.	Individualized treatment plans identify interventions to address specific problems or to address multiple affected developmental domains. The treatment plan shall be reviewed once every six months and modified by a qualified autism service provider as necessary.	Behavioral health interventions are targeted interventions designed to promote healthy behaviors. Services include cognitive behavioral therapy, counseling in self-management, skill development, and care coordination. Services may include parents and guardians when for the direct benefit of the child.
Qualified Autism Service Provider ¹	Board Certified Behavior Analyst (BCBA) ^A	X	X	X
	Licensed Practitioner ^B	X	X	X
Qualified Autism Service Professional ²	Associate Behavioral Analyst ³	X		X
	Associate Clinical Social Worker ⁴	X		X
	Associate Marriage and Family Therapist ⁴	X		X
	Associate Professional Clinical Counselor ⁴	X		X
	Psychological Associate ⁵	X		X
	Behavior Management Assistant ⁶	X		X
Qualified Autism Service Paraprofessional ⁷	Paraprofessional			X

¹ A Qualified Autism Service Provider means either of the following:

^A A person that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies.

^B A person licensed as a physician and surgeon, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist and who has completed 12 semester units in ABA and has two years of experience designing and implementing behavioral modification intervention services.

² A Qualified Autism Service Professional is an individual who is supervised by a qualified autism service provider and is an associate behavior analyst, behavior management assistant, associate clinical social worker, associate marriage and family therapist, associate professional clinical counselor, or a psychological associate.

³ An Associate Behavior Analyst works under direct supervision of a qualified autism service provider and is recognized by a National Behavior Analyst Certification Board as a Board Certified Associate Behavior Analyst.

⁴ An Associate Clinical Social Worker, an Associate Marriage and Family Therapist, or an Associate Professional Clinical Counselor is registered with the Board of Behavioral Sciences and supervised by a licensed behavioral health provider who is also a qualified autism service provider.

⁵ A Psychological Associate registered with the Board of Psychology and supervised by a licensed psychologist who is also a qualified autism service provider.

⁶ A Behavior Management Assistant is supervised by a qualified autism service provider and meets either of the following requirements:

- Possesses a bachelor of arts or science degree and has either twelve semester units in Applied Behavior Analysis (ABA) and one year of experience in designing and/or implementing behavior modification intervention services **or** two years of experience in designing and/or implementing behavior modification intervention services; **or**
- Is registered as either a psychological associate of a psychologist by the Medical Board of California or Psychology Examining Board **or** as an Associate Licensed Clinical Social Worker.

⁷ A qualified autism service paraprofessional is supervised by a qualified autism service provider or a qualified autism service professional, and meets either of the following requirements:

- Has a high school diploma or the equivalent, has completed 30 hours of competency-based training designed by a BCBA, and has six months of experience working with persons with developmental disabilities, **or**
- Possesses an associate's degree in either a human, social, or educational services discipline or a degree or certification related to behavioral management from an accredited community college or educational institution, and has six months of experience working with persons with developmental disabilities.