



NOTICE OF GENERAL PUBLIC INTEREST

RELEASE DATE: AUGUST 28, 2025

ADDENDUM TO PUBLIC NOTICE FOR PROPOSED STATE PLAN AMENDMENT TO ESTABLISH REIMBURSEMENT RATES FOR BEHAVIORAL HEALTH TREATMENT SERVICES

This is an addendum to the Public Notice for proposed State Plan Amendment (SPA) 25-0028, published on June 24, 2025. The Department of Health Care Services (DHCS) requests input from Medi-Cal members, providers, and other interested stakeholders concerning proposed SPA 25-0028, which is provided below.

May it be known that the following changes have been made to the original Public Notice:

SPA 25-0028 will establish the Medi-Cal fee-for-service fee schedule rates indicated on the draft state plan pages attached for Behavioral Health Treatment (BHT) services provided by enrolled Medi-Cal Qualified Autism Service (QAS) providers effective for dates of service on or after July 1, 2025. DHCS' proposed payment rates were developed based on payment rates utilized by the California Department of Development Services (DDS) to reimburse local Regional Centers for the provision of BHT services. When looking at DDS' payment rates, since Medi-Cal pays at the same rate statewide, DHCS considered the highest Regional Center rate used by DDS for BHT services. Please see the DDS website here for DDS' full rate model: [Complete Rate Models by Regional Center: CA Department of Developmental Services](#). DHCS' rates also account for different rendering provider types, varying time increments, and group sizes for each respective procedure code used to bill BHT services.

The effective date of the proposed SPA remains July 1, 2025. All proposed SPAs are subject to approval by the Centers for Medicare and Medicaid Services (CMS).



Public Review and Comments

Upon submission to CMS, a copy of proposed SPA 25-0028 will be published at <https://www.dhcs.ca.gov/formsandpubs/laws/Pages/Pending-2025.aspx>

If you would like to view the SPA in person once it becomes available, please visit your local county welfare department. You may also request a copy of proposed SPA 25-0028 or a copy of submitted public comments related to SPA 25-0028 by requesting it in writing to the mailing or email address listed below. Please indicate SPA 25-0028 in the subject line or message.

Written comments may be sent to the following address:

Department of Health Care Services
Fee-for-Service Rates Development Division
Attn: Aditya Voleti, SPA 25-0028
P.O. Box 997413, MS 46600
Sacramento, California 95899-7417

Comments may also be emailed to PublicInput@dhcs.ca.gov. Please indicate SPA 25-0028 in the subject line or message.

To ensure consideration prior to submission of the SPA to CMS, comments must be received no later than Monday, September 29, 2025. Please note that comments will continue to be accepted after Monday, September 29, 2025, but DHCS may not be able to consider those comments prior to the initial submission of SPA 25-0028 to CMS.

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

REIMBURSEMENT METHODOLOGY FOR BEHAVIORAL HEALTH
TREATMENT

1. Notwithstanding any other provision of this Attachment, the reimbursement rates for Behavioral Health Treatment (BHT) services, as described in the Limitations on Attachment 3.1-A/B, pages 18b and 18c, section 13c – Preventive Services, will be established at the reimbursement levels described in the table below

Code	Description	Group	Time Assumption (Minutes)	QAS Provider	QAS Professional	QAS Paraprofessional
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, 15 minutes	N	15	\$40.81	\$20.45	\$19.39
97152	Observational behavioral follow-up assessment.	N	15	\$40.81	\$20.45	\$19.39
97153	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient.	N	15	\$40.81	\$20.45	\$19.39
97154	Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients.	Y	15	\$20.59	\$10.31	\$9.78
97155	Adaptive behavior treatment with protocol. modification, administered by physician or other qualified healthcare provider with one patient.	N	15	\$40.81	\$20.45	\$19.39
97156	Family adaptive behavior treatment guidance, with or without the patient present.	N	15	\$40.81	\$20.45	\$19.39
97157	Multiple-family group adaptive behavior treatment guidance, without the patient present.	Y	15	\$20.59	\$10.31	\$9.78

97158	Adaptive behavior treatment social skills group, administered by physician or other qualified healthcare provider, face-to-face with multiple patients.	Y	15	\$20.59	\$10.31	\$9.78
99366	Under Medical Team Conference, Direct (Face-to-Face) Contact with Patient and/or Family.	N	30	\$81.62	\$40.90	\$38.78
99368	Under medical team conference, without direct (face-to-face) contact with patient and/or family.	N	30	\$81.62	\$40.90	\$38.78
H0031	Mental health assessment, by non-physician.	N	15	\$40.81	\$20.45	\$19.39
H0032	Mental health service plan development by non-physician.	N	15	\$40.81	\$20.45	\$19.39
H0046	Mental health services, not otherwise specified (supervision).	N	15	\$40.81	\$20.45	\$19.39
H2012	Behavioral health day treatment, per hour.	N	60	\$163.24	\$81.80	\$77.56
H2014	Skills training and development, per 15 minutes.	N	15	\$40.81	\$20.45	\$19.39
H2019	Therapeutic behavioral services, per 15 minutes.	N	15	\$40.81	\$20.45	\$19.39
S5110	Home care training, family; per 15 minutes.	N	15	\$40.81	\$20.45	\$19.39
S5111	Home care training, family; per session.	N	15	\$40.81	\$20.45	\$19.39

- i. DHCS may modify the eligible code list as necessary, such as to account for changes to coding and billing definitions, or to apply technical corrections. Such modifications will not include adjustment of established rates, without a State Plan Amendment or other approval of the Centers for Medicare & Medicaid Services, as applicable.

2. Eligible Providers

- i. Codes identified as behavioral health treatment services pursuant to paragraph 1 are eligible for the reimbursement rates established pursuant to Pages 91-93 only when rendered by the following types of eligible Qualified Autism Services (QAS) providers as defined in Supplement 6 to Attachment 3.1-A:
 - a. QAS Provider
 - b. QAS Professional
 - c. QAS Paraprofessional

3. All Medi-Cal Fee-For-Service rates for BHT services established using this methodology can be found at:
<https://files.medical.ca.gov/rates/rateshome.aspx>