

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

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May 24, 2024

Tyler Sadwith  
State Medicaid Director  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413  
Re: California State Plan Amendment (SPA) 24-0015

Dear Director Sadwith:

Enclosed please find a corrected approval package for your California State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0015. This SPA, which adds services provided by Associate Professional Clinical Counselors, under the supervision of a licensed billable practitioner, to the list of covered services for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal FQHCs, was originally approved on May 20, 2024. The approval package sent to California included the following errors:

- Missing the Limitations on Attachment 3.1-A, pages 3d.1-2 (FQHC) pages while the Limitations on Attachment 3.1-B, pages 3d.1-2 are included twice.

The enclosed corrected package contains the original signed letter, the CMS-179, and the corrected SPA pages.

If you have any questions, please contact Cheryl Young at 415-744-3598 via email at Cheryl.Young@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Ruth A. Hughes.

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

**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

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May 20, 2024

Tyler Sadwith  
State Medicaid Director  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) – 24-0015

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0015. This amendment proposes to add services provided by Associate Professional Clinical Counselors, under the supervision of a licensed billable practitioner, to the list of covered services for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal FQHCs.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act (the Act), specifically Section 1905(a)(2)(B) and 1905(a)(2)(C) of the Act. This letter informs you that California's Medicaid SPA TN 24-0015 was approved on May 20, 2024, with an effective date of April 1, 2024.

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

If you have any questions, please contact Cheryl Young 415-744-3598 or via email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).

Sincerely,

A large black rectangular box redacting the signature of James G. Scott.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Lindy Harrington, California Department of Health Care Services (DHCS)  
Rene Mollow, DHCS  
Michael Freeman, DHCS  
Erica Holmes, DHCS  
Jim Elliott, DHCS  
Angeli Lee, DHCS  
Farrah Samimi, DHCS

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 5

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

April 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION <sup>^1905(a)</sup>  
~~Benefits Improvement and Protection Act of 2000; Sections 1905(a)(2)(B) & 1905(a)~~  
(2)(C) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 0  
b. FFY 2025 \$ 07. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Limitation on Attachment 3.1-A pages 3b, 3b.1 (new), 3d.1, and  
3d.2 (new)  
Limitation on Attachment 3.1-B Pages 3b, 3b.1 (new), 3d.1, and  
3d.2 (new)  
Attachment 4.19-B, page 6B.18. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)Limitation on Attachment 3.1-A Pages 3b and 3d.1  
Limitation on Attachment 3.1-B Pages 3b and 3d.1  
Attachment 4.19-B, page 6B.1

9. SUBJECT OF AMENDMENT

Adding Associate Professional Clinical Counselor services for FQHCs, RHCs, &amp; Tribal FQHCs

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 Sadwith13. TITLE  
State Medicaid Director14. DATE SUBMITTED  
March 27, 2024

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  
March 27, 202417. DATE APPROVED  
May 20, 2024**PLAN APPROVED - ONE COPY ATTACHED**18. EFFECTIVE DATE OF APPROVED MATERIAL  
April 1, 2024

19. SIGN

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS

Box 5: CMS made a pen and ink change to correct the statutory citation per state's permission dated 4/25/24 in response to CMS's informal comments. CMS made a separate pen and ink change to remove the BIPA reference per the state's permission in email dated 5/3/24.

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
2b. Rural Health Clinic (RHC) services and other ambulatory services covered under the State Plan (continued)	<p>9. Licensed acupuncturist who is authorized to provide acupuncture services by the State and who is acting within the scope of his/her license.</p> <p>10. Licensed marriage and family therapist who is authorized to provide marriage and family therapist services by the State and who is acting within the scope of his/her license.</p> <p>11. Associate Marriage and Family Therapist (AMFT) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Clinical Psychologist, or a Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>12. Associate Clinical Social Worker (ASW) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Clinical Psychologist, Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</p> <p>13. Licensed Professional Clinical Counselor (LPCC) who is authorized to provide professional clinical counseling services by the State and who is acting within the scope of their license.</p> <p>14. Associate Professional Clinical Counselor (APCC) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Professional Clinical Counselor, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Clinical Psychologist, or a Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</p>	<p>a) An AMFT, ASW, APCC supervisor is identified by the Board of Behavioral Science (BBS) requirements.</p> <p>b) The AMFT, ASW, APCC supervisor is a qualified licensed practitioner and must comply with supervision requirements established by the BBS.</p>
<p>*Prior authorization is not required for emergency services. **Coverage is limited to medically necessary services.</p>		

TN No. 24-0015  
Supersedes  
TN No. 23-0037

Approval Date: May 20, 2024

Effective Date: April 1, 2024

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
2b. Rural Health Clinic (RHC) services and other ambulatory services covered under the State Plan (continued)	The following services are limited to a maximum of two services in any one calendar month or any combination of two services per month, although additional services can be provided based on medical necessity: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy.	
*Prior authorization is not required for emergency services. **Coverage is limited to medically necessary services.		

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or Other Requirements*
2c. and 2d. Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the State Plan (continued)	<p>11. Associate Marriage and Family Therapist (AMFT) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Clinical Psychologist, or a Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>12. Associate Clinical Social Worker (ACSW) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Clinical Psychologist, Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</p> <p>13. Licensed Professional Clinical Counselor (LPCC) who is authorized to provide professional clinical counseling services by the State and who is acting within the scope of their license.</p>	<p>a) An AMFT and ASW supervisor is identified by the Board of Behavioral Science (BBS) requirements.</p> <p>b) The AMFT and ASW supervisor is a qualified, licensed practitioner and must comply with supervision requirements established by the BBS.</p>
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- (b) Optional services that are furnished by an FQHC and RHC within the scope of subparagraph C.1 (a), or any other provision of this State Plan, are covered only to the extent that they are identified in the State Plan segments titled, "Limitations on Attachment 3.1-A" and "Limitations on Attachment 3.1-B" on pages 3 through 3e, effective July 1, 2016.
2. Effective April 1, 2024, a "visit" for purposes of reimbursing FQHC or RHC services includes any of the following:
- (a) A face-to-face encounter or an interaction using synchronous audio-only or asynchronous modality, between an FQHC or RHC patient and a physician, a resident in a Teaching Health Center Graduate Medical Education Program under the supervision of a teaching physician, an Associate Clinical Social Worker, Associate Marriage and Family Therapist, or Associate Professional Clinical Counselor under the supervision of a billable behavioral practitioner accredited by the Behavioral Sciences Board, Licensed Professional Clinical Counselor, physician assistant, nurse practitioner, acupuncturist, certified nurse

TN No. 24-0015

Supersedes

TN No. 23-0037

Approval Date: May 20, 2024 Effective Date: April 1, 2024