

September 30, 2025

THIS LETTER SENT VIA EMAIL

Ms. Courtney Miller, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Room 355
Kansas City, MO 64106

STATE PLAN AMENDMENT 25-0031: ADDS LOCAL EDUCATIONAL AGENCIES AS
SUPERVISING PROVIDERS OF COMMUNITY HEALTH WORKERS TO THE
ALTERNATIVE BENEFIT PLAN

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting Alternative Benefit Plan (ABP) State Plan Amendment (SPA) 25-0031 for your review and approval. This SPA proposes to align the ABP with changes to the State Plan made by SPA 25-0023, which will add local educational agencies (LEAs) as supervising providers of community health workers (CHWs). LEAs will be able to supervise and bill on behalf of CHWs who provide behavioral health services as part of the Children and Youth Behavioral Health Initiative (CYBHI). Neither SPA 25-0023 nor SPA 25-0031 will authorize LEAs to be supervising providers outside of the CYBHI or otherwise authorize CHW services for the LEA Medical Billing Option Program. DHCS seeks an effective date of July 1, 2025, for this ABP SPA.

Since this ABP SPA expands the list of providers that may supervise CHWs without changing the reimbursement rates or who is eligible to receive the benefit, DHCS does not anticipate a federal fiscal impact. DHCS published the public notice on September 8, 2025. CMS approved DHCS' request for no tribal notice on August 7, 2025. At the time of SPA submission, no comments have been received.

The following documents are included for submission of ABP SPA 25-0031:

- CMS Form 179
- Attachment 3.1-L, ABP 5
- Public Notice
- CMS' Approval of No Tribal Notice



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If you have any questions or need additional information, please contact Erica Holmes, Assistant Deputy Director, Health Care Benefits & Eligibility, by telephone at (916) 345-7799, or by email at Erica.Holmes@dhcs.ca.gov.

Sincerely,



Tyler Sadwith
State Medicaid Director
Chief Deputy Director, Health Care Programs
California Department of Health Care Services

Enclosures

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

1. TRANSMITTAL NUMBER

2. STATE

3. 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

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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

9. SUBJECT OF AMENDMENT

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

13. TITLE

14. DATE SUBMITTED

15. RETURN TO

FOR CMS USE ONLY

16. DATE RECEIVED

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS



Alternative Benefit Plan

Scope Limit:

Licensed Pharmacists may perform all services under California's Scope of Practice Act law.

Other:

Specified pharmacist services, when provided by an enrolled Medi-Cal pharmacy provider and consistent with California law, are covered Medi-Cal benefits when medically necessary. Does not include dispensing services. Treatment Authorization Request (TAR) is required for Licensed Pharmacist Services visits that exceed six visits in 90 days. Includes Medication Therapy Management.

Other 1937 Benefit Provided:

Local Education Agency Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Authorization required in excess of limitation

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Medi-Cal eligible public school children up to age 22 or end of school year beneficiary turns 22.

Other:

Services provided by Individualized Education Plan, Individualized Family Service Plan, California Children Services, Short-Doyle, or prepaid health plan. Services include health and mental health evaluation and education, individualized education plan, individualized family service plan, physician services, physical therapy, occupational therapy, speech therapy, audiology services, psychology and counseling, nursing services, school health aid services, medical transportation/mileage and targeted care management services.

Other 1937 Benefit Provided:

Community Health Worker Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

Preventive services, as defined in 42 CFR 440.130(c).

Other:

Community health workers assist beneficiaries by providing health education, health navigation, support, and advocacy assist them in accessing health care services, and provide key linkages with other similar and related community-based resources. Includes violence prevention services. CHWs must be supervised by a licensed provider, clinic, hospital, pharmacy, community-based organization, local health jurisdiction, or local educational agency. Enhanced CHW services are delivered to a population with enhanced clinical risk factors or high-acuity health needs. These services support members with behavioral health needs and are



Alternative Benefit Plan

available only to members that meet State criteria for access to specialty mental health services and/or specialty substance use disorder delivery systems.

Other 1937 Benefit Provided:

Asthma Preventive Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

Two annually for education and home assessment.

Duration Limit:

None

Scope Limit:

Unlicensed providers must be supervised.

Other:

Asthma preventive services are provided by licensed and unlicensed practitioners. Services include evidence-based asthma self-management education and home environmental trigger assessments. Limits may be exceeded for medical necessity.

Other 1937 Benefit Provided:

Routine patient costs for clinical trials

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

None

Duration Limit:

None

Scope Limit:

None

Other:

See Attachment 3.1-A and Attachment 3.1-B, Item 30. Coverage of Routine Patient Cost in Qualifying Clinical Trials in California's Medicaid State Plan.

Other 1937 Benefit Provided:

Doula Services

Source:

Section 1937 Coverage Option Benchmark Benefit Package

Remove

Authorization:

Other

Provider Qualifications:

Medicaid State Plan

Amount Limit:

11 visits per pregnancy

Duration Limit:

Pregnancy through postpartum period

Scope Limit:

Preventive services, as defined in 42 CFR 440.130(c).