

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 (SPA) 25-0032: BEHAVIORAL HEALTH TREATMENT
(BHT) SERVICES

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting SPA 25-0032 for your review and approval. This SPA makes technical edits to Supplement 6 to Attachment 3.1-A to clarify the list of providers for BHT by removing duplicate listings of Board Certified Behavior Analysts (BCBAs) and Behavior Management Consultants from the list of Qualified Autism Service (QAS) Professionals, since the individual provider types are also listed as QAS Providers. DHCS seeks an effective date of October 1, 2025.

Specifically, BCBAs were listed as both QAS Providers and QAS Professionals. Since a BCBA can provide all services listed in Supplement 6 as a QAS Provider, DHCS removed the duplicate listing of BCBAs as QAS Professionals. Similarly, Behavior Management Consultants under QAS Professionals are defined in law as the same licensed providers who are listed as QAS Providers and can provide all services within the chart, so DHCS removed "Behavior Management Consultants" from the chart. In addition, the licensed providers listed as QAS Providers must have the same level of training and education as previously listed for Behavior Management Consultants.

Since this SPA does not modify any benefits or eligibility criteria, there is no federal fiscal impact. In addition, this SPA does not change rate methodology, so a public notice is not required. CMS approved DHCS' request for no tribal notice on August 18, 2025.

The following documents are included for submission of SPA 25-0032:

- CMS Form 179
- Supplement 6 to Attachment 3.1-A, Page 1 (clean and redline versions)
- CMS' Approval for No-Tribal Notice

Ms. Miller
Page 2
September 30, 2025

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

Sincerely,



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

Enclosures

cc: Lindy Harrington
Assistant State Medicaid Director
Director's Office
Department of Health Care Services
Lindy.Harrington@dhcs.ca.gov

Saralyn M. Ang-Olson, JD, MPP
Chief Compliance Officer
Office of Compliance
Department of Health Care Services
Saralyn.Ang-Olson@dhcs.ca.gov

Yingjia Huang
Deputy Director
Health Care Benefits & Eligibility
Department of Health Care Services
Yingjia.Huang@dhcs.ca.gov

Erica Holmes
Assistant Deputy Director
Health Care Benefits & Eligibility
Department of Health Care Services
Erica.Holmes@dhcs.ca.gov

**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

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

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

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.