

December 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 25-0038: ADD CLINICAL TRAINEES AS ELIGIBLE PRACTITIONERS

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 25-0038 for your review and approval. This SPA proposes to add Clinical Trainees as eligible practitioners within the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule program, as part of the School-Linked Services. DHCS seeks an effective date of October 1, 2025, for this SPA.

This SPA proposes to amend SPA 23-0027 (page 9t.2). In accordance with 42 CFR § 440.130(d), psychology and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law and provided in an individual or group setting, DHCS is proposing to add Clinical Trainees as qualified eligible practitioners.

Currently, Qualified Practitioner Types include Credentialed School Counselors, Credentialed School Psychologists, and Credentialed School Social Workers. DHCS proposes to add Clinical Trainees as eligible practitioners as they play a key role in diversifying and expanding California's behavioral health workforce. They provide culturally and linguistically appropriate services in accessible settings such as schools, clinics, and wellness centers. Operating as part of a care team, their work may include wellness education, behavioral health screenings, care coordination, and reducing pressure on limited clinical resources.

Pursuant to California Welfare and Institutions (W&I) Code section 5961 *et seq.*, the CYBHI is a multiyear, multi-department package of investments that seeks to reimagine the systems, regardless of payer (e.g., Medi-Cal, Commercial Health Plans), that support the behavioral health needs for all California's children, youth, and their families. Broadly, efforts under the CYBHI focus on promoting social and emotional wellbeing,

preventing behavioral health challenges, and providing equitable, appropriate, timely, and accessible services for emerging and existing behavioral health needs for children and youth.

In accordance with W&I section 5961.4, Health & Safety (H&S) Code section 1374.722, and Insurance Code section 10144.53, DHCS implemented the CYBHI school-linked behavioral health fee schedule and provider network. The CYBHI fee schedule is a multi-payer program that requires the Medi-Cal delivery system and commercial health plans to reimburse school-linked providers for furnishing services to students at a school site.

DHCS seeks to add Clinical Trainees as eligible practitioners to align with the goals of CYBHI and provide equitable and accessible services for emerging and existing behavioral health needs for children and youth that are students at a California public school or school district who are receiving services through the CYBHI school-linked behavioral health fee schedule program.

DHCS has determined that a Tribal notice is not necessary for this proposal.

DHCS released a Public Notice on December 5, 2025. At the time of SPA submission, no comments were received.

DHCS is submitting the following SPA documents for review and approval:

- CMS 179 – Transmittal and Notice of Approval of State Plan Material
- Limitations on Attachment 3.1-A, pages 9t.2-9t.3 – redline and clean copies
- Limitations on Attachment 3.1-B, pages 9t.2-9t.3 – redline and clean copies
- Public Notice

If you have any questions or need additional information, please contact Autumn Boylan, Deputy Director of the Office of Strategic Partnerships, at (916) 508-9284 or by email at Autumn.Boylan@dhcs.ca.gov.

Sincerely,



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

Enclosures and cc: See Next Page

cc: Lindy Harrington
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Department of Health Care Services
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**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.130(c)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Limitations on Attachment 3.1-A, pages 9t.2, 9t.3 (new)
Limitations on Attachment 3.1-B, pages 9t.2, 9t.3 (new)

9. SUBJECT OF AMENDMENT

Adding Clinical Trainees as eligible practitioners

1. TRANSMITTAL NUMBER
2 5 — 0 0 3 8 2. STATE
CA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

4. PROPOSED EFFECTIVE DATE
October 1, 2025

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Limitations on Attachment 3.1-A, page 9t.2
Limitations on Attachment 3.1-B, page 9t.2

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
[Redacted]

15. RETURN TO
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

12. TYPED NAME
Tyler Sadwith

13. TITLE
State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED
December 30, 2025

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

STATE PLAN CHART

Type Of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	<p><u>Psychology and Counseling Services</u></p> <p>Definition: Per 42 CFR § 440.130(d), psychology and counseling services are recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law and provided in an individual or group setting. SLS Practitioners may furnish services within their scope of their practice under state law and only at a schoolsite, as defined in the state plan.</p> <p>Qualified Practitioner Types:</p> <ul style="list-style-type: none">• Credentialed School Counselors• Credentialed School Psychologists• Credentialed School Social Workers• Clinical Trainees	<p><u>Practitioner qualifications, limits and supervision requirements:</u></p> <p>SLS practitioners shall hold a valid Pupil Personnel Services (PPS) credential issued by the Commission on Teacher Credentialing (CTC), with the appropriate authorization for those services:</p> <ul style="list-style-type: none">• Credentialed School Counselors must have a PPS credential with a specialization in school counseling.• Credentialed School Psychologists must have a PPS credential with a specialization in school psychology.• Credentialed School Social Workers must have a PPS credential with a specialization in school social work. <p>A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed Mental Health Professional, Pharmacist, or Physician Assistant; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the</p>
SLS (cont.)		

STATE PLAN CHART

Type Of Service	Program Coverage**	Prior Authorization or Other Requirements*
4b EPSDT (cont.)	Psychology and Counseling Services (con't)	program and/or the applicable licensing board to participate in the practicum, clerkship or internship and provide counseling services, including, but not limited to, all coursework and supervised practice requirements.
SLS (cont.)		

TN No. 25-0038

Supersedes
TN No. None

Approval Date:

Effective Date: October 1, 2025

STATE PLAN CHART

Type Of Service	Program Coverage**	Prior Authorization or Other Requirements*
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