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State/Territory Name: California

State Plan Amendment (SPA) #: 24-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

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

May 15, 2025

Tyler Sadwith, State Medicaid Director
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 24-0031

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0031. This amendment provides technical updates to clarify coverage of Behavioral Health Treatment under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and updates who can supervise paraprofessionals.

We conducted our review of your submittal according to statutory requirements in Section 1905(a)(13) and 1905(r) of the Social Security Act. This letter is to inform you that California Medicaid SPA 24-0031 was approved on May 15, 2025, with an effective date of January 1, 2025.

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

If you have any questions, please contact Nikki Lemmon at Nicole.Lemmon@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Shantrina Roberts.

Shantrina Roberts, Acting Director
Division of Program Operations

Enclosures

cc: Angeli Lee, DHCS
Shanna Haysbert, DHCS

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

1. TRANSMITTAL NUMBER

2 4 — 0 0 3 1

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

October 1, 2024 January 1, 2025

5. FEDERAL STATUTE/REGULATION CITATION

SSA 1905(a)(13) and 1905(r); 42 CFR 440.130(c) and 440.40(b)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ 0 \$1,227,000b. FFY 2026 \$ 0 \$1,636,000

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Limitations on Attachment 3.1-A, pages 18b and 18c
Limitations on Attachment 3.1-B, pages 18b and 18c
Supplement 6 to Attachment 3.1-A, pages 1 and 2 (new)
Attachment 4.19-B, pages 89-90 (NEW PAGES)8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)Limitations on Attachment 3.1-A, pages 18b and 18c
Limitations on Attachment 3.1-B, pages 18b and 18c
Supplement 6 to Attachment 3.1-A, page 1

9. SUBJECT OF AMENDMENT

Technical updates to clarify coverage of Behavioral Health Treatment (BHT) under EPSDT and update who can supervise paraprofessionals.

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 Sadwith

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

September 23, 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

September 23, 2024

17. DATE APPROVED

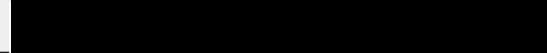
May 15, 2025

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL



20.

Shantrina Roberts

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Box 5: CMS pen & ink change to clarify regulatory citations per email with CA DHCS dated 12/12/24. Boxes 4 & 6: CMS pen & ink change to add new SPA effective date & new budget impact estimates per state's formal RAI response submitted on 4/15/25. Box 7 and 8: CMS pen & ink change to delete "Supplement 6 to Att. 3.1-A, page 2 (new)" as not needed and to add new payment pages Att. 4.19-B, pages 89-90 per email with CA DHCS dated 12/12/24.

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>13c Preventive services (cont.)</p> <p>Behavioral Health Treatment (BHT)</p>	<p>Covered as medically necessary services for Medi-Cal members under 21 years of age, regardless of diagnosis, based upon a recommendation of a licensed physician or a licensed psychologist, in accordance with 42 CFR 440.130(c) and section 1905(r) of the Social Security Act. Behavioral Health Treatment (BHT) services, such as Applied Behavior Analysis (ABA) and other evidence-based behavioral intervention services, prevent or minimize the adverse effects of symptoms and behaviors that may interfere with learning and social interaction and promote, to the maximum extent practicable, the functioning of a member, including those with autism spectrum disorder (ASD).</p> <p>Services include:</p> <ul style="list-style-type: none"> • Behavioral-Analytic Assessment and development of behavioral treatment plan. • BHT intervention services are identified in the BHT Services Chart in Supplement 6 to Attachment 3.1-A. <p>BHT intervention services are interventions designed to treat ASD and other conditions, including a variety of behavioral interventions identified as evidence-based by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence and are designed to be delivered in the home, a clinic, and other community settings.</p>	<p>BHT intervention services are provided under a prior authorized behavioral treatment plan that has measurable goals over a specific timeline for the specific patient being treated and is developed by a qualified autism service (QAS) Provider. The behavioral treatment plan shall be reviewed no less than once every six months by a treating QAS Provider. Services identified in the behavioral treatment plan may be modified by a treating QAS Provider and must be authorized.</p> <p>Additional service authorization must be received to continue the service. Services provided without authorization shall not be considered for payment or reimbursement except in the case of retroactive Medi-Cal eligibility.</p> <p>Services must be provided, observed, and directed under an approved behavioral treatment plan developed by a QAS Provider, as described in the BHT Services Chart in Supplement 6 to Attachment 3.1-A.</p> <p>The behavioral health treatment plan is not used for purposes of providing or coordinating respite, day care, or educational services. No reimbursement is available for respite, day care, or educational services. No reimbursement is available to a parent or caregiver of an individual receiving BHT for costs associated with their participation under the treatment plan.</p> <p>BHT services may be provided by one of the following: QAS Provider, (see BHT Services Chart in Supplement 6 to Attachment 3.1-A)</p>

* Prior authorization is not required for emergency service.

**Coverage is limited to medically necessary services

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13c Preventive services (cont.) BHT Services (cont.)		QAS Professional (see BHT Services Chart in Supplement 6 to Attachment 3.1-A) QAS Paraprofessional (see BHT Services Chart in Supplement 6 to Attachment 3.1-A)
13c Diabetes Prevention Program (DPP) Services	<p>DPP services are a set of medically necessary services recommended by a physician or other licensed practitioner of the healing arts to prevent or delay the onset of type 2 diabetes for beneficiaries with indications of prediabetes, in accordance with 42 CFR 440.130(c).</p> <p>DPP services provide a variety of behavioral and nutritional interventions identified as evidence-based by clinical research or studies and/or nationally recognized organizations specializing in disease control and prevention.</p> <p>Medically necessary DPP services are provided during sessions that occur at regular, periodic intervals over the course of one year, and, if eligible based upon individual measurable health-outcomes, additional ongoing maintenance sessions at regular, periodic intervals for another year. At these sessions, DPP services include:</p>	<p>A DPP services provider must be an organization enrolled in Medi-Cal and must have either pending, preliminary, or full recognition by the Centers for Disease Control and Prevention (CDC) for DPP. DPP services providers use lifestyle coaches for delivery of DPP services.</p> <p>DPP services are delivered by lifestyle coaches and must have completed nationally recognized training for delivery of DPP services. Lifestyle coaches may be:</p> <ul style="list-style-type: none"> • Physicians • Licensed nonphysician practitioners, such as nurses, and physical therapists. • Unlicensed practitioners under the supervision of a DPP services provider or a licensed Medi-Cal practitioner.

* Prior authorization is not required for emergency service.

**Coverage is limited to medically necessary services

TN No. [CA-24-0031](#)

Supersedes

TN No. [CA-18-0040](#)

Approval Date: [5/15/2025](#)

Effective Date: [1/1/2025](#)

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>13c Preventive services (cont.)</p> <p>Behavioral Health Treatment (BHT)</p>	<p>Covered as medically necessary services for Medi-Cal members under 21 years of age, regardless of diagnosis, based upon a recommendation of a licensed physician or a licensed psychologist, in accordance with 42 CFR 440.130(c) and section 1905(r) of the Social Security Act. Behavioral Health Treatment (BHT) services, such as Applied Behavior Analysis (ABA) and other evidence-based behavioral intervention services, prevent or minimize the adverse effects of symptoms and behaviors that may interfere with learning and social interaction and promote, to the maximum extent practicable, the functioning of a member, including those with autism spectrum disorder (ASD).</p> <p>Services include:</p> <ul style="list-style-type: none"> • Behavioral-Analytic Assessment and development of behavioral treatment plan. • BHT intervention services are identified in the BHT Services Chart in Supplement 6 to Attachment 3.1-A. <p>BHT intervention services are interventions designed to treat ASD and other conditions, including a variety of behavioral interventions identified as evidence-based by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence and are designed to be delivered in the home, a clinic, and other community settings.</p>	<p>BHT intervention services are provided under a prior authorized behavioral treatment plan that has measurable goals over a specific timeline for the specific patient being treated and is developed by a qualified autism service (QAS) provider. The behavioral treatment plan shall be reviewed no less than once every six months by a treating QAS provider. Services identified in the behavioral treatment plan may be modified by a treating QAS provider and must be authorized.</p> <p>Additional service authorization must be received to continue the service. Services provided without authorization shall not be considered for payment or reimbursement except in the case of retroactive Medi-Cal eligibility.</p> <p>Services must be provided, observed, and directed under an approved behavioral treatment plan developed by a qualified autism service provider, as described in the BHT Services Chart in Supplement 6 to Attachment 3.1-A Page 1.</p> <p>The behavioral health treatment plan is not used for purposes of providing or coordinating respite, day care, or educational services. No reimbursement is available for respite, day care, or educational services. No reimbursement is available to a parent or caregiver of an individual receiving BHT for costs associated with their participation under the treatment plan.</p> <p>BHT services may be provided by one of the following: QAS Provider, (see BHT Services Chart in Supplement 6 to Attachment 3.1-A)</p>

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STATE PLAN CHART

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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 Practioner ^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
	BCBA ⁶	X	X	X
	Behavior Management Assistant ⁷	X		X
	Behavior Management Consultant ⁸	X	X	X
	Psychological Associate ⁵	X		X
Qualified Autism Service Paraprofessional ⁹	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.

² A Qualified Autism Service Professional is an individual who is supervised by a qualified autism service provider and is an Associate Behavior Analyst, Board Certified Behavior Analyst, Behavior Management Assistant, or Behavior Management Consultant.

³ An Associate Behavior Analyst works under direct supervision of a qualified autism service provider BCBA or Behavior Management Consultant and is recognized by a National Behavior Analyst Certification Board as a Board Certified Associate Behavior Analyst.

⁴ An Associate Marriage and Family Therapist, an Associate Clinical Social Worker, 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 QAS Professional BCBA is recognized by the national Behavior Analyst Certification Board as a BCBA and is supervised by a QAS Provider.

⁷ A Behavior Management Assistant is supervised by a qualified autism service provider BCBA or Behavior Management Consultant 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.

⁸ A Behavior Management Consultant has completed twelve semester units in ABA, has two years of experience designing and implementing behavioral modification intervention services, and is one of the following:

- A licensed psychologist; **or**
- A licensed Clinical Social Worker; **or**
- A licensed Marriage and Family Therapist; **or**
- Any other licensed professional whose California licensure permits the design and/or implementation of behavior modification intervention services.

⁹ 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.

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

REIMBURSEMENT METHODOLOGY FOR PREVENTIVE SERVICES: BEHAVIORAL
HEALTH TREATMENT AND BEHAVIORAL INTERVENTION SERVICES

Notwithstanding any other provision of this attachment, effective for dates of service on or after January 1, 2025, the reimbursement methodology for Behavioral Health Treatment and Behavioral Intervention Services as described in State Plan Limitations on Attachment 3.1-A pages 18b-18c, Limitations on Attachment 3.1-B pages 18b-18c, and Supplement 6 to Attachment 3.1-A will be established using the following methodologies.

This service is comprised of the following subcomponents:

Non-Facility Based Behavior Intervention Services: Providers in this subcategory are behavior analysts, associate behavior analysts, behavior management assistants, behavior management consultants, behavioral technicians, educational psychologists, clinical social workers, and professional clinical counselors. These providers are paid the usual and customary rate, as described in 1) below, if they have one. If these providers do not have a usual and customary rate, then the rates are established using the Department of Developmental Services (DDS) Fee Schedules methodology, as described in 2) below.

For psychiatrists, physicians and surgeons, physical therapists, occupational therapists, psychologists, psychological associates, licensed marriage and family therapists, associate marriage and family therapists, associate clinical social workers, associate clinical counselors, speech pathologists, and audiologists when providing BHT – the DHCS Fee Schedules methodology applies, as defined in 3) below.

1) Usual and Customary Rate Methodology – A usual and customary rate means the rate which is regularly charged by a vendor for a service that is used by both regional center consumers and/or their families and where at least 30% of the recipients of the given service are not regional center consumers or their families. If more than one rate is charged for a given service, the rate determined to be the usual and customary rate for a regional center consumer and/or family shall not exceed whichever rate is regularly charged to members of the general public who are seeking the service for an individual with a developmental disability who is not a regional center consumer, and any difference between the rates must be for extra services provided and not imposed as a surcharge to cover the cost of measures necessary for the vendor to achieve compliance with the Americans With Disabilities Act. All providers are paid the usual and customary rate if they have one.

2) DDS Fee Schedules – In March 2019, DDS submitted a rate study to the California Legislature addressing the sustainability, quality, and transparency of community-based services for individuals with developmental disabilities. As a part of this rate study, rate

TN No. 24-0031

Supersedes

TN No. NEW

Approval Date: May 15, 2025

Effective Date: January 1, 2025

models were developed for specified services that include specific assumptions related to the various costs associated with delivering each service, including direct care worker wages, benefits, and 'productivity' (i.e., billable time); staffing ratios; mileage; facility expenses; and agency program support and administration. Separate models were established for each regional center to account for costs differences related to wages, travel, and nonresidential real estate. The rate models were implemented with two components as follows:

DDS Fee Schedule: Effective January 1, 2025, providers included in the Rate Study will have their rates set at 90% of the rate study benchmark, with the opportunity to earn the remaining 10% through the Quality Incentive Program (below). Providers whose current rates are higher than the 90% benchmark as of December 31, 2024, will remain at that higher level.

Quality Incentive Program (QIP): Effective January 1, 2025, all providers whose rates are less than 100% of the rate identified in the regional center specific rate model are eligible to earn supplemental payments equal to the difference between their rate and the rate identified in the regional center specific rate model by participating in the QIP. The initial phase of the QIP involves the submission of information for the creation of a statewide provider service directory. Information will be reviewed and verified by the regional center. Upon completion of this review, providers will be notified of any supplemental rate add-on they will receive for services provided on or after January 1, 2025.

The fee schedule rates for behavior analysts, associate behavior analysts, behavior management assistants, behavior management consultants, behavioral technicians, educational psychologists, clinical social workers, professional clinical counselors, psychiatrists, psychologists, psychological associates, licensed marriage and family therapists, associate marriage and family therapists, licensed clinical social workers, associate clinical social workers, and licensed professional clinical counselors were set as of January 1, 2025, and are effective for services provided on or after that day. All rates are published at: <https://www.dds.ca.gov/rc/vendor-provider/rate-reform/rate-models/>.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.

3) DHCS Fee Schedules – The fee schedule rates for physicians, and physical therapists and occupational therapists with less than one year as licensed provider, and occupational therapists with less than one year as a licensed therapist were set as of January 1, 2025, and are effective for services provided on or after that date. All rates are published at: <https://mcweb.apps.prddcmis.medi-cal.ca.gov/rates> as well as <https://www.dhcs.ca.gov/services/ltc/Pages/DD.aspx>

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers.