

September 23, 2024

THIS LETTER SENT VIA EMAIL

Mr. James G. Scott, Director
Division of Program Operations
Medicaid and CHIP Operations Group
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT (SPA) 24-0031: BEHAVIORAL HEALTH TREATMENT
(BHT) SERVICES

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting SPA 24-0031 for your review and approval. This SPA makes clarifying technical edits that BHT services are provided when recommended by a physician or psychologist, even if the child is not diagnosed with autism spectrum disorder, in accordance with requirements for Early and Periodic Screening, Treatment, and Diagnostic benefit. SPA 24-0031 also adds qualified autism service professionals as providers who may supervise qualified autism service (QAS) paraprofessionals. SPA 24-0031 also proposes technical edits to allow post authorization for modifications to a treatment plan, clearly identifying the provider who may modify a treatment plan, and adding associate marriage and family therapists, associate clinical social workers, associate professional clinical counselors, and psychological associates as QAS professionals. DHCS seeks an effective date of October 1, 2024.

Since this SPA makes technical edits to clarify Medi-Cal policy but 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 May 21, 2024.

The following documents are included for submission of SPA 24-0031:

- CMS Form 179
- Limitations on Attachment 3.1-A, Pages 18b and 18c (clean and redline versions)
- Limitations on Attachment 3.1-B, Pages 18b and 18c (clean and redline versions)
- Supplement 6 to Attachment 3.1-A, Pages 1 and 2 (new)

Mr. Scott
Page 2
September 23, 2024

If you have any questions or need additional information, please contact Erica Holmes, Chief, Benefits Division, by telephone at (916) 345-7799, or by email at Erica.Holmes@dhcs.ca.gov.

Sincerely,



Tyler Sadwith
State Medicaid Director

Enclosures

cc: Lindy Harrington
Assistant Deputy Director
Health Care Programs
Department of Health Care Services
Lindy.Harrington@dhcs.ca.gov

René Mollow, MSN, RN
Deputy Director
Health Care Benefits & Eligibility
Department of Health Care Services
Rene.Mollow@dhcs.ca.gov

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

Erica Holmes, Chief
Benefits Division
Department of Health Care Services
Erica.Holmes@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

**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

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 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 3.1A. <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, Pages 1-2.</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, Pages 1-2)</p>

* Prior authorization is not required for emergency service.

**Coverage is limited to medically necessary services

TN No. 24-0031

Supersedes

TN No. 18-011

Approval Date: _____

Effective Date: 10/1/2024

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, Pages 1-2)
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>QAS Paraprofessional (see BHT Services Chart in Supplement 6 to Attachment 3.1-A, Pages 1-2)</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

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 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 3.1A. <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, Pages 1-2)</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, Pages 1-2)
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>QAS Paraprofessional (see BHT Services Chart in Supplement 6 to Attachment 3.1-A, Pages 1-2)</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

Provider Type	Provider Qualifications	Behavioral-Analytic Assessment	Behavioral Treatment Plan Development and Modification	BHT Services	Observation and Direction
		A developmentally appropriate functional assessment must identify strengths and weaknesses across domains. The data from such assessment should be the basis for developing the individualized treatment plan. An assessment typically utilizes data obtained from multiple methods and multiple informants, such as: direct observation and measurement of behavior, file review and administration of a variety of behavior scales or other assessments as appropriate, interviews with the client, caregivers and other professionals.	Individualized treatment plan that utilizes evidence-based interventions with measurable goals over a specific timeline. The treatment plan can include a description of patient information, reason for referral, brief background information (demographics, living situation, home/school/work information), clinical interview, review of recent assessment/reports, assessment procedures and results, focused treatment (to address a specific problem) or comprehensive treatment (to address multiple affected developmental domains), parent/caregiver training, numbers of hours requested, coordination of care, transition plan, discharge planning and crisis planning and each goal must include the current level (baseline, behavior or skill that the member or parent/caregiver is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria (the objective or goal)), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, modified (include explanation). The treatment plan shall be reviewed once every six months and modified by a qualified autism service provider when appropriate.	Behavioral interventions, cognitive behavioral intervention package, comprehensive behavioral treatment, language training (production), modeling, natural teaching strategies, parent/guardian training for individual or groups for the direct benefit of the child, peer training package, pivotal response training, schedules, scripting, self-management, social skills package, story-based intervention ¹ , and coordination of care.	Qualified Autism Service (QAS) Providers Observe and direct the delivery of BHT services by QAS professionals and QAS paraprofessionals. QAS professionals may observe and direct delivery of BHT by QAS paraprofessionals. Observation and direction is for the direct benefit of the child and provides real time response to the intervention. This is necessary to ensure the delivery of BHT that is consistent with the goals and objectives outlined in the BHT plan to ensure that the child is making progress and responding appropriately to BHT. The recommended frequency is described in the treatment plan and prior authorized.
Qualified Autism Service Provider ²	Board Certified Behavior Analyst (BCBA) ^A	X	X	X	X
	Licensed Practioner ^B	X	X	X	X
Qualified Autism Service Professional ³	Associate Behavioral Analyst ⁴	X		X	X
	Associate Clinical Social Worker ⁵	X		X	X
	Associate Marriage and Family Therapist ⁵	X		X	X
	Associate Professional Clinical Counselor ⁵	X		X	X
	Behavior Analyst ⁶	X	X	X	X
	Behavior Management Assistant ⁷	X		X	X
	Behavior Management Consultant ⁸	X	X	X	X
	Psychological Associate ⁵	X		X	X
Qualified Autism Service Paraprofessional ⁹	Paraprofessional			X	

¹ Findings and Conclusions: National Standards Project, Phase 2 Addressing the Need for Evidence-Based Practice Guidelines for Autism Spectrum Disorder

² A qualified autism service provider means either of the following:

^A A person, entity, or group that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person, entity, or group that is nationally certified.

^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 pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

³ A Qualified Autism Service Professional is an individual who meets all of the following criteria: Provides behavioral health treatment, is supervised by a qualified autism service provider, provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider, is an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant or Behavior Management Program.

⁴ An Associate Behavior Analyst assesses the function of a behavior of a member and designs, implements, and evaluates instructional and environmental modifications to produce socially significant improvements in the consumer's behavior through skill acquisition and the reduction of behavior, under direct supervision of a Behavior Analyst or Behavior Management Consultant. Associate Behavior Analysts engage in descriptive functional assessments to identify environmental factors of which behavior is a function. Associate Behavior Analysts shall not practice psychology, as defined in Business and Professions Code Section 2903. An Associate Behavior Analyst is recognized by a National Behavior Analyst Certification Board as a Board Certified Associate Behavior Analyst.

⁵ A Psychological Associate, an Associate Marriage and Family Therapist, an Associate Clinical Social Worker, or an Associate Professional Clinical Counselor, as defined and regulated by the Board of Behavioral Sciences or the Board of Psychology, including supervision by a licensed behavioral health provider.

⁶ A Behavior Analyst means an individual who assesses the function of a behavior of a Medi-Cal member and designs, implements, and evaluates instructional and environmental modifications to produce socially significant improvements in the member's behavior through skill acquisition and the reduction of behavior. Behavior Analysts engage in functional assessments or functional analyses to identify environmental factors of which behavior is a function. A Behavior Analyst shall not practice psychology, as defined in Business and Professions Code section 2903. A Behavior Analyst is recognized by the national Behavior Analyst Certification Board as a Board Certified Behavior Analyst.

⁷ A Behavior Management Assistant designs and/or implements behavior modification intervention services under the direct supervision of a Behavior Management Consultant and assesses the function of a behavior of a Medi-Cal member and designs, implements, and evaluates instructional and environmental modifications to produce socially significant improvements in the member's behavior through skill acquisition and the reduction of behavior under direct supervision of a Behavior Analyst 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**
- 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 pursuant to Business and Professions Code, Section 4996.18 et. seq.

⁸ A Behavior Management Consultant designs and/or implements behavior modification intervention services and meets the following requirements:

- Completed twelve semester units in ABA and possess a license and experience as specified below:
- Possesses a valid license as a psychologist from the Medical Board of California or Psychology Examining Board; **or**
- Is a Licensed Clinical Social Worker pursuant to Business and Professions Code, Sections 4996 et. seq.; **or**
- Is a Licensed Marriage and Family Therapist pursuant to Business and Professions Code, Sections 4980 et. seq.; **or**
- Is any other licensed professional whose California licensure permits the design and/or implementation of behavior modification intervention services.
- Has two years experience designing and implementing behavior modification intervention services.

⁹ An unlicensed and uncertified individual who meets all the following criteria: Is supervised by a qualified autism service provider or a qualified autism service professional, provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider, meets the education and training qualifications set forth in section 54342 of Title 17 of the California Code of Regulations, has adequate education, training and experience, as certified by a qualified autism service provider or entity or group that employs qualified autism service providers.