

September 30, 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 24-0047: REIMBURSEMENT FOR COMMUNITY-BASED
MOBILE CRISIS INTERVENTION ENCOUNTERS

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 24-0047 for your review and approval. This SPA proposes to increase the non-risk upper payment limit for 12 rural/small counties and allow DHCS to make supplemental payments for Community-Based Mobile Crisis Intervention Services to those 12 counties. This SPA seeks an effective date of July 1, 2024.

For background, CMS approved SPA 23-0015 on July 20, 2023. SPA 23-0015 described the methodology by which DHCS reimburses county Behavioral Health Plans for Medi-Cal Behavioral Health Services, including Community-Based Mobile Crisis Intervention Services. Additionally, CMS approved SPA 23-0026 on September 29, 2023, which updated provider types for Community-Based Mobile Crisis Intervention Services.

Included in this submission are the following:

- CMS 179 Form
- Standard Funding Questions
- Attachment 4.19-B pages 21-25 and 38-41I (redline & clean version)
- Public Notice
- Tribal Notice



Mr. Scott
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If you have any questions or need additional information, please contact Charles Anders, Acting Chief of the Local Governmental Financing Division, at 916-764-6327 or by email at Charles.Anders@dhcs.ca.gov.

Sincerely,



Tyler Sadwith
State Medicaid Director

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

REIMBURSEMENT OF REHABILITATIVE MENTAL HEALTH AND TARGETED
CASE MANAGEMENT SERVICES

A. GENERAL APPLICABILITY

Reimbursement of rehabilitative mental health and targeted case management services provided by eligible providers will be limited to the fee schedule developed by the State.

B. DEFINITIONS

“Baseline Community-Based Mobile Crisis Intervention Service Encounters for the Cohort 2 County” means the following number of encounters: 10 for Alpine County, 348 for Amador County, 191 for Colusa County, 246 for Del Norte County, 248 for Glenn County, 159 for Inyo County, 154 for Mariposa County, 78 for Modoc County, 126 for Mono County, 166 for Plumas County, 26 for Sierra County, and 111 for Trinity County.

“Cohort 2 Counties” means Alpine, Amador, Colusa, Del Norte, Glenn, Inyo, Mariposa, Modoc, Mono, Plumas, Sierra, and Trinity counties.

“Cohort 2 County Adjustment Percentage” means 300% for Alpine County and Sierra County; 150% for Modoc County, Mono County, and Trinity County; 125% for Colusa County, Inyo County, Mariposa County, and Plumas County; and 110% for Amador County, Del Norte County, and Glenn County.

“Day Services” means Day Treatment Intensive, Day Rehabilitation, and Crisis Stabilization Services as those services are defined in Supplement 3 to Attachment 3.1-A.

“Eligible Provider means a public or private provider enrolled in the Medi-Cal program and certified to provide one more Rehabilitative Mental Health or Targeted Case Management Service as those services are defined in Supplement 1 and Supplement 3 to Attachment 3.1-A of this State Plan.

“Full-Day” means a beneficiary received face-to-face services in a program with services available for more than four hours.

“Half-Day” means a beneficiary received face-to-face service in a program with services available from three to four hours.

“Home Health Agency Market Basket Index” means the IHS Global Inc. CMS Market Basket Index Levels for Home Health Agencies.

“Licensed Mental Health Professional (LMHP)” means Licensed Physicians, Licensed Psychologists (includes waived psychologists); Licensed Clinical Social Worker (LCSW) (includes Waivered/Registered clinical social workers), Licensed Professional Clinical Counselor (LPCC) (includes Waivered/Registered professional clinical counselors; Licensed Marriage and Family

Therapists (LMFT) (includes Waivered/Registered marriage and family therapists); Registered Nurses (includes certified nurse specialists and nurse practitioners); Licensed Vocational Nurses; Licensed Psychiatric Technicians; and Licensed Occupational Therapists as those terms are defined in Supplement 3 to Attachment 3.1-A.

“Outpatient Services” means Mental Health Services, Medication Support Services, Crisis Intervention Services, and Targeted Case Management Services as those services are defined in Supplement 3 and Supplement 1 to Attachment 3.1-A.

“Provider Type” means Clinical Trainee, Licensed Mental Health Professional, Mental Health Rehabilitation Specialist (MHRS), Medical Assistant, Physician Assistant (PA), Pharmacist, Peer Support Specialists, and Other Qualified Provider as those terms are defined in Supplement 3 to Attachment 3.1-A of this State Plan.

“Rehabilitative Mental Health and Targeted Case Management Services” means Outpatient Services, Day Services, and Twenty-Four Hour Services as those services are defined in Supplement 3 to Attachment 3.1-A of this State Plan.

“Services Provided in a Treatment Foster Home” means a bundle of rehabilitative mental health services provided to children and youth up to 21 years of age who have been placed in a Residential Treatment Foster Home and who meet medical necessity criteria for this service as established by the State. The bundle of rehabilitative mental health services includes plan development, rehabilitation, and crisis intervention, as those services are defined in Supplement 3 to Attachment 3.1-A of this State Plan.

“Twenty-Four Hour Services” means Adult Residential Treatment, Crisis Residential Treatment, and Psychiatric Health Facility Services as those services are defined in Supplement 3 to Attachment 3.1-A and Services Provided in a Treatment Foster Home.

C. OUTPATIENT SERVICES REIMBURSEMENT METHODOLOGY

1. The State reimburses all Eligible Providers of Outpatient Services on a fee for service basis pursuant to a fee schedule established by the State. Eligible providers claim reimbursement for Outpatient Services by Provider Type using appropriate Current Procedure Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes. The fee schedule contains a rate for each County where the provider is located and combination of Provider Type and CPT®/HCPCS code.
2. The fee schedule that is effective July 1, 2023, and annually thereafter, is posted to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules-main.aspx>.
3. The State will annually increase the per-unit rates for HCPCS and CPT® Codes effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index. The updated rates will be posted to the following webpage annually: <https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules-main.aspx>

D. DAY SERVICES REIMBURSEMENT METHODOLOGY

1. The State reimburses all Eligible Providers of Day Services on a fee-for-service basis pursuant to a fee schedule established by the State. Day Treatment Intensive and Day Rehabilitation are reimbursed a Half-Day rate when the beneficiary participates in the day treatment intensive or day treatment program for at least 3 hours and less than 4 hours. Day Treatment Intensive and Day Rehabilitation services are reimbursed a Full-Day rate when the beneficiary participates in the Day Treatment Intensive or Day Rehabilitation Program for at least 4 hours. Crisis Stabilization Services are reimbursed an hourly rate not to exceed twenty-three hours of service in one day. The fee schedule contains a rate for each County where the provider is located and each Day Service.
2. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule for day services that is effective July 1, 2023, and annually thereafter, is posted to the following webpage:
<https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>.
3. The State will annually increase the day service rates effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index.

E. TWENTY-FOUR HOUR SERVICES REIMBURSEMENT METHODOLOGY

1. The State reimburses all eligible providers of Twenty-Four Hour Services on a fee for service basis pursuant to a fee schedule established by the State. Twenty-Four Hour Services are reimbursed a per diem rate. The fee schedule contains a rate for each County where the provider is located and each Twenty-Four Hour Service.
2. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule for Twenty-Four Hour Services that is effective July 1, 2023, and annually thereafter, is posted to the following webpage:
<https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>.
3. The State will annually increase the per-unit rates for 24-hour services effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index.
4. The fee schedule rate for Services Provided in a Treatment Foster Home is a bundled rate:
 - a. Any provider delivering Services Provided in a Treatment Foster Home will be paid through the bundled rate and cannot bill separately.
 - b. Any providers delivering services outside of a treatment foster home may bill for those separate services pursuant to this State Plan.
 - c. The bundled rate for Services Provided in a Treatment Foster Home does not include costs related to room and board.
 - d. The State will periodically monitor the actual provision of services paid under the bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

F. COMMUNITY-BASED MOBILE CRISIS INTERVENTION SERVICES RATE METHODOLOGY

1. Community-Based Mobile Crisis Intervention Encounters
 - a. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The State establishes a county-based

bundled rate for each encounter. The county-based bundled rates effective July 1, 2023, and annually thereafter, are posted to the following webpage:
<https://www.dhcs.ca.gov/MH/Pages/MedCCC-Library.aspx>.

- b. The State reimburses all Eligible Providers the county-based bundled rate based upon the county where the provider is located.
 - c. The State makes an additional payment to all Eligible Providers in Cohort 2 Counties pursuant to paragraph 4 below.
 - d. The county-based bundled rate is reimbursed for the following service components as those components are defined in Attachment 3.1-A of this State Plan:
 - Assessment
 - Mobile crisis response
 - Crisis planning
 - Referral to ongoing supports
 - Follow up check-ins
 - e. A provider must render at least one of the following service components during an encounter to be reimbursed the bundled rate:
 - Assessment
 - Mobile crisis response
 - Crisis planning
 - Referral to ongoing supports
 - f. Any provider delivering services through a bundle will be paid through that bundled payment rate and cannot bill separately. Providers delivering separate services outside of the bundle may bill for those separate services in accordance with the State's Medicaid billing procedures.
 - g. The State will annually increase the county-based bundled rates effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index.
 - h. The State will periodically monitor the actual provision of services paid under a bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on services that are actually provided as part of the bundle.
2. Facilitation of a Warm Handoff
- a. The State will reimburse providers for Facilitation of a Warm Handoff, as that service component is defined in Attachment 3.10AS of this State Plan, pursuant to a fee scheduled established by State. The fee schedule will include a rate for each county and the following aspects of the service component:
 - Providing and/or arranging for a beneficiary's transportation to an alternative setting to receive urgent treatment. The State will reimburse providers the standard mileage rate per mile for use of an automobile for medical care as established by the Internal Revenue Service.
 - Staff time spent providing and/or arranging for transportation to an alternative setting to receive urgent treatment. The State will reimburse Eligible Providers based upon the Provider Type providing and/or arranging for transportation. The rates for this aspect of Facilitation of a Warm Handoff effective July 1, 2023, and annually thereafter, are posted to the following webpage:
<https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>.

3. The State will annually increase the fee schedules described in paragraphs 1 and 2 by the percentage change in the four-quarter average Home Health Agency Market Basket Index.
4. Additional Payments for Eligible Providers in Cohort 2 Counties
 - a. The State will make additional payments for Community-Based Mobile Crisis Intervention Service Encounters to all Eligible Providers of Community-Based Mobile Crisis Intervention Services in Cohort 2 Counties using the following methodology.
 - i. For each Cohort 2 County, divide 1 by the total number of Eligible Providers of Community-Based Mobile Crisis Intervention Services.
 - ii. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the product of the Baseline Community-Based Mobile Crisis Intervention Service Encounters for the Cohort 2 County where the Eligible Provider is located and the result in item i. above for the Cohort 2 County.
 - iii. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the product of the Community-Based Mobile Crisis Intervention Services Encounter Rate by the result in item ii. above.
 - iv. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the product of the Cohort 2 County Adjustment Percentage by the result in item iii. above.
 - v. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the difference between the result in item iv. above and the total approved claims for the Eligible Provider.
 - vi. The State will pay the result in item v. above to each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County.

REHABILITATIVE SERVICES: REIMBURSEMENT FOR DRUG MEDI-CAL PROGRAM

Section 1: Reimbursement for Substance Use Disorder Treatment Services

This segment of the State Plan describes the reimbursement methodology for Substance Use Disorder Treatment Services covered under the rehabilitation benefit and rendered by qualified providers as described in Supplement 3 to Attachment 3.1 A to this State Plan. Qualified providers are DMC certified providers that must be licensed, registered, enrolled, and/or approved in accordance with all applicable state laws and regulations; abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services (DHCS); and sign a provider agreement with a county or DHCS. During the period beginning October 1, 2020, and ending September 30, 2025, Medication for Addiction Treatment for Opioid Use Disorder (MAT for OUD) Services are exclusively covered and reimbursed under the 1905(a)(29) benefit.

A. Definitions

"Baseline Community-Based Mobile Crisis Intervention Service Encounters for Cohort 2 Counties" means the following number of encounters: 10 for Alpine County, 348 for Amador County, 191 for Colusa County, 246 for Del Norte County, 248 for Glenn County, 159 for Inyo County, 154 for Mariposa County, 78 for Modoc County, 126 for Mono County, 166 for Plumas County, 26 for Sierra County, and 111 for Trinity County.

"Cohort 2 Counties" means Alpine, Amador, Colusa, Del Norte, Glenn, Inyo, Mariposa, Modoc, Mono, Plumas, Sierra, and Trinity counties.

"Cohort 2 County Adjustment Percentage" means 300% for Alpine County and Sierra County; 150% for Modoc County, Mono County, and Trinity County; 125% for Colusa County, Inyo County, Mariposa County, and Plumas County; and 110% for Amador County, Del Norte County, and Glenn County.

"Narcotic Treatment Program Services" means Narcotic Treatment Program (NTP) Daily Dosing Services and Individual Counseling, Group Counseling and Peer Support Services as those services are defined in Section 13.d.5 of Supplement 3 to Attachment 3.1-A of this State Plan.

"Narcotic Treatment Program Daily Dosing Services" means NTP Core Services, NTP Laboratory Work, MAT for Alcohol Use Disorder and Other Non-Opioid Use Disorders

(AUD) Medications, and MAT for OUD Medications.

“NTP Core Services” means Assessment, Medical Psychotherapy, Medication Services, Patient Education, and Substance Use Disorder (SUD) Crisis Intervention Services as those services are defined in Section 13.d.5 of Supplement 3 to Attachment 3.1-A of this State Plan.

“NTP Laboratory Work” means Tuberculin and Syphilis tests, monthly drug screening, and monthly pregnancy tests of female methadone patients.

“Medication for Addiction Treatment for Opioid Use Disorder (MAT for OUD) Medications” means all forms of drugs approved to treat opioid use disorder under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 355) and all biological products licensed to treat opioid use disorder under Section 351 of the Public Health Services Act (42 U.S.C. § 262).

“Outpatient Services” means Assessment, Group Counseling, Individual Counseling, Medication Services, Patient Education, MAT for OUD, and SUD Crisis Intervention Services when provided in an Outpatient Treatment Services Level of Care or Intensive Outpatient Treatment Services Level of Care; and Peer Support Services, when provided in any Substance Use Disorder Treatment Level of Care as those services and levels of care are defined in Section 13.d.5 in Supplement 3 to Attachment 3.1-A of this State Plan.

“Home Health Agency Market Basket Index” means the IHS Global Inc. CMS Market Basket Index Levels for Home Health Agencies.

“Licensed Practitioner of the Healing Arts (LPHA)” means Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), Registered Pharmacist (RP), Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered CSW, Licensed Professional Clinical Counselor (LPCC), Registered PCC, Licensed Marriage and Family Therapist (LMFT), Registered MFT, Licensed Vocational Nurse, Licensed Occupational Therapist, and Licensed Psychiatric Technician as those terms are defined in Supplement 3 to Attachment 3.1-A.

“Provider Type” means Counselor, Clinical Trainee, Licensed Practitioner of the Healing Arts, Medical Director of a Narcotic Treatment Program, Medical Assistant, and Peer Support Specialist as those terms are defined in Supplement 3 to Attachment 3.1-A of this State Plan.

"Substance Use Disorder Treatment Services" means Outpatient Services, Twenty-Four Hour Services, and Narcotic Treatment Program Services.

"Twenty-Four Hour Services" means Perinatal Residential Substance Use Disorder Treatment as defined in Section 13.d.6 in Supplement 3 to Attachment 3.1-A of this State Plan.

"Eligible Provider" means a public or private provider enrolled in the Medi-Cal program and certified to provide one or more ~~Expanded~~ Substance Use Disorder Services as those services are defined in Section 13.d.g in Supplement 3 to Attachment 3.1-A of this State Plan.

B. Outpatient Services Reimbursement Methodology

1. The State reimburses all eligible providers of Outpatient Services on a fee for service basis pursuant to a fee schedule established by the State. Eligible providers claim reimbursement for Outpatient Services using appropriate Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes. The fee schedule contains a rate for each county where the Eligible provider is located and combination of Provider Type and CPT®/HCPCS code.
2. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule that is effective July 1, 2023, and annually thereafter, is posted to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
3. The State will annually increase the county specific per unit rates for HCPCS and CPT codes effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index.

C. Twenty-Four Hour Services Reimbursement Methodology

1. The State reimburses all eligible providers of Twenty-Four-Hour Services on a fee for service basis pursuant to a fee schedule established by the State. Twenty-Four Hour Services are reimbursed a per diem rate. The fee schedule contains a rate for each county where the provider is located and each Twenty-Four-Hour Service.
2. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule for Twenty-Four Services that is effective July 1, 2023, and annually thereafter, is

posted to the following webpage:

<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.

3. The State will annually increase the county specific per-unit rates for 24-hour services effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index.

D. Narcotic Treatment Program Reimbursement Methodology

1. The State reimburses all eligible providers of Narcotic Treatment Program Services on a fee for service basis pursuant to a fee schedule established by the State. Narcotic Treatment Program Daily Dosing Services are reimbursed a per dose rate. An eligible provider must administer a MAT for OUD Medication or MAT for AUD Medication to be reimbursed for Narcotic Treatment Program Daily Dosing Services. The fee schedule contains a per dose rate for each county where the eligible provider is located. The per dose rate does not include the cost of room and board. Except as otherwise noted in the state plan, state-developed fee schedule rates are the same for both governmental and private providers. The State will monitor the actual provision of Narcotic Treatment Program Daily Dosing Services reimbursed through this per dose rate.
2. The State reimburses all eligible providers for Group Counseling, Individual Counseling, and Peer Support Services provided in a Narcotic Treatment Program pursuant to the fee schedule established in Section B of this segment of the State Plan.
3. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The fee schedule for Narcotic Treatment Program Daily Dosing Services that is effective July 1, 2023, and annually thereafter, is posted to the following webpage:
<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
4. The State will annually increase the county specific daily rates for Narcotic Treatment Program Daily Dosing Services effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index.

E. Community-Based Mobile Crisis Intervention Services Reimbursement Methodology

1. Community-Based Mobile Crisis Intervention Encounters

- a. The State establishes a county-based bundled rate for each encounter. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The county-based bundled rates effective July 1, 2023, and annually thereafter, are posted to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
 - b. The State reimburses all eligible providers the county-based bundled rate based upon the county where the provider is located.
 - c. The State makes an additional payment to all Eligible Providers in Cohort 2 Counties pursuant to language in paragraph 4 below.
 - d. The county-based bundled rate is reimbursed for the following service components as those components are defined in Attachment 3.1-A of this State Plan:
 - Assessment
 - Mobile crisis response
 - Crisis planning
 - Referral to ongoing supports
 - Follow-up check-ins
 - e. A provider must render at least one of the following service components during an encounter to be reimbursed the bundled rate:
 - Assessment
 - Mobile crisis response
 - Crisis planning
 - Referral to ongoing supports
 - f. The state will annually increase the county-based bundled rates effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index.
2. Facilitation of a warm handoff
 - a. The State will reimburse providers for facilitation of a warm handoff, as that service component is defined in Attachment 3.1-A of this State Plan, pursuant to a fee schedule established by the State. The fee schedule will include a rate for each county and the following aspects of the service component:
 - Providing and/or arranging for a beneficiary's transportation to an alternative setting to receive urgent treatment. The State will reimburse providers the standard mileage rate per mile for use of an automobile for medical care as established by the Internal Revenue Service.

- Staff time spent providing and/or arranging for transportation to an alternative setting to receive urgent treatment. The rates for this aspect of facilitation of a warm handoff effective July 1, 2023.
3. The State will annually increase the fee schedules described in paragraphs 1 and 2 by the percentage change in the four-quarter average Home Health Agency Market Basket Index.
 4. Additional Payments for Eligible Providers in Cohort 2 Counties
 - a. The State will make additional payments for Community-Based Mobile Crisis Intervention Service Encounters to all Eligible Providers of Community-Based Mobile Crisis Intervention Services in Cohort 2 Counties using the following methodology:
 - i. For each Cohort 2 County, divide 1 by the total number of Eligible Providers of Community-Based Mobile Crisis Intervention Services.
 - ii. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the product of the Baseline Community-Based Mobile Crisis Intervention Service Encounters for the Cohort 2 County where the Eligible Provider is located and the result in item i. above for the Cohort 2 County.
 - iii. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the product of the Community-Based Mobile Crisis Intervention Services Encounter Rate by the result in item ii. above.
 - iv. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the product of the Cohort 2 County Adjustment Percentage by the result in item iii. above.
 - v. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the difference between the result in item iv. above and the total approved claims for the Eligible Provider.
 - vi. The State will pay the result in item v. above to each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County.

Section 2: Reimbursement for Expanded Substance Use Disorder Treatment Levels of Care

This segment of the State Plan describes the reimbursement methodology for Expanded Substance Use Disorder Treatment Services covered under the rehabilitation benefit and rendered by qualified providers as described in Supplement 3 to Attachment 3.1 A to this State Plan. Qualified providers are DMC certified providers that must be licensed, registered, enrolled, and/or approved in accordance with all applicable state laws and regulations; abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and sign a provider agreement with a county. During the period beginning October 1, 2020, and ending September 30, 2025, MAT for OUD services are exclusively covered and reimbursed under the 1905(a)(29) benefit.

A. Definitions

"Baseline Community-Based Mobile Crisis Intervention Service Encounters for Cohort 2 Counties" means the following number of encounters: 10 for Alpine County, 348 for Amador County, 191 for Colusa County, 246 for Del Norte County, 248 for Glenn County, 159 for Inyo County, 154 for Mariposa County, 78 for Modoc County, 126 for Mono County, 166 for Plumas County, 26 for Sierra County, and 111 for Trinity County.

"Cohort 2 Counties" means Alpine, Amador, Colusa, Del Norte, Glenn, Inyo, Mariposa, Modoc, Mono, Plumas, Sierra, and Trinity counties.

"Cohort 2 County Adjustment Percentage" means 300% for Alpine County and Sierra County; 150% for Modoc County, Mono County, and Trinity County; 125% for Colusa County, Inyo County, Mariposa County, and Plumas County; and 110% for Amador County, Del Norte County, and Glenn County.

"Narcotic Treatment Program Services" means Narcotic Treatment Program Daily Dosing Services and Care Coordination, Individual Counseling, Group Counseling, Peer Support Services, and Recovery Services as those services are defined in Section 13.d.6 of Supplement 3 to Attachment 3.1-A of this State Plan.

"Narcotic Treatment Program Daily Dosing Services" means NTP Core Services, NTP Laboratory Work, MAT for AUD Medications, and MAT for OUD Medications.

"NTP Core Services" means Assessment, Family Therapy, Medical Psychotherapy,

Medication Services, Patient Education, and SUD Crisis Intervention Services as those services are defined in Section 13.d.6 of Supplement 3 to Attachment 3.1-A of this State Plan.

"NTP Laboratory Work" means Tuberculin and Syphilis tests, monthly drug screening, and monthly pregnancy tests of female methadone patients.

"Medication for Additional Treatment for Opioid Use Disorder (MAT for OUD) Medications" means all forms of drugs approved to treat opioid use disorder under Section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. § 355) and all biological products licensed to treat opioid use disorder under Section 351 of the Public Health Services Act (42 U.S.C. § 262).

"Medication for Addiction Treatment for Alcohol Use Disorder and Other Non-Opioid Use Disorders (MAT for AUD) Medications"

"Day Services" means Level 1 – Withdrawal Management (WM), Level 2 – WM, and Partial Hospitalization as those terms are defined in Section 13.d.6 in Supplement 3 to Attachment 3.1-A of this State Plan.

"Outpatient Services" means Assessment, Care Coordination, Family Therapy, Group Counseling, Individual Counseling, Medication Services, Patient Education, and SUD Crisis Intervention Services when provided in an Outpatient Treatment Services Level of Care, Intensive Outpatient Treatment Services Level of Care, or Partial Hospitalization Level of Care; and Peer Support Services, Recovery Services, MAT for AUD, MAT for AUD Medication, MAT for OUD, and MAT for OUD Medication provided in any Expanded Substance Use Disorder Level of Care as those services and levels of care are defined in Section 13.d.6 in Supplement 3 to Attachment 3.1-A of this State Plan.

"Eligible Provider" means a public or private provider enrolled in the Medi-Cal program and certified to provide one or more Expanded Substance Use Disorder Services" as those services are defined in Section 13.d.6 in Supplement 3 to Attachment 3.1-A of this State Plan.

"Home Health Agency Market Basket Index" means the IHS Global Inc. CMS Market Basket Index Levels for Home Health Agencies.

"Licensed Practitioner of the Healing Arts (LPHA)" means Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse (RN), Registered Pharmacist (RP),

Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered CSW, Licensed Professional Clinical Counselor (LPCC), Registered PCC, Licensed Marriage and Family Therapist (LMFT), Registered MFT, Licensed Vocational Nurse (LVN), Licensed Occupational Therapist (LOT), and Licensed Psychiatric Technician (LPT), as those terms are defined in Supplement 3 to Attachment 3.1-A.

“Provider Type” means Counselor, Clinical Trainee, Licensed Practitioner of the Healing Arts, Medical Director of a Narcotic Treatment Program, Medical Assistant, and Peer Support Specialist, as those terms are defined in Supplement 3 to Attachment 3.1-A of this State Plan

“Expanded Substance Use Disorder Treatment Services” means Outpatient Services, Twenty-Four Hour Services, NTP Services, and Withdrawal Management Services.

“Twenty-Four Hour Services” means Level 3.1 – Clinically Managed Low-Intensity Residential Services, Level 3.2 – WM, Level 3.3. – Clinically Managed Population-Specific High Intensity Residential Services, and Level 3.5 – Clinically Managed High Intensity Residential Services as those services are defined in Section 13.d.6 in Supplement 3 to Attachment 3.1-A of this State Plan.

“Regional County” means Humboldt County, Lake County, Lassen County, Mendocino County, Modoc County, Shasta County, Siskiyou County, and Solano County.

“Non-Regional County” means all counties in California except for Regional Counties.

A. Reimbursement Methodology – Non-Regional Counties

This segment of the State Plan describes the reimbursement methodology for providers located in Non-Regional Counties

1. Outpatient Services Reimbursement Methodology

- a. The State reimburses all eligible providers of Outpatient Services in Non-Regional Counties on a fee for service basis pursuant to a fee schedule established by the State. Eligible providers claim reimbursement for Outpatient Services using appropriate Current Procedural Terminology (CPT®) or Healthcare Common Procedure Coding System (HCPCS) codes. The fee schedule contains a rate for each county where the eligible provider is located and combination of Provider Type and CPT®/HCPCS code. Except as otherwise noted in the State Plan, state-

developed fee schedule rates are the same for both governmental and private providers.

- b. The fee schedule that is effective July 1, 2023, and annually thereafter, is posted to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
- c. The State will annually increase the per-unit rates for HCPCS and CPT Codes effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index. The updated rates will be posted to the following webpage annually.

2. Day Services Reimbursement Methodology

- a. The State reimburses all eligible providers of Day Services in Non-Regional Counties on a fee for service basis pursuant to a fee schedule established by the State. Level 1 – WM and Level 2 – WM are reimbursed an hourly rate. Partial Hospitalization is reimbursed a daily rate. The fee schedule contains a rate for each county where the provider is located and each Day Service. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers.
- b. The fee schedule for Day Services that is effective July 1, 2023, and annually thereafter, is posted to the following webpage:
<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
- c. The State will annually increase the day service rates effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index. The updated rates will be posted to the following webpage annually.

3. Twenty-Four Hour Services Reimbursement Methodology

- a. The State reimburses all eligible providers of Twenty-Four Hour Services in Non-Regional Counties on a fee for service basis pursuant to a fee schedule established by the State. Twenty-Four Hour Services are reimbursed a per diem rate. The fee schedule contains a rate for each county where the provider is located and each Twenty-Four Hour Service. Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers.
- b. The fee schedule for Twenty-Four Services that is effective July 1, 2023, and annually thereafter, is posted to the following webpage:
<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>

- c. The State will annually increase the per-unit rates for 24-hour services effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index.

4. Narcotic Treatment Program Reimbursement Methodology

- a. The State reimburses all eligible providers of Narcotic Treatment Program Services on a fee for service basis pursuant to a fee schedule established by the State. Narcotic Treatment Program Daily Dosing Services are reimbursed a per dose rate. An eligible provider must administer MAT for OUD Medication or MAT for AUD Medication to be reimbursed for Narcotic Treatment Program Daily Dosing Services. The fee schedule contains a per dose rate for each County where the eligible provider is located. The per dose rate does not include the cost of room and board. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers. The State will monitor the actual provision of Narcotic Treatment Program Daily Dosing Services reimbursed through this per dose rate.
- b. The State reimburses all eligible providers for Care Coordination, Individual Counseling, Group Counseling, Peer Support Services, and Recovery Services provided in a Narcotic Treatment Program pursuant to the fee schedule established in Section 1, B1-3, "Outpatient Services Reimbursement Methodology," on page 41c of this State Plan.
- c. The fee schedule for Narcotic Treatment Program Daily Dosing Services that is effective July 1, 2023, and annually thereafter, is posted to the following webpage: <https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
- d. The State will annually increase the daily rates for Narcotic Treatment Program Daily Dosing Services effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index. The fee schedule for the Narcotic Treatment Program Daily Dosing Service is a bundled rate.
 - i. Any Narcotic Treatment Program provider delivery Narcotic Treatment Program Daily Dosing Services will be paid through the bundle and cannot bill separately.
 - ii. Any provider delivering services outside of the Narcotic Treatment Program Daily Dosing Services may bill for those separate services in accordance with this State Plan.
 - iii. The State will periodically monitor the actual provision of services paid under the Narcotic Treatment Program Daily Dosing Services bundled rate

to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

5. Community-Based Mobile Crisis Intervention Services Reimbursement Methodology

a. Community-Based Mobile Crisis Intervention Encounters

- i The State reimburses all eligible providers for Community-Based Mobile Crisis Intervention Encounters a county-based bundled rate for each encounter. The county-based bundled rates effective July 1, 2023, and annually thereafter, are posted to the following webpage:
<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
- ii The State reimburses all eligible providers, both governmental and private providers, the county-based bundled rate based upon the county where the provider is located.
- iii The State makes an additional payment to all Eligible Providers in Cohort 2 Counties pursuant to paragraph b.iii below.
- iv The county-based bundled rate is reimbursed for the following service components as those components are defined in Attachment 3.1-A of this State Plan:
 - Assessment
 - Mobile crisis response
 - Crisis planning
 - Referral to ongoing supports
 - Follow up check ins
- v A provider must render at least one of the following service components during an encounter to be reimbursed the bundled rate:
 - Assessment
 - Mobile crisis response
 - Crisis planning
 - Referral to ongoing supports
- vi Any provider delivering services through a bundle will be paid through that bundled payment rate and cannot bill separately. Providers delivering separate services outside of the bundle may bill for those separate services in accordance with the State's Medicaid billing procedures.
- vii The state will annually increase the county-based bundled rates effective July 1, 2023, by the percentage change in the four-quarter average Home Health Agency Market Basket Index.

viii The state will periodically monitor the actual provision of services paid under the county bundled rate to ensure that beneficiaries receive the types, quantity, and intensity of services required to meet their medical needs and to ensure that the rates remain economic and efficient based on the services that are actually provided as part of the bundle.

b. Facilitation of a warm handoff

- i The State will reimburse all eligible providers for facilitation of a warm handoff, as that service component is defined in Attachment 3.1-A of this State Plan, pursuant to a fee schedule established by the State. The fee schedule will include a rate for each county and the following aspects of the service component:
 - Providing and/or arranging for a beneficiary's transportation to an alternative setting to receive urgent treatment. The State will reimburse providers the standard mileage rate per mile for use of an automobile for medical care as established by the Internal Revenue Service.
 - Staff time spent providing and/or arranging for transportation to an alternative setting to receive urgent treatment. The rates for this aspect of facilitation of a warm handoff effective July 1, 2023, and annually thereafter, are posted to the following webpage:
<https://www.dhcs.ca.gov/services/MH/Pages/medi-cal-behavioral-health-fee-schedules.aspx>.
- ii The State will annually increase the fee schedules described in paragraphs 1 and 2 by the percentage change in the four-quarter average Home Health Agency Market Basket Index.
- iii Additional Payments for Eligible Providers in Cohort 2 Counties
 - a. The State will make additional payments for Community-Based Mobile Crisis Intervention Services Encounters to all Eligible Providers of Community-Based Mobile Crisis Intervention Services in Cohort 2 Counties using the following methodology:
 - i. For each Cohort 2 County, divide 1 by the total number of Eligible Providers of Community-Based Mobile Crisis Intervention Services.
 - ii. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the product of the baseline Community-Based Mobile Crisis Intervention Service Encounters for the Cohort 2 County

where the Eligible Provider is located and the result in item i. above for the Cohort 2 County.

- iii. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the product of the Community-Based Mobile Crisis Intervention Services Encounter Rate by the result in item ii. above.
- iv. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the product of the Cohort 2 County Adjustment Percentage by the result in item iii. above.
- v. For each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County, calculate the difference between the result in item iv. above and the total approved claims for the Eligible Provider.
- vi. The State will pay the result in item v. above to each Eligible Provider of Community-Based Mobile Crisis Intervention Services in a Cohort 2 County.

B. Reimbursement Methodology for Regional Counties

1. The reimbursement methodology for all eligible providers of Outpatient Services, Day Services, and Twenty-Four Hour Services in Regional Counties is equal to the prevailing charges for the same or similar services in the county where the provider is located. If prevailing charges are not available, the State will use the best available alternative data, subject to CMS review, that would serve as a reasonable proxy, including the use of trended historical data.
2. The State reimburses all eligible providers of Narcotic Treatment Program Services pursuant to Section B.4 above.
3. The State reimburses all eligible providers of Community-Based Mobile Crisis Intervention Services pursuant to Section B.5 above.

E. REGIONAL COUNTIES

Humboldt
Lassen
Mendocino
Modoc
Shasta
Siskiyou

Solano

F. NON-REGIONAL COUNTIES

Alameda	Napa	San Joaquin
Contra Costa	Nevada	San Luis Obispo
El Dorado	Orange	San Mateo
Fresno	Placer	Santa Barbara
Imperial	Riverside	Santa Clara
Kern	Sacramento	Santa Cruz
Los Angeles	San Benito	Stanislaus
Marin	San Bernardino	Tulare
Merced	San Diego	San Francisco
Monterey	San Francisco	Yolo