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State/Territory Name: California

State Plan Amendment (SPA) #: 26-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

April 24, 2026

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

Re: California State Plan Amendment (SPA) 26-0012

Dear Director Sadwith:

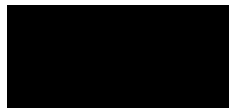
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number CA-26-0012. This amendment was submitted to make technical edits to the practitioner qualifications for behavioral health treatment services.

We conducted our review of your submittal according to statutory requirements and implementing regulations at 42 CFR 440.130(c) and 42 CFR 440.40(b). This letter is to inform you that California Medicaid SPA 26-0012 was approved on April 24, 2026, with an effective date of January 1, 2026.

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,



Nicole McKnight
Acting Director, Division of Program Operations

Digitally signed by Nicole M.
Mcknight -S
Date: 2026.04.24 13:01:10 -04'00'

Enclosures

cc: Lindy Harrington
Angeli Lee
Shanna Haysbert
Jeanette Pham

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

1. TRANSMITTAL NUMBER

2 6 — 0 0 1 2

2. STATE

CA

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

January 1, 2026

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 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Supplement 6 to Attachment 3.1-A, Pages 1, 2-4 (new)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Supplement 6 to Attachment 3.1-A, Page 1

9. SUBJECT OF AMENDMENT

To make technical edits to the behavioral health treatment (BHT) section of the State Plan.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

Please note: The Governor's Office does not wish to review the State Plan Amendment.

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

12. TYPED NAME
Tyler Sadwith

13. TITLE
State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED
March 19, 2026

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

March 19, 2026

17. DATE APPROVED

April 24, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2026

19. SIGNATURE OF APPROVING OFFICIAL

Nicole M. Mcknight -S

Digitally signed by Nicole M. Mcknight -S
Date: 2026.04.24 13:01:45 -04'00'

20. TYPED NAME OF APPROVING OFFICIAL

Nicole McKnight

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

Behavioral Health Treatment (BHT) Services Chart

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 (See Note 1 below)	Board Certified Behavior Analyst (BCBA)	X	X	X
	Licensed Practitioner	X	X	X
Qualified Autism Service Professional (See Note 2 below)	Associate Behavioral Analyst (See Note 3 below)	X		X

Behavioral Health Treatment (BHT) Services Chart

Provider Type	Provider Qualifications	Behavioral-Analytic Assessment	Behavioral Treatment Plan Development and Modification	BHT Services
	Associate Clinical Social Worker (See Note 4 below)	X		X
	Associate Marriage and Family Therapist (See Note 4 below)	X		X
	Associate Professional Clinical Counselor (See Note 4 below)	X		X
	Psychological Associate (See Note 5 below)	X		X
	Behavior Management Assistant (See Note 6 below)	X		X
Qualified Autism Service Paraprofessional (See Note 7 below)	Paraprofessional			X

Behavioral Health Treatment (BHT) Services Chart

1. A Qualified Autism Service Provider means either of the following:

- Board Certified Behavior Analyst (BCBA): 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.
- Licensed Practitioner: 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, behavior management assistant, associate clinical social worker, associate marriage and family therapist, associate professional clinical counselor, or a psychological associate.

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

4. An Associate Clinical Social Worker, an Associate Marriage and Family Therapist, or an Associate Professional Clinical Counselor is registered with the Board of Behavioral Sciences and supervised by a licensed behavioral health provider who is also a qualified autism service provider.

5. A Psychological Associate registered with the Board of Psychology and supervised by a licensed psychologist who is also a qualified autism service provider.

6. A Behavior Management Assistant is supervised by a qualified autism service provider and meets either of the following requirements:

- Possesses a bachelor of arts or science degree and has either twelve semester units in Applied Behavior Analysis (ABA) and one year of experience in designing and/or implementing behavior modification intervention services or two years of experience in designing and/or implementing behavior modification intervention services; or
- Is registered as either a psychological associate of a psychologist by the Medical Board of California or Psychology Examining Board or as an Associate Licensed Clinical Social Worker.

TN No. CA-26-0012

Supersedes

TN No. NEW

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Behavioral Health Treatment (BHT) Services Chart

7. A qualified autism service paraprofessional is supervised by a qualified autism service provider or a qualified autism service professional, and meets either of the following requirements:

- Has a high school diploma or the equivalent, has completed 30 hours of competency-based training designed by a BCBA, and has six months of experience working with persons with developmental disabilities, or
- Possesses an associate's degree in either a human, social, or educational services discipline or a degree or certification related to behavioral management from an accredited community college or educational institution, and has six months of experience working with persons with developmental disabilities.

TN No. CA-26-0012

Supersedes

TN No. NEW

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