

March 19, 2026

*THIS LETTER SENT VIA EMAIL*

Ms. Courtney Miller, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12th Street, Room 355  
Kansas City, MO 64106

STATE PLAN AMENDMENT 26-0012: BEHAVIORAL HEALTH TREATMENT TECHNICAL EDITS

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 26-0012 for your review and approval. This SPA proposes to remove incorrect language in footnote B of Supplement 6 to Attachment 3.1-A pertaining to additional training and qualification requirements for Behavioral Management Consultants, which were inadvertently added by SPA 25-0032 to the list of licensed providers for behavioral health treatment (BHT) service providers. Since these additional training and qualification requirements do not apply to licensed providers for BHT services, this language needs to be removed for accuracy and to avoid provider confusion. DHCS seeks a retroactive effective date of January 1, 2026, for this SPA.

Since this SPA only makes technical edits and does not change the existing coverage policy for BHT services, reimbursement rates for BHT services, or who is eligible to receive BHT services, DHCS did not publish a public notice because there is no federal fiscal impact. Further, DHCS has reviewed and determined that a Tribal notice is not necessary for SPA 26-0012.

The following documents are included for submission of SPA 26-0012:

- CMS Form 179
- Supplement 6 to Attachment 3.1-A, Pages 1-4



Ms. Miller  
Page 2  
March 19, 2026

If you have any questions or need additional information, please contact Amber De La Rosa, Chief of Benefits Division, at (916) 345-7924 or by email at [Amber.Delarosa@dhcs.ca.gov](mailto:Amber.Delarosa@dhcs.ca.gov).

Sincerely,



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

Enclosures

cc: Lindy Harrington  
Assistant State Medicaid Director  
Director's Office  
California Department of Health Care  
Services  
[Lindy.Harrington@dhcs.ca.gov](mailto:Lindy.Harrington@dhcs.ca.gov)

Saralyn M. Ang-Olson, JD, MPP  
Chief Compliance Officer  
Office of Compliance  
California Department of Health Care  
Services  
[Saralyn.Ang-Olson@dhcs.ca.gov](mailto:Saralyn.Ang-Olson@dhcs.ca.gov)

Yingjia Huang  
Deputy Director  
Health Care Benefits & Eligibility  
California Department of Health Care  
Services  
[Yingjia.Huang@dhcs.ca.gov](mailto:Yingjia.Huang@dhcs.ca.gov)

Erica Holmes  
Assistant Deputy Director  
Health Care Benefits & Eligibility  
California Department of Health Care  
Services  
[Erica.Holmes@dhcs.ca.gov](mailto:Erica.Holmes@dhcs.ca.gov)

Amber De La Rosa, Chief  
Benefits Division  
California Department of Health Care  
Services  
[Amber.Delarosa@dhcs.ca.gov](mailto:Amber.Delarosa@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 
12.
13. TITLE
14. DATE SUBMITTED

15. RETURN TO
---------------

<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED	17. DATE APPROVED

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL

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)	<b>X</b>	<b>X</b>	<b>X</b>
	Licensed Practitioner	<b>X</b>	<b>X</b>	<b>X</b>
Qualified Autism Service Professional (See Note 2 below)	Associate Behavioral Analyst (See Note 3 below)	<b>X</b>		<b>X</b>

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)	<b>X</b>		<b>X</b>
	Associate Marriage and Family Therapist (See Note 4 below)	<b>X</b>		<b>X</b>
	Associate Professional Clinical Counselor (See Note 4 below)	<b>X</b>		<b>X</b>
	Psychological Associate (See Note 5 below)	<b>X</b>		<b>X</b>
	Behavior Management Assistant (See Note 6 below)	<b>X</b>		<b>X</b>
Qualified Autism Service Paraprofessional (See Note 7 below)	Paraprofessional			<b>X</b>

TN No. 26-0012  
Supersedes  
TN No. NEW

Approval Date: \_\_\_\_\_

Effective Date: January 1, 2026

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. 26-0012

Supersedes

TN No. NEW

Approval Date: \_\_\_\_\_

Effective Date: January 1, 2026

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. 26-0012  
Supersedes  
TN No. NEW

Approval Date: \_\_\_\_\_

Effective Date: January 1, 2026