

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

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August 5, 2024

Tyler Sadwith  
State Medicaid Director  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) – 24-0041

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0041. This amendment proposes to update the clinical trainees provider definition listed under Rehabilitative Mental Health Services, Targeted Case Management, Substance Use Disorder Treatment Services, Expanded Substance Use Disorder Treatment Services, and Medication-Assisted Treatment.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act (the Act), specifically Section 1905(a)(13) and 1915(g)(1) of the Act, and corresponding regulations at 42 CFR 440.130(d) and 440.169(b). This letter informs you that California's Medicaid SPA TN 24-0041 was approved on August 5, 2024, with an effective date of April 1, 2024.

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

If you have any questions, please contact Cheryl Young 415-744-3598 or via email at [Cheryl.Young@cms.hhs.gov](mailto:Cheryl.Young@cms.hhs.gov).

Sincerely,



Digitally signed by James  
G. Scott -S  
Date: 2024.08.05 18:01:49  
-05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Lindy Harrington, California Department of Health Care Services (DHCS)

Paula Wilhelm, DHCS

Ivan Bhardwaj, DHCS

Saralyn Ang-Olson, DHCS

Angeli Lee, DHCS

Farrah Samimi, DHCS

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

|   |                       |
|---|-----------------------|
| 1. TRANSMITTAL NUMBER<br><u>2 4</u> — <u>0 0 4 1</u>  | 2. STATE<br><u>CA</u> |
| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT<br><input checked="" type="radio"/> XIX <input type="radio"/> XXI |                       |

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**April 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION 42 CFR  
**Social Security Act 1905(a) and 1915 g)(1)**  
440.130 and 440.169(b) \*See CMS note below in Box 22

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

|                    |             |
|--------------------|-------------|
| a. FFY <u>2024</u> | \$ <u>0</u> |
| b. FFY <u>2025</u> | \$ <u>0</u> |

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
Supplement 1 to Attachment 3.1-A, pages 15  
Supplement 3 to Attachment 3.1-A, pages 2i, 6, 6m  
Supplement 2 to Attachment 3.1-B, pages 11  
Supplement 3 to Attachment 3.1-B, pages 4, 4m  
Supplement 7 to Attachment 3.1-A, pages 5  
Supplement 7 to Attachment 3.1-B, pages 5

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
Supplement 1 to Attachment 3.1-A, pages 15  
Supplement 3 to Attachment 3.1-A, pages 2i, 6, 6m  
Supplement 2 to Attachment 3.1-B, pages 11  
Supplement 3 to Attachment 3.1-B, pages 4, 4m  
Supplement 7 to Attachment 3.1-A, pages 5  
Supplement 7 to Attachment 3.1-B, pages 5

9. SUBJECT OF AMENDMENT  
Updates the Rehabilitative Mental Health Services, Targeted Case Management, Substance Use Disorder Treatment Services, Expanded Substance Use Disorder Treatment Services, and Medication-Assisted Treatment provider type definition for clinical trainees.

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:  
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  
June 28, 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  
June 28, 2024

17. DATE APPROVED  
August 5, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
April 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL  


20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS  
Box 5: CMS made the following pen and ink additions in bold per CA's written response dated 7/29/24: "Social Security Act 1905(a)(**13**) and 1915(g)(1), 42 CFR 440.130(**d**) and 440.169(b)." "

## (13) Pharmacists

Pharmacists must be licensed in accordance with applicable State of California licensure requirements.

## (14) Occupational Therapists (OT)

Occupational therapists must be licensed in accordance with applicable State of California licensure requirements.

## (15) Other Qualified Provider

An individual at least 18 years of age with a high school diploma or equivalent degree plus two years of related paid or non-paid experience (including experience as a service recipient or caregiver of a service recipient), or related secondary education.

## (16) Clinical Trainee

A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed Mental Health Professional, Pharmacist, or Physician Assistant; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or the applicable licensing board to participate in the practicum, clerkship or internship and provide Targeted Case Management, including, but not limited to, all coursework and supervised practice requirements.

## F. Freedom of Choice (42 CFR 441.18(A)(1))

The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible individuals will have free choice of any qualified Medicaid provider within the specified geographic area identified in this plan.
2. Eligible individuals will have free choice of any qualified Medicaid providers of other medical care under the plan.

## G. Freedom of Choice Exception (Section 1915(g)(1) and 42 CFR 441.18(b))

X Target group consists of eligible individuals who meet medical necessity criteria for specialty mental health services. Providers are limited to qualified Medicaid providers of case management services employed by or contracted with the county mental health department who are capable of ensuring that individuals receive needed services.

## H. Access to Services (42 CFR 441.18(A)(2), 42 CFR 441.18(a)(3), 42 CFR 441.18(a)(6))

The State assures the following:

- Targeted case management services will not be used to restrict an individual's access to other services under the plan.
- Individuals will not be compelled to receive case management services, condition receipt of targeted case management on the receipt of other Medicaid services, or condition receipt of other Medicaid services on receipt of targeted case management services; and

direction of: a physician; a licensed or waived psychologist; a licensed, waived or registered social worker; a licensed, waived or registered marriage and family therapist; a licensed, waived or registered professional clinical counselor; a registered nurse (including a certified nurse specialist, or a nurse practitioner); or a licensed occupational therapist<sup>1</sup>. All providers of Rehabilitative Mental Health Services must act within the scope of their professional license and applicable state law.

PRACTITIONER QUALIFICATIONS

|                         | Rehabilitative Mental Health Treatment Services |                             |                       |                             |                          |         |                          |
|-------------------------|---|-----------------------------|-----------------------|-----------------------------|--------------------------|---------|--------------------------|
|                         | Assessment                                      | Medication Support Services | Peer Support Services | Psychosocial Rehabilitation | Referral and Linkages    | Therapy | Treatment Planning       |
| Provider Qualifications | L, M, PA, Ph, OP, MA, CT                        | CT, L, MA, PA, Ph           | P                     | L, M, PA, Ph, OP, MA, CT    | L, M, PA, Ph, OP, MA, CT | L, CT   | L, M, PA, Ph, OP, MA, CT |

CT = Clinical Trainee

A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed Mental Health Professional, Pharmacist, or Physician Assistant; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship or internship and provide rehabilitative mental health services, including, but not limited to, all coursework and supervised practice requirements.

L= Licensed Mental Health Professional

A Licensed Mental Health Professional includes any of the following providers who are licensed in accordance with applicable State of California licensure requirements: licensed physicians; licensed psychologists (includes waived psychologists); licensed clinical social workers (includes waived or registered clinical social workers); licensed professional clinical counselors (includes waived or registered professional clinical counselors); licensed marriage and family therapists (includes waived or registered marriage and family therapists); registered nurses (includes certified nurse specialists and nurse practitioners); licensed vocational nurses; licensed psychiatric technicians; and licensed

<sup>1</sup> Licensed occupational therapists meet the requirements of paragraph (2) of subdivision (b) of 42 CFR 440.110.

direction of: a physician; a licensed or waived psychologist; a licensed, waived or registered social worker; a licensed, waived or registered marriage and family therapist; a licensed, waived or registered professional clinical counselor; a registered nurse (including a certified nurse specialist, or a nurse practitioner); or a licensed occupational therapist<sup>1</sup>. All providers of Rehabilitative Mental Health Services must act within the scope of their professional license and applicable state law.

PRACTITIONER QUALIFICATIONS

|                         | Rehabilitative Mental Health Treatment Services |                             |                       |                             |                          |         |                          |
|-------------------------|---|-----------------------------|-----------------------|-----------------------------|--------------------------|---------|--------------------------|
|                         | Assessment                                      | Medication Support Services | Peer Support Services | Psychosocial Rehabilitation | Referral and Linkages    | Therapy | Treatment Planning       |
| Provider Qualifications | L, M, PA, Ph, OP, MA, CT                        | CT, L, MA, PA, Ph           | P                     | L, M, PA, Ph, OP, MA, CT    | L, M, PA, Ph, OP, MA, CT | L, CT   | L, M, PA, Ph, OP, MA, CT |

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<sup>1</sup> Licensed occupational therapists meet the requirements of paragraph (2) of subdivision (b) of 42 CFR 440.110.

“SUD Crisis Intervention Services” consists of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary’s immediate situation, and be provided in the least intensive level of care that is medically necessary to treat their condition.

**PROVIDER QUALIFICATIONS**

**Provider Entities**

SUD Treatment Services are provided by DMC certified providers. DMC certified providers providing SUD Treatment Services must: 1) be licensed, registered, enrolled, and/or approved in accordance with all applicable state and federal laws and regulations; 2) abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and 3) sign a provider agreement with a county or the Department of Health Care Services.

|                             | SUD Treatment Services |                                   |                       |                     |                   |                       |                         |
|-----------------------------|------------------------|-----------------------------------|-----------------------|---------------------|-------------------|-----------------------|-------------------------|
|                             | Assessment*            | Counseling (Individual and Group) | Medical Psychotherapy | Medication Services | Patient Education | Peer Support Services | SUD Crisis Intervention |
| Practitioner Qualifications | C, CT, L*, MA          | C, CT, L                          | M                     | CT, L, MA           | C, CT, L, MA      | P                     | C, CT, L                |

**C = Counselors**

An Alcohol or other drug (AOD) counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA).

**CT = Clinical Trainee**

A clinical trainee is an unlicensed individual who is enrolled in a post-secondary educational program that is required for the individual to obtain licensure as a Licensed Practitioner of the Healing Arts; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or the applicable licensing board to participate in the practicum, clerkship or internship and provide substance use disorder treatment services, including, but not limited to, all coursework and supervised practice requirements.

**L= Licensed Practitioner of the Healing Arts**

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA),

TN No: 24-0041  
Supersedes  
TN No: 23-0026

Approval Date: August 5, 2024

Effective Date: April 1, 2024

PRACTITIONER QUALIFICATIONS

|                             | Expanded SUD Treatment Services |                     |                     |                |                                   |                       |                     |                   |                       |              |                   |   |
|-----------------------------|---------------------------------|---------------------|---------------------|----------------|-----------------------------------|-----------------------|---------------------|-------------------|-----------------------|--------------|-------------------|---|
|                             | Assessment*                     | Care Coordination** | Crisis Intervention | Family Therapy | Counseling (Individual and Group) | Medical Psychotherapy | Medication Services | Patient Education | Peer Support Services | Observation  | Recovery Services | Prescribing and Monitoring of MAT for AUD and Other Non- Opioid Substance Use Disorders |
| Practitioner Qualifications | C, CT, L*, MA                   | C, CT, L, MA        | C, CT, L            | CT, L          | C, CT, L                          | M                     | CT, L, MA           | C, CT, L, MA      | P                     | C, CT, L, MA | C, CT, L, MA      | CT, L***, MA  |

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**L = Licensed Practitioner of the Healing Arts**

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Registered\*\*\*\* CSW, Licensed Professional Clinical Counselor (LPCC), Registered\*\*\*\* LPCC, Licensed Marriage and Family Therapist (LMFT), Registered\*\*\*\* MFT, Licensed Vocational Nurse (LVN), Licensed Occupational Therapist (LOT)\*\*\*\*\*, and Licensed Psychiatric Technician (LPT).

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“SUD Crisis Intervention Services” consists of contacts with a beneficiary in crisis. A crisis means an actual relapse or an unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. SUD Crisis Intervention Services shall focus on alleviating the crisis problem, be limited to the stabilization of the beneficiary's immediate situation, and be provided in the least intensive level of care that is medically necessary to treat their condition.

**PROVIDER QUALIFICATIONS**

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|                             | SUD Treatment Services |                                   |                       |                     |                   |                       |                         |
|-----------------------------|------------------------|-----------------------------------|-----------------------|---------------------|-------------------|-----------------------|-------------------------|
|                             | Assessment*            | Counseling (Individual and Group) | Medical Psychotherapy | Medication Services | Patient Education | Peer Support Services | SUD Crisis Intervention |
| Practitioner Qualifications | C, CT, L*, MA          | C, CT, L                          | M                     | CT, L, MA           | C, CT, L, MA      | P                     | C, CT, L                |

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PRACTITIONER QUALIFICATIONS

|                             | Expanded SUD Treatment Services |                     |                     |                |                                   |                       |                     |                   |                       |              |                   |  |
|-----------------------------|---------------------------------|---------------------|---------------------|----------------|-----------------------------------|-----------------------|---------------------|-------------------|-----------------------|--------------|-------------------|--|
|                             | Assessment*                     | Care Coordination** | Crisis Intervention | Family Therapy | Counseling (Individual and Group) | Medical Psychotherapy | Medication Services | Patient Education | Peer Support Services | Observation  | Recovery Services | Prescribing and Monitoring of MAT for AUD and Other Non-Opioid Substance Use Disorders |
| Practitioner Qualifications | C, CT, L*, MA                   | C, CT, L, MA        | C, CT, L            | CT, L          | C, CT, L                          | M                     | CT, L, MA           | C, CT, L, MA      | P                     | C, CT, L, MA | C, CT, L, MA      | CT, L***, MA   |

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**PRACTITIONER QUALIFICATIONS**

Provider Entities

All MAT for OUD services are provided by DMC certified providers. DMC certified providers providing MAT for OUD services must: 1) be licensed, registered, enrolled, and/or approved in accordance with all applicable state and federal laws and regulations; 2) abide by the definitions, rules, and requirements for stabilization and rehabilitation services established by the Department of Health Care Services; and 3) sign a provider agreement with a county or the Department of Health Care Services, if applicable.

**Practitioners**

| MAT for OUD Services        |               |                     |                                   |                       |                     |                   |   |
|-----------------------------|---------------|---------------------|-----------------------------------|-----------------------|---------------------|-------------------|---|
|                             | Assessment*   | Crisis Intervention | Counseling (Individual and Group) | Medical Psychotherapy | Medication Services | Patient Education | Prescribing and monitoring of MAT for OUD |
| Practitioner Qualifications | C, CT, L*, MA | C, CT, L            | C, CT, L                          | M                     | CT, L, MA           | C, CT, L, MA      | CT, L**, MA                               |

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Practitioners

| MAT for OUD Services        |               |                     |                                   |                       |                     |                   |   |
|-----------------------------|---------------|---------------------|-----------------------------------|-----------------------|---------------------|-------------------|---|
|                             | Assessment*   | Crisis Intervention | Counseling (Individual and Group) | Medical Psychotherapy | Medication Services | Patient Education | Prescribing and monitoring of MAT for OUD |
| Practitioner Qualifications | C, CT, L*, MA | C, CT, L            | C, CT, L                          | M                     | CT, L, MA           | C, CT, L, MA      | CT, L**, MA                               |

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