



## NOTICE OF GENERAL PUBLIC INTEREST

RELEASE DATE: FEBRUARY 24, 2025

### PROPOSED STATE PLAN AMENDMENT TO ADD CERTIFIED WELLNESS COACH SERVICES AS A PREVENTIVE SERVICE

The California Department of Health Care Services (DHCS) requests input from Medi-Cal members, providers, and other interested stakeholders concerning proposed State Plan Amendment (SPA) 25-0014, which is attached below.

On December 31, 2024, DHCS released a notice of general public interest about proposed SPA 25-0014, which seeks to add outpatient Certified Wellness Coach (CWC) services as a covered Medi-Cal benefit and provide supplemental reimbursements to Federally Qualified Health Center (FQHC) and Rural Health Care (RHC), through an Alternative Payment Methodology (APM) for services provided by CWCs. Pursuant to California Welfare & Institutions Code (WIC) section 14132.100(g) and Attachment 4.19-B of the California State Plan, only FQHC and RHC visits with specified physicians and other non-physician health professionals are eligible for Prospective Payment System (PPS) reimbursement. A CWC visit does not constitute a PPS-eligible visit under current law and the State Plan.

Under this APM, FQHCs and RHCs, may elect to receive a supplemental reimbursement equal to the established Medi-Cal fee-for-service (FFS) reimbursement rate when outpatient CWC services are provided on the same or different day as a PPS-eligible visit subject to the requirements of 42 United States Code (USC) 1396a(bb)(6). The Medi-Cal Managed Care Plan (MCP) reimbursements for outpatient CWC services in an amount not exceeding the applicable Medi-Cal FFS reimbursement rate will be excluded from the annual reconciliations.

You may view the December 31, 2024 notice of general public interest at <https://www.dhcs.ca.gov/SPA/Documents/SPA-25-0014-Public-Notice.pdf>. DHCS is now releasing the draft APM supplemental reimbursement State Plan pages of SPA 25-0014 regarding FQHCs and RHCs for public comment.

The effective date of the proposed SPA is January 1, 2025. All proposed SPAs are subject to approval by the Centers for Medicare & Medicaid Services (CMS).



## Public Review and Comments

The proposed changes included in draft SPA 25-0014 are enclosed in this notice for public comment. DHCS is requesting stakeholder input on the impact, if any, to access to services as a result of the proposed action.

Upon submission to CMS, a copy of proposed SPA 25-0014 will be published at the following internet address:

<https://www.dhcs.ca.gov/formsandpubs/laws/Pages/PendingStatePlanAmendments.aspx>.

If you would like to view the SPA in person once it becomes available, please visit your local county welfare department. You may also request a copy of proposed SPA 25-0014 or a copy of submitted public comments relating to SPA 25-0014 in writing to the mailing address and email address listed below. Please indicate SPA 25-0014 in the subject line or message body.

Written comments may be sent to the following address:

Department of Health Care Services  
Fee For Service Rates Development Division  
Attn: Aditya Voleti, SPA 25-0014  
P.O. Box 997413, MS 4600  
Sacramento, California 95899-7417

Comments may also be emailed to [PublicInput@dhcs.ca.gov](mailto:PublicInput@dhcs.ca.gov). Please indicate SPA 25-0014 in the subject line or message body.

To ensure consideration prior to submission of the SPA to CMS, comments must be received no later than March 26, 2025. Please note that comments will continue to be accepted after March 26, 2025, but DHCS may not be able to consider those comments prior to the initial submission of SPA 25-0014 to CMS.

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C1. ALTERNATIVE PAYMENT METHODOLOGY (APM) for supplemental reimbursements to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) for outpatient Certified Wellness Coach (CWC) services.

- a. This APM authorizes supplemental reimbursements for FQHCs and RHCs for outpatient CWC services described in Attachment 3.1-A of the State Plan for dates of service on or after January 1, 2025. Outpatient CWC services must be provided in addition to a Prospective Payment System (PPS)-eligible visit subject to the requirements of 42 United States Code (USC) section 1396a(bb)(6). These supplemental reimbursements for outpatient CWC services will be paid in addition to the applicable PPS visit rate.
- b. FQHCs, RHCs, and the California Department of Health Care Services (DHCS) must agree to participate in this APM on an annual basis at the time and in the manner specified by DHCS.
- c. APM Reimbursement:
  - i. The APM supplemental reimbursement rates for CWC services will be established based on the Medi-Cal Fee-For-Service (FFS) fee schedule rate.
  - ii. Except as otherwise noted in the State Plan, state-developed fee schedule rates are the same for both governmental and private providers of outpatient CWC services. All Medi-Cal FFS rates are published at <https://mcweb.apps.prd.cammiis.medi-cal.ca.gov/rates?tab=rates>.
  - iii. Outpatient CWC services may be reimbursed under this APM on either the same day or different day as a PPS-eligible visit.
  - iv. The total reimbursement amount paid under this APM will not be less than what would be paid under the PPS methodology.
  - v. For FQHCs and RHCs that have agreed to participate in this APM, Medi-Cal Managed Care Plan (MCP) reimbursement for outpatient CWC services in an amount not exceeding the applicable Medi-Cal FFS rate must be excluded from the reconciliation of the clinics' reimbursement to the PPS rate pursuant to Section L of Attachment 4.19-B of the State Plan (beginning on page 6R).
  - vi. For FQHCs and RHCs that have agreed to participate in this APM and are undergoing rate setting or a change in scope-of-service request pursuant to Section K of Attachment 4.19-B of the State Plan (beginning on Page 6M), the calculation of the newly established per-visit rate shall exclude the amount of reimbursement for outpatient CWC services paid under this APM at the applicable FFS rate or received from Medi-Cal MCPs in an amount not exceeding the applicable FFS rate.
  - vii. FQHCs and RHCs must ensure that any APM supplemental reimbursements paid to them by DHCS are not duplicative of services

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provided by and paid to other Medi-Cal providers, programs, or other state agencies.

- viii. FQHCs and RHCs that have agreed to participate in this APM must report necessary data to calculate the amounts subject to exclusion pursuant to subparagraphs v and vi at the time and in the manner specified by DHCS. DHCS will calculate the amount subject to exclusion based on reported data, subject to audit, and appropriate supplemental data sources.