CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

September 8, 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 26-0033: BEHAVIORAL HEALTH TREATMENT SERVICES TECHNICAL AMENDMENTS FOR UTILIZATION MANAGEMENT CONTROLS

Dear Ms. Miller:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 26-0033 for your review and approval. This SPA proposes to make technical amendments to the behavioral health treatment (BHT) services section of the State Plan to clarify policy, including utilization management controls, and support enhanced program integrity efforts aimed at reducing potential fraud, waste, and abuse. DHCS seeks an effective date of July 1, 2026, for this SPA.

The public notice was published on June 30, 2026. At the time of SPA submission, no comments were received. In this instance, DHCS has determined that a Tribal notice is not necessary for this SPA.

The following documents are included for submission of SPA 26-0033:

- Public Notice
- CMS 179 Form
- Limitations on Attachment 3.1-A, pages 18b, 18b.1, and 18c
- Limitations on Attachment 3.1-B, pages 18b, 18b.1, and 18c

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

Sincerely,

[redacted]

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

Enclosures

cc: Saralyn M. Ang-Olson, JD, MPP
Chief Compliance Officer
Office of Compliance
California Department of Health Care Services
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Amber De La Rosa, Chief
Benefits Division
California Department of Health Care Services
Amber.Delarosa@dhcs.ca.gov

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

# TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER: 26-0033

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
July 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
SSA 1905(a)(19), 1915(g)
42 CFR 441.18, 440.169

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
Limitations on Attachment 3.1-A and 3.1-B, Page 18b
Limitations on Attachment 3.1-A and 3.1-B, Page 18b.1 (new)
Limitations on Attachment 3.1-A and 3.1-B, Page 18c

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Limitations on Attachment 3.1-A and 3.1-B, Page 18b
Limitations on Attachment 3.1-A and 3.1-B, Page 18c

9. SUBJECT OF AMENDMENT
To make technical edits to the behavioral health treatment services 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]

12. TYPED NAME
Tyler Sadwith

13. TITLE
State Medicaid Director and Chief Deputy Director

14. DATE SUBMITTED
September 8, 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

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



***Instructions on Back***

STATE PLAN CHART

| TYPE OF SERVICE | PROGRAM DESCRIPTION** | PRIOR AUTHORIZATION OR OTHER REQUIREMENTS* |
|---|---|---|
| 13c. Behavioral Health Treatment (BHT) | Covered as medically necessary services for Medi-Cal members under 21 years of age, based upon a recommendation of a licensed physician or a licensed psychologist, in accordance with 42 CFR 440.130(c) and section 1905(r) of the Social Security Act. Behavioral Health Treatment (BHT) services include Applied Behavior Analysis (ABA) and other evidence-based behavioral intervention services, which prevent or minimize the adverse effects of symptoms and behaviors that may interfere with learning and social interaction and promote, to the maximum extent practicable, the functioning of a member, with an autism spectrum disorder (ASD) diagnosis.<br><br>Services include:<br>• Behavioral-Analytic Assessment and development of behavioral treatment plan.<br>• BHT intervention services are identified in the BHT Services Chart in Supplement 6 to Attachment 3.1-A.<br><br>BHT intervention services are interventions designed to treat ASD and other conditions, including a variety of behavioral interventions | ABA services, which are a subset of specialized services under BHT, may be covered on an individual, case-by-case basis for Medi-Cal members under 21 years of age with an ASD diagnosis or other clinically appropriate diagnosis for which ABA services are determined to be medically necessary by a licensed physician, surgeon, or psychologist, consistent with federal EPSDT requirements. This recommendation must be documented in the Medi-Cal member's medical records.<br><br>BHT services are provided under a prior authorized behavioral treatment plan that has measurable goals over a specific timeline for the specific patient being treated and is developed by a Qualified Autism Service (QAS) Provider. The behavioral treatment plan shall be reviewed no less than once every six months by a treating QAS Provider. Services identified in the behavioral treatment plan may be modified by a treating QAS Provider and must be authorized.<br><br>Additional service authorization must be received to continue the service. Services provided without authorization shall not be considered for payment or reimbursement except in the case of retroactive Medi-Cal eligibility. |

* Prior authorization is not required for emergency service.
**Coverage is limited to medically necessary services

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| 13c. Behavioral Health Treatment (BHT) (continued) | identified as evidence-based by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence and are designed to be delivered in the home, a clinic, and other community settings. | Services must be provided, observed, and directed under an approved behavioral treatment plan developed by a QAS Provider, as described in the BHT Services Chart in Supplement 6 to Attachment 3.1-A.<br><br>The behavioral treatment plan is not used for purposes of providing or coordinating respite, day care, recreational services, or educational services. No reimbursement is available for respite, day care, recreational services, or educational services. No reimbursement is available to a parent, legal guardian, or legally responsible person of a Medi-Cal member receiving BHT for costs associated with their participation under the treatment plan.<br><br>BHT services may be provided by one of the following:<br>• QAS Provider (see BHT Services Chart in Supplement 6 to Attachment 3.1-A)<br>• QAS Professional (see BHT Services Chart in Supplement 6 to Attachment 3.1-A)<br>• QAS Paraprofessional (see BHT Services Chart in Supplement 6 to Attachment 3.1-A) |

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| 13c. Diabetes Prevention Program (DPP) Services | DPP services are a set of medically necessary services recommended by a physician or other licensed practitioner of the healing arts to prevent or delay the onset of type 2 diabetes for beneficiaries with indications of prediabetes, in accordance with 42 CFR 440.130(c).<br><br>DPP services provide a variety of behavioral and nutritional interventions identified as evidence-based by clinical research or studies and/or nationally recognized organizations specializing in disease control and prevention.<br><br>Medically necessary DPP services are provided during sessions that occur at regular, periodic intervals over the course of one year, and, if eligible based upon individual measurable health- outcomes, additional ongoing maintenance sessions at regular, periodic intervals for another year. At these sessions, DPP services include: | A DPP services provider must be an organization enrolled in Medi-Cal and must have either pending, preliminary, or full recognition by the Centers for Disease Control and Prevention (CDC) for DPP. DPP services providers use lifestyle coaches for delivery of DPP services.<br><br>DPP services are delivered by lifestyle coaches and must have completed nationally recognized training for delivery of DPP services. Lifestyle coaches may be:<br>• Physicians<br>• Licensed nonphysician practitioners, such as nurses, and physical therapists.<br>• Unlicensed practitioners under the supervision of a DPP services provider or a licensed Medi-Cal practitioner. |

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