

## **Table of Contents**

**State/Territory Name: California**

**State Plan Amendment (SPA) #: 14-026**

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  
San Francisco Regional Office  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



**DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS**

January 21, 2016

Mari Cantwell  
Chief Deputy Director, Health Care Programs  
California Department of Health Care Services  
P.O. Box 997413, MS 0000  
Sacramento, CA 95899-7413

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 14-026. This SPA was submitted to my office on September 30, 2014 to add Behavioral Health Treatment (BHT) services to the preventive services component of the state plan.

The effective date of this SPA is July 7, 2014 as requested. Enclosed are the following approved SPA pages that should be incorporated into your approved State Plan:

- Limitations on Attachment 3.1-A, pages 18b and 18c
- Limitations on Attachment 3.1-B, pages 18b and 18c
- Supplement 6 to Attachment 3.1-A, page 1
- Attachment 4.19-B, page 74

The state will not need to submit an amendment to the Section 1915(c) waiver, CA.0336 Home & Community Based-Services (HCBS) Waiver for Californians with Developmental Disabilities, prior to the waiver program's renewal. The state's BHT Transition Plan describes a time-limited period of 6 months, beginning in February 2016, in which the state will transition the responsibility for delivering BHT services for EPSDT-eligible children from the Section 1915(c) waiver, CA.0336 HCBS Waiver for Californians with Developmental Disabilities, to the state's Medi-Cal program pursuant to California SPA 14-026.

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

Sincerely,

/s/

Henrietta Sam-Louie  
Acting Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Laurie Weaver, California Department of Health Care Services  
Jim Elliott, California Department of Health Care Services  
Cynthia Owens, California Department of Health Care Services

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:  
**14-026**

2. STATE  
**CA**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE  
**July 1, 2014 July 7, 2014**

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
**42 USD 1396(a)(13) and 42 CFR 440.130(c),**

7. FEDERAL BUDGET IMPACT:  
FFY 2013 \$19,968,375  
FFY 2014 \$99,052,625

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Limitations on Attachment 3.1-A Page 18b  
Limitations on Attachment 3.1-A Page 18c  
Limitations on Attachment 3.1-A Page 18d  
Limitations on Attachment 3.1-B Page 18b  
Limitations on Attachment 3.1-B Page 18c  
~~Limitations on Attachment 3.1-B Page 18d~~  
Attachment 4.19-B, page 74

**Supplement 6 to  
Attachment 3.1-A, p. 1**

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 4.19-B, page 74

10. SUBJECT OF AMENDMENT:  
Behavioral Health Treatment (BHT) Services

11. 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.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

**Toby Douglas**

14. TITLE:

**Director**

15. DATE SUBMITTED:

**9/30/14**

16. RETURN TO:

Department of Health Care Services  
Attn: State Plan Coordinator  
1501 Capitol Avenue, MS 4506  
P.O. Box 997417  
Sacramento, CA 95899-7417

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
**September 30, 2014**

18. DATE APPROVED:  
**January 21, 2016**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**July 7, 2014**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:  
**Henrietta Sam-Louie**

22. TITLE: Acting Associate Regional Administrator,  
Division of Medicaid & Children's Health Operations

23. REMARKS:

Box 4: Pen & ink correction to effective date made by CMS on 1/13/16 per email.

Box 6: Pen & ink updates made by CMS on 1/13/16 per email.

Box 8: Pen & ink updates made by DHCS as part of response to RAI submitted on  
10/26/15. Addition of "p. 1" made by CMS on 1/13/16 per email.

# STATE PLAN CHART

TYPE OF SERVICE	PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13c Preventive services (cont.)  Behavioral Health Treatment (BHT)	<p>Covered as medically necessary services based upon a recommendation of a licensed physician and surgeon or a licensed psychologist after a diagnosis of Autism Spectrum Disorder (ASD). In accordance with 42 CFR 440.130(c), Behavioral Health Treatment (BHT) services, such as Applied Behavior Analysis (ABA) and other evidence-based behavioral intervention services, prevent or minimize the adverse effects of ASD and promote, to the maximum extent practicable, the functioning of a beneficiary. Services that treat or address ASD under this state plan are available only for the following beneficiaries: infants, children and adolescents under 21 years of age. Services that treat or address ASD will be provided to all children who meet the medical necessity criteria for receipt of the service(s).</p> <p>The Comprehensive Diagnostic Evaluation (CDE) is covered under the Physician Services or Other Licensed Practitioner benefit categories, as applicable, for covered Medi-Cal eligible beneficiaries under 21 years of age. For individuals under 3 years of age, a rule out or provisional diagnosis is acceptable to receive BHT services. The CDE must be performed before an individual over the age of 3 receives treatment services.</p> <p>Services include:</p> <ul style="list-style-type: none"> <li>• Behavioral-Analytic Assessment and development of behavioral treatment plan; and</li> <li>• BHT intervention services are identified in the BHT Services Chart in Supplement 6 to Attachment 3.1-A Page 1.</li> </ul> <p>BHT intervention services are interventions designed to treat ASD, including a variety of behavioral interventions identified as evidence-based by nationally recognized</p>	<p>BHT intervention 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 provider. The behavioral treatment plan shall be reviewed no less than once every six months by a qualified autism service provider. Services identified in the behavioral treatment plan may be modified and must be prior authorized.</p> <p>Additional service authorization must be received to continue the service. Services provided without prior authorization shall not be considered for payment or reimbursement except in the case of retroactive Medi-Cal eligibility.</p> <p>Services must be provided, observed and directed under an approved behavioral treatment plan developed by a qualified autism service provider, as described in the BHT Services Chart in Supplement 6 to Attachment 3.1-A Page 1.</p> <p>The behavioral health treatment plan is not used for purposes of providing or coordinating respite, day care, or educational services. No reimbursement is available for respite, day care or educational services. No reimbursement is available to a parent or caregiver of an individual receiving BHT for costs associated with their participation under the treatment plan.</p> <p>BHT services may be provided by one of the following:</p> <p>Qualified Autism Service Provider (see BHT Services Chart in Supplement 6 to Attachment 3.1-A Page 1)</p>

\* Prior authorization is not required for emergency service.

\*\*Coverage is limited to medically necessary services

STATE PLAN CHART

TYPE OF SERVICE		PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13c	Preventive services (cont.) BHT (cont.)	research reviews and/or other nationally recognized scientific and clinical evidence and are designed to be delivered primarily in the home and in other community settings.	Qualified Autism Service Professional (see BHT Services Chart in Supplement 6 to Attachment 3.1-A Page 1)  Qualified Autism Service Paraprofessional (see BHT Services Chart in Supplement 6 to Attachment 3.1-A Page 1)

\* Prior authorization is not required for emergency service.

\*\*Coverage is limited to medically necessary services

TN No. 14-026

Supersedes

TN No. NONE

Approval Date: January 21, 2016

Effective Date: 7/7/2014

## STATE PLAN CHART

TYPE OF SERVICE	PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
<p>13c Preventive services (cont.)</p> <p>Behavioral Health Treatment (BHT)</p>	<p>Covered as medically necessary services based upon a recommendation of a licensed physician and surgeon or a licensed psychologist after a diagnosis of Autism Spectrum Disorder (ASD). In accordance with 42 CFR 440.130(c), Behavioral Health Treatment (BHT) services, such as Applied Behavior Analysis (ABA) and other evidence-based behavioral intervention services, prevent or minimize the adverse effects of ASD and promote, to the maximum extent practicable, the functioning of a beneficiary. Services that treat or address ASD under this state plan are available only for the following beneficiaries: infants, children and adolescents under 21 years of age. Services that treat or address ASD will be provided to all children who meet the medical necessity criteria for receipt of the service(s).</p> <p>The Comprehensive Diagnostic Evaluation (CDE) is covered under the Physician Services or Other Licensed Practitioner benefit categories, as applicable, for covered Medi-Cal eligible beneficiaries under 21 years of age. For individuals under 3 years of age, a rule out or provisional diagnosis is acceptable to receive BHT services. The CDE must be performed before an individual over the age of 3 receives treatment services.</p> <p>Services include:</p> <ul style="list-style-type: none"> <li>• Behavioral-Analytic Assessment and development of behavioral treatment plan; and</li> <li>• BHT intervention services are identified in the BHT Services Chart in Supplement 6 to Attachment 3.1-A Page 1.</li> </ul> <p>BHT intervention services are interventions designed to treat ASD, including a variety of behavioral interventions identified as evidence-based by nationally recognized</p>	<p>BHT intervention 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 provider. The behavioral treatment plan shall be reviewed no less than once every six months by a qualified autism service provider. Services identified in the behavioral treatment plan may be modified and must be prior authorized.</p> <p>Additional service authorization must be received to continue the service. Services provided without prior authorization shall not be considered for payment or reimbursement except in the case of retroactive Medi-Cal eligibility.</p> <p>Services must be provided, observed and directed under an approved behavioral treatment plan developed by a qualified autism service provider, as described in the BHT Services Chart in Supplement 6 to Attachment 3.1-A Page 1.</p> <p>The behavioral health treatment plan is not used for purposes of providing or coordinating respite, day care, or educational services. No reimbursement is available for respite, day care or educational services. No reimbursement is available to a parent or caregiver of an individual receiving BHT for costs associated with their participation under the treatment plan.</p> <p>BHT services may be provided by one of the following:</p> <p>Qualified Autism Service Provider (see BHT Services Chart in Supplement 6 to Attachment 3.1-A Page 1)</p>

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# STATE PLAN CHART

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\*\*Coverage is limited to medically necessary services

TN No. 14-026

Supersedes

TN No. NONE

Approval Date: January 21, 2016

Effective Date: 7/7/2014



Provider Type	Provider Qualifications	Behavioral-Analytic Assessment	Behavioral Treatment Plan Development and Modification	BHT Services	Observation and Direction
		A developmentally appropriate functional assessment must identify strengths and weaknesses across domains. The data from such assessment should be the basis for developing the individualized treatment plan. An assessment typically utilizes data obtained from multiple methods and multiple informants, such as: direct observation and measurement of behavior, file review and administration of a variety of behavior scales or other assessments as appropriate, interviews with the client, caregivers and other professionals.	Individualized treatment plan that utilizes evidence-based interventions with measurable goals over a specific timeline. The treatment plan includes a description of patient information, reason for referral, brief background information (demographics, living situation, home/school/work information), clinical interview, review of recent assessment/reports, assessment procedures and results, focused treatment (to address a specific problem) or comprehensive treatment (to address multiple affected developmental domains), parent/caregiver training, numbers of hours requested, coordination of care, transition plan, discharge planning and crisis planning and each goal must include the current level (baseline, behavior parent/caregiver is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria (the objective or goal)), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, modified (include explanation). The treatment plan shall be reviewed once every six months and modified when appropriate.	Behavioral interventions, cognitive behavioral intervention package, comprehensive behavioral treatment for young children, language training (production), modeling, natural teaching strategies, parent/guardian training for individual or groups for the direct benefit of the child, peer training package, pivotal response training, schedules, scripting, self-management, social skills package, story-based intervention <sup>1</sup> , and coordination of care.	Observe and direct the delivery of Behavioral Health Treatment (BHT) services by qualified autism service professionals and qualified autism service paraprofessionals. Observation and direction is for the direct benefit of the child and provides real time response to the intervention. This is necessary to ensure the delivery of BHT that is consistent with the goals and objectives outlined in the BHT plan to ensure that the child is making progress and responding appropriately to BHT. The recommended frequency is described in the treatment plan and prior authorized.
Qualified Autism Service Provider <sup>2</sup>	Board Certified Behavior Analyst (BCBA) <sup>A</sup>	X	X	X	X
	Licensed Practitioner <sup>B</sup>	X	X	X	X
Qualified Autism Service Professional <sup>3</sup>	Associate Behavioral Analyst <sup>4</sup>	X		X	
	Behavior Analyst <sup>5</sup>	X	X	X	X
	Behavior Management Assistant <sup>6</sup>	X		X	
	Behavior Management Consultant <sup>7</sup>	X	X	X	X
Qualified Autism Service Paraprofessional <sup>8</sup>	Paraprofessional			X	

<sup>1</sup> Findings and Conclusions: National Standards Project, Phase 2 Addressing the Need for Evidence-Based Practice Guidelines for Autism Spectrum Disorder

<sup>2</sup> A qualified autism service provider means either of the following:

<sup>A</sup> A person, entity, or group that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person, entity, or group that is nationally certified.

<sup>B</sup> 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 pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

<sup>3</sup> An individual who meets all of the following criteria: Provides behavioral health treatment, is employed and supervised by a qualified autism service provider, provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider, is a behavioral service provider approved as a vendor by a California regional center to provide services as an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant or Behavior Management Program.

<sup>4</sup> A regional center shall classify a vendor as an Associate Behavior Analyst if the vendor assesses the function of a behavior of a consumer and designs, implements, and evaluates instructional and environmental modifications to produce socially significant improvements in the consumer's behavior through skill acquisition and the reduction of behavior, under direct supervision of a Behavior Analyst or Behavior Management Consultant. Associate Behavior Analysts engage in descriptive functional assessments to identify environmental factors of which behavior is a function. Associate Behavior Analysts shall not practice psychology, as defined in Business and Professions Code Section 2903. A regional center shall classify a vendor as an Associate Behavior Analyst if an individual is recognized by a National Behavior Analyst Certification Board as a Board Certified Associate Behavior Analyst.

<sup>5</sup> Behavior Analyst means an individual who assesses the function of a behavior of a consumer and designs, implements, and evaluates instructional and environmental modifications to produce socially significant improvements in the consumer's behavior through skill acquisition and the reduction of behavior. Behavior Analysts engage in functional assessments or functional analyses to identify environmental factors of which behavior is a function. A Behavior Analyst shall not practice psychology, as defined in Business and Professions Code section 2903. A regional center shall classify a vendor as a Behavior Analyst if an individual is recognized by the national Behavior Analyst Certification Board as a Board Certified Behavior Analyst.

<sup>6</sup> A regional center shall classify a vendor as a behavior management assistant if the vendor designs and/or implements behavior modification intervention services under the direct supervision of a behavior management consultant; or if the vendor assesses the function of a behavior of a consumer and designs, implements, and evaluates instructional and environmental modifications to produce socially significant improvements in the consumer's behavior through skill acquisition and the reduction of behavior, under direct supervision of a Behavior Analyst or Behavior Management Consultant, 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 assistant of a psychologist by the Medical Board of California or Psychology Examining Board; or as an Associate Licensed Clinical Social Worker pursuant to Business and Professions Code, Section 4996.18 et. seq.

<sup>7</sup> A regional center shall classify a vendor as a behavior management consultant if the vendor designs and/or implements behavior modification intervention services and meets the following requirements:

- Individuals vendored as a behavior management consultant on, or after, January 1, 2007, shall prior to being vendored, have completed twelve semester units in ABA and possess a license and experience as specified below:
- Possesses a valid license as a psychologist from the Medical Board of California or Psychology Examining Board; or
- Is a Licensed Clinical Social Worker pursuant to Business and Professions Code, Sections 4996 et. seq.; or
- Is a Licensed Marriage and Family Therapist pursuant to Business and Professions Code, Sections 4980 et. seq.; or
- Is any other licensed professional whose California licensure permits the design and/or implementation of behavior modification intervention services.
- Have two years experience designing and implementing behavior modification intervention services.

<sup>8</sup> An unlicensed and uncertified individual who meets all the following criteria: Is employed and supervised by a qualified autism service provider, provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider, meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the Welfare and Institutions Code, has adequate education, training and experience, as certified by a qualified autism service provider.



State Plan Under Title XIX of the Social Security Act  
STATE/TERRITORY: CALIFORNIA

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**REIMBURSEMENT METHODOLOGY FOR HABILITATION, PREVENTIVE SERVICES  
(BEHAVIORAL HEALTH TREATMENT\*) AND BEHAVIORAL INTERVENTION SERVICES**

This service is comprised of the following two subcomponents:

**A. Non-Facility Based Behavior Intervention Services:** Providers and services in this subcategory are Behavior Analysts, Associate Behavior Analysts, Behavior Management Assistants, Behavior Management Intervention Training, Parent Support Services, Individual/Family Training Providers, Family Counselors, and Behavioral Technicians, Educational Psychologists, Clinical Social Workers, and Professional Clinical Counselors. There are two rate setting methodologies to determine the hourly rates for all providers in this subcategory (except psychiatrists, physicians and surgeons, physical therapists, occupational therapists, psychologists, Marriage and Family Therapists (MFT), speech pathologists, and audiologists - see DHCS Fee Schedule below).

**1) Usual and Customary Rate Methodology** – As described on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

**2) Median Rate Methodology** – As described on page 70, above.

**3) DHCS Fee Schedules** – As described on page 70, above. The fee schedule, effective October 15, 2015 can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)

**B. Crisis Intervention Facility** - The following two methodologies apply to determine the daily rates for these providers;

**1) Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate; then rates are set using #2 below.

**2) Median Rate Methodology** - As described on page 70, above.

**REIMBURSEMENT METHODOLOGY FOR RESPITE CARE**

There are five rate setting methodologies for Respite Services. The applicable methodology is based on whether the service is provided by an agency, individual provider or facility, type of facility, and service design.

**1) Rates Set Pursuant to a Cost Statement Methodology** - As described on page 69, above. This methodology is used to determine the hourly rate for In-home Respite Agencies. The rate schedule,

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\* Please refer to Item 13(c) and Supplement 6 to Attachment 3.1-A, page 1, of the State Plan Amendment