

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 22-0014

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

March 24, 2023

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

Re: California State Plan Amendment (SPA) 22-0014

Dear Ms. Cooper:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0014. This amendment proposes to update the definition of a visit to include telehealth services in Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal Health programs and adds associate marriage and family therapists (AMFTs) and associate clinical social workers (ACSWs) in FQHCs and RHCs.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations at 1905(a)(2)(B) and 1905(a)(2)(C). This letter is to inform you that California Medicaid SPA 22-0014 was approved on March 24, 2023, with an effective date of March 14, 2023.

If you have any questions, please contact Cheryl Young at 415-744-3598 or via email at Cheryl.Young@cms.hhs.gov

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by
James G. Scott -S
Date: 2023.03.24
14:36:33 -05'00'

James G. Scott, Director
Division of Program Operations

cc: Rene Mollow, California Department of Health Care Services (DHCS)
Lindy Harrington, DHCS
Corinne Chavez, DHCS
Jim Elliott, DHCS
Angeli Lee, DHCS
Farrah Samimi

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

1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 4</u>	2. STATE <u>CA</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <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
March 14, 2023
January 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
~~Sections 1905(a)(2)(b), 1905(a)(2)(e) and 1902(bb)~~ of the Social Security Act
1905(a)(2)(B) & 1905(a)(2)(C)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY <u>2022</u> ²⁰²³	\$ <u>0</u>
b. FFY <u>2023</u> ²⁰²⁴	\$ <u>0</u>

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 4.19 B, Pages 6A.5 and 6B.1
Supplement 6 to Attachment 4.19-B, Pages 1, 2d, 4-5
Limitations on Attachment 3.1-A, Pages 3b, 3d.1
Limitations on Attachment 3.1-B, Pages 3b, 3d.1

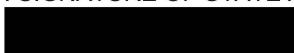
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 4.19 B, page 6B.1
Attachment 4.19-B, Supplement 6, page 1
Limitations on Attachment 3.1-A, pages 3b
Limitations on Attachment 3.1-B, pages 3b

9. SUBJECT OF AMENDMENT
in FQHCs, RHCs, and Tribal Health programs
Updates the definition of a visit to include telehealth services and adds associate marriage and family therapists (AMFT) and associate clinic social workers (ASW) in FQHCs, RHCs, and Tribal Health Programs; and adds fee-for-service reimbursement for virtual visits in FQHCs, RHCs, and Tribal Health Programs.

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. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
December 28, 2022

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
December 28, 2022

17. DATE APPROVED
March 24, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
March 14, 2023

19. SIGNATURE OF APPROVING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2023.03.24 14:37:16 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS
Box 4: CMS pen and ink to update effective date per public notice issued on 3/13/23 and CA email dated 3/14/23.
Box 6: CMS pen and ink change to update federal fiscal years.
Boxes 7 & 8: CMS pen and ink change to add rescission page and remove original SPA pages.
Box 9: CMS pen and ink to update SPA description.
Box 22: CMS made the pen and ink notations in Boxes 4, 6, 7 & 9 to split SPA per emails with CA DHCS dated 3/9/23, DHCS written response dated 3/15/23 and email dated 3/16/23.

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization Other Requirements
<p>2c. and 2d. Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued)</p>	<p>9. Licensed acupuncturist who is authorized to provide acupuncture services by the State and who is acting within the scope of his/her license.</p> <p>10. Licensed marriage and family therapist who is authorized to provide marriage and family therapist services by the State and who is acting within the scope of his/her license.</p> <p>11. Associate Marriage and Family Therapist (AMFT) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Psychologist, or a Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>12. Associate Clinical Social Worker (ASW) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Clinical Psychologist, Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</p> <p>The following services are limited to a maximum of two services in any one calendar month or any combination of two services per month, although additional services can be provided based on medical necessity: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy.</p>	<p>a) A supervisor is identified by the Board of Behavioral Sciences requirements.</p> <p>b) The supervisor is a licensed practitioner and must meet the supervision requirements by the BBS.</p>
<p>*Prior authorization is not required for emergency services. **Coverage is limited to medically necessary services.</p>		

TN No. 22-0014
Supersedes
TN No. 19-0046

Approval Date: March 24, 2023

Effective Date: Ma

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization Other Requirements
<p>2c. and 2d. Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued)</p>	<p>11. Associate Marriage and Family Therapist (AMFT) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Psychologist, or a Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>12. Associate Clinical Social Worker (ACSW) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Clinical Psychologist, Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</p>	<p>a) A supervisor is identified by Behavioral Science (BBS) requirements b) The supervisor is a licensed professional and must comply with supervisory requirements established by the Board of Behavioral Sciences</p>
<p>*Prior authorization is not required for emergency services. **Coverage is limited to medically necessary services.</p>		

TN No. 22-0014
 Supersedes
 TN No. None

Approval Date: March 24, 2023

Effective Date:

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization Other Requirements
<p>2b Rural Health Clinic services and other ambulatory services covered under the state plan (continued)</p>	<p>9. Licensed acupuncturist who is authorized to provide acupuncture services by the State and who is acting within the scope of his/her license.</p> <p>10. Licensed marriage and family therapist who is authorized to provide marriage and family therapist services by the State and who is acting within the scope of his/her license.</p> <p>11. Associate Marriage and Family Therapist (AMFT) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Psychologist, or a Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>12. Associate Clinical Social Worker (ASW) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Clinical Psychologist, Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</p> <p>The following services are limited to a maximum of two services in any one calendar month or any combination of two services per month, although additional services can be provided based on medical necessity: acupuncture, audiology, chiropractic, occupational therapy, and speech therapy.</p>	<p>a) A supervisor is identified by the California Board of Behavioral Sciences and meets the requirements.</p> <p>b) The supervisor is a licensed practitioner and must complete the supervision requirements by the BBS.</p>
<p>*Prior authorization is not required for emergency services. **Coverage is limited to medically necessary services.</p>		

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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization Other Requirements
<p>2c. and 2d. Federally Qualified Health Center (FQHC) services and other ambulatory services covered under the state plan (continued)</p>	<p>11. Associate Marriage and Family Therapist (AMFT) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, Licensed Psychologist, or a Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>12. Associate Clinical Social Worker (ACSW) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Clinical Psychologist, Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</p>	<p>a) A supervisor is identified by Behavioral Science (BBS) req b) The supervisor is a licensed and must comply with supervi requirements established by th</p>
<p>*Prior authorization is not required for emergency services. **Coverage is limited to medically necessary services.</p>		

TN No. 22-0014
Supersedes
TN No. None

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Effective Date:

- (b) Optional services that are furnished by an FQHC and RHC within the scope of subparagraph C.l(a), or any other provision of this State Plan, are covered only to the extent that they are identified in the State Plan segments titled, "Limitations on Attachment 3.1-A" and "Limitations on Attachment 3.1-B" on pages 3 through 3e, effective July 1, 2016.
2. Effective March 14, 2023, a "visit" for purposes of reimbursing FQHC or RHC services includes any of the following:
- (a) A face-to-face encounter or an interaction using synchronous audio-only or asynchronous modality, between an FQHC or RHC patient and a physician, a resident in a Teaching Health Center Graduate Medical Education Program under the supervision of a teaching physician (effective 04/01/2018), an Associate Clinical Social Worker or Associate Clinical Marriage and Family Therapist under the supervision of a billable behavioral practitioner accredited by the Behavioral Sciences Board, physician assistant, nurse practitioner, acupuncturist, certified nurse

TN No. 22-0014

Supersedes

TN No. 18-0032

Approval Date: March 24, 2023

Effective Date: March 14, 2023

REIMBURSEMENT FOR INDIAN HEALTH SERVICES
AND TRIBAL 638 HEALTH FACILITIES

California will reimburse federally recognized tribal "638" facilities in accordance with the most recent rate published in the Federal Register.

1. IHS/Tribal 638 facilities are reimbursed at the all-inclusive rate for each encounter.
2. An IHS clinic encounter is defined as:
 - A. A face-to-face encounter provided in the tribal facility between a tribal patient and the health professional (as specified on page 2) of the clinic or the center;
 - B. A synchronous audio-only or asynchronous modality encounter which takes place between a tribal patient and the health professional (as specified on page 2) of the clinic or center.
3. The IHS MOA clinics may bill for up to three visits a day for one patient, if one is a medical visit, one is an ambulatory visit (as defined in Item D, page 2 of this Supplement), and one is a mental health visit.
4. Encounters with the health professionals listed on page 2 may be billed under the IHS all-inclusive rate.