

Table of Contents

State/Territory Name: California

State Plan Amendment (SPA) #: 24-0015

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

May 20, 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) – 24-0015

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0015. This amendment proposes to add services provided by Associate Professional Clinical Counselors, under the supervision of a licensed billable practitioner, to the list of covered services for Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Tribal FQHCs.

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)(2)(B) and 1905(a)(2)(C) of the Act. This letter informs you that California's Medicaid SPA TN 24-0015 was approved on May 20, 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.

Sincerely,

A black rectangular box redacts the signature of James G. Scott. A blue ink scribble is visible below the redaction box.

Digitally signed by James
G. Scott -S
Date: 2024.05.20 11:20:18
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Lindy Harrington, California Department of Health Care Services (DHCS)
Rene Mollow, DHCS
Michael Freeman, DHCS
Erica Holmes, DHCS
Jim Elliott, 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 <u>2 4 — 0 0 1 5</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
April 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION ^{^1905(a)}
~~Benefits Improvement and Protection Act of 2000; Sections 1905(a)(2)(B) & 1905(a)(2)(C) of the Social Security Act~~

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Limitation on Attachment 3.1-A pages 3b, 3b.1 (new), 3d.1, and 3d.2 (new)
Limitation on Attachment 3.1-B Pages 3b, 3b.1 (new), 3d.1, and 3d.2 (new)
Attachment 4.19-B, page 6B.1

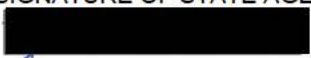
8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Limitation on Attachment 3.1-A Pages 3b and 3d.1
Limitation on Attachment 3.1-B Pages 3b and 3d.1
Attachment 4.19-B, page 6B.1

9. SUBJECT OF AMENDMENT
Adding Associate Professional Clinical Counselor services for FQHCs, RHCs, & Tribal FQHCs

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
Tyler Sadwith

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
March 27, 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
March 27, 2024

17. DATE APPROVED
May 20, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 2024

19. SIGNING OFFICIAL

Digitally signed by James G. Scott -S
Date: 2024.05.20 11:21:22 -05'00'

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 a pen and ink change to correct the statutory citation per state's permission dated 4/25/24 in response to CMS's informal comments. CMS made a separate pen and ink change to remove the BIPA reference per the state's permission in email dated 5/3/24.

STATE PLAN CHART

| Type of Service | Program Coverage** | Prior Authorization or Other Requirements* |
|--|--|--|
| <p>2b. Rural Health Clinic (RHC) 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, Clinical 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, Clinical Psychologist, Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</p> <p>13. Licensed Professional Clinical Counselor (LPCC) who is authorized to provide professional clinical counseling services by the State and who is acting within the scope of their license.</p> <p>14. Associate Professional Clinical Counselor (APCC) who is registered with the California Board of Behavioral Sciences and is supervised by a Licensed Professional Clinical Counselor, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Clinical Psychologist, or a Licensed Physician certified in Psychiatry by the American Board of Psychiatry and Neurology.</p> | <p>a) An AMFT, ASW, APCC supervisor is identified by the Board of Behavioral Science (BBS) requirements.</p> <p>b) The AMFT, ASW, APCC supervisor is a qualified licensed practitioner and must comply with supervision requirements established by the BBS.</p> |

*Prior authorization is not required for emergency services.

**Coverage is limited to medically necessary services.

TN No. 24-0015
Supersedes
TN No. 23-0037

Approval Date: May 20, 2024

Effective Date: April 1, 2024

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- (b) Optional services that are furnished by an FQHC and RHC within the scope of subparagraph C.1 (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 April 1, 2024, 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, an Associate Clinical Social Worker, Associate Marriage and Family Therapist, or Associate Professional Clinical Counselor under the supervision of a billable behavioral practitioner accredited by the Behavioral Sciences Board, Licensed Professional Clinical Counselor, physician assistant, nurse practitioner, acupuncturist, certified nurse

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