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State/Territory Name: California

State Plan Amendment (SPA) #: 26-0033

This file contains the following documents in the order listed:

1) Approval Letter
2) 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

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

November 20, 2026

Tyler Sadwith, State Medicaid Director
Department of Health Care Services
Attn: Director's Office
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: California State Plan Amendment (SPA) 26-0033

Dear Director Sadwith:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 26-0033. This amendment proposes to make technical amendments to the behavioral health treatment 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.

We conducted our review of your submittal according to statutory requirements at Section 1905(r) of the Social Security Act and implementing regulations at 42 CFR §440.130(c). This letter informs you that California's Medicaid SPA TN 26-0033 was approved on November 20, 2026, with an effective date of July 1, 2026.

Enclosed are copies of CMS Form 179 and approved SPA pages to be incorporated into the California State Plan.

If you have any questions, please contact Nikki Lemmon at Nicole.Lemmon@cms.hhs.gov.

Sincerely,

[redacted]

Megan K. Buck
Director, Division of Program Operations

Enclosures

cc: Tyler Sadwith
Angeli Lee, DHCS
Shanna Haysbert, DHCS

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~~ 42 CFR 440.130(c); Section 1905(r) of the SSA

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
9/8/2026

17. DATE APPROVED
11/20/2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
7/1/2026

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Megan K. Buck

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

22. REMARKS

9/23/2026 State provides a P&I to delete all federal regs in box 5 and replace with 42 CFR 440.130(c) and Section 1905(r) of the Social Security Act.

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 or other clinically appropriate diagnosis. Services include: • Behavioral-Analytic Assessment and development of behavioral treatment plan. • BHT intervention services are identified in the BHT Services Chart in Supplement 6 to Attachment 3.1-A. BHT intervention services are interventions designed to treat ASD and other conditions,	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 or licensed psychologist, consistent with federal EPSDT requirements. This recommendation must be documented in the Medi-Cal member's medical records. 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. 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

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13c. Behavioral Health Treatment (BHT) (continued)	including a variety of behavioral interventions 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. 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. BHT services may be provided by one of the following: • QAS Provider (see BHT Services Chart in Supplement 6 to Attachment 3.1-A) • QAS Professional (see BHT Services Chart in Supplement 6 to Attachment 3.1-A) • QAS Paraprofessional (see BHT Services Chart in Supplement 6 to Attachment 3.1-A)

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STATE PLAN CHART

TYPE OF SERVICE	PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
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). 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. 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. DPP services are delivered by lifestyle coaches and must have completed nationally recognized training for delivery of DPP services. Lifestyle coaches may be: • Physicians • Licensed nonphysician practitioners, such as nurses, and physical therapists. • Unlicensed practitioners under the supervision of a DPP services provider or a licensed Medi-Cal practitioner.

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