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State/Territory Name: California

State Plan Amendment (SPA) #: 23-0037

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

January 22, 2024

Michelle Baass
Director and Interim 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) 23-0037

Dear Director Baass:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0037. This amendment proposes to add Licensed Professional Clinical Counselors (LPCCs) to the list of billable practitioners providing services at Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Tribal FQHCs. This SPA also makes a technical change to list "Clinical Psychologist" across certain paragraphs of the state plan in place of "Licensed Clinical Psychologist" and "Licensed Psychologist."

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that California Medicaid SPA 23-0037 was approved on January 22, 2024, with an effective date of January 1, 2024.

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 redacts the signature of James G. Scott. A blue circular mark is visible at the bottom left corner of the redacted area.

Digitally signed by James
G. Scott -S
Date: 2024.01.22 17:47:05
-06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

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

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 3 7</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
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
Benefits Improvement and Protection Act of 2000; Sections 1905(a)(2)(B) & 1095(a)(2)(C) of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 1,972,352
b. FFY 2025 \$ 2,629,803

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Limitations on Attachment 3.1-A pages 3b and 3d.1
Limitations on Attachment 3.1-B pages 3b and 3d.1
Attachment 4.19-B, page 6B.1


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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

9. SUBJECT OF AMENDMENT
Adding Licensed Professional Clinical Counselors as a billable practitioner 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
Michelle Baass

13. TITLE
Interim State Medicaid Director

14. DATE SUBMITTED
December 22, 2023

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 22, 2023	17. DATE APPROVED January 22, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.01.22 17:47:38 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or 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, 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>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 Science (BBS) requirements.</p> <p>b) The supervisor is a licensed practitioner and must comply with supervision requirements established by the BBS.</p>
<p>*Prior authorization is not required for emergency services. **Coverage is limited to medically necessary services.</p>		

TN No. 23-0037
Supersedes
TN No. 22-0014

Approval Date: January 22, 2024

Effective Date: January 1, 2024

STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or 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, 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 (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, 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>a) A supervisor is identified by the Board of Behavioral Science (BBS) requirements. b) The supervisor is a licensed practitioner and must comply with supervision requirements established 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 or 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, 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>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 Science (BBS) requirements. b) The supervisor is a licensed practitioner must comply with supervision requirements established by the BBS.</p>
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STATE PLAN CHART

Type of Service	Program Coverage**	Prior Authorization or 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, 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 (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, 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>a) A supervisor is identified by the Board of Behavioral Science (BBS) requirements. b) The supervisor is a licensed practitioner and must comply with supervision requirements established by the BBS.</p>
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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 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, Licensed Professional Clinical Counselor, physician assistant, nurse practitioner, acupuncturist, certified nurse.

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