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State/Territory Name: California

State Plan Amendment (SPA) #: 22-0024

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 2, 2022

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

Dear Ms. Cooper:

Enclosed is an approved copy of California State Plan Amendment (SPA) 21-0024, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 30, 2022. This SPA will modify the definition of a Peer Support Specialist to be aligned with the Medi-Cal Peer Support Specialist Certification Program, which requires Peer Support Specialists to be in recovery themselves or have lived experience with the process of recovery as a parent, caregiver, or family member.

The California Medicaid SPA 22-0024 was approved on May 2, 2022, with effective date of July 1, 2022. Enclosed is the following approved SPA page that should be incorporated into your approved State Plan:

- Supplement 2 to Attachment 3.1-B, page 14.b
- Supplement 3 to Attachment 3.1-A, pages 2m.2, 6m, and 6.a
- Supplement 3 to Attachment 3.1-B, pages 4m and 4.a

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: 2022.05.02 20:58:10 -05'00'

James G. Scott, Director,
Division of Program Operations

Enclosure

cc: Kelly Pfeifer, M.D., Department of Health Care Services (DHCS)
Tyler Sadwith, DHCS
Shaina Zurlin, DHCS
Aaron Toyama, DHCS
Saralyn Olson, DHCS
Angeli Lee, DHCS
Amanda Font, DHCS

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 2 4

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, 2022

5. FEDERAL STATUTE/REGULATION CITATION

Social Security Act 1905(a)(13)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2022 \$ 0
b. FFY 2023 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

- Supplement 2 to Attachment 3.1-B, page 14.b
- Supplement 3 to Attachment 3.1-A, pages 2m.2, 6m, 6.a
- Supplement 3 to Attachment 3.1-B, pages 4m, 4**~~b~~**^{4.a}

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

- Supplement 2 to Attachment 3.1-B, page 14.b
- Supplement 3 to Attachment 3.1-A, pages 2m.2, 6m, 6.a
- Supplement 3 to Attachment 3.1-B, pages 4m, 4**~~b~~**^{4.a}

9. SUBJECT OF AMENDMENT

SPA 22-0024 removes "in recovery" from the definition of a Peer Support Specialist to align with the Medi-Cal Peer Support Specialist Certification Program, which requires Peer Support Specialists to be in recovery themselves or have lived experience with the process of recovery as a parent, caregiver, or family member.

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 Signature]

12. TYPED NAME
Jacey Cooper

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
March 30, 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
March 30, 2022

17. DATE APPROVED
May 2, 2022

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
[Redacted Signature] Digitally signed by James G. Scott -S
Date: 2022.05.02 20:58:45 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

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

22. REMARKS

Boxes 7-8: CMS pen and ink change to correct page numbering per email from CA DHCS dated 4/19/22.

Provider Qualifications: A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provides services under the direction of a Behavioral Health Professional.

**Peer Support Services will be implemented and have an effective date of July 1, 2022.*

Provider Qualifications: A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provides services under the direction of a Behavioral Health Professional.

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PRACTITIONER QUALIFICATIONS

| | Expanded SUD Treatment Services | | | | | | | | | | | |
|-----------------------------|---------------------------------|----------------------|---------------------|----------------|-----------------------------------|-----------------------|---------------------|-------------------|-----------------------|-------------|-------------------|--|
| | Assessment * | Care Coordination ** | Crisis Intervention | Family Therapy | Counseling (Individual and Group) | Medical Psychotherapy | Medication Services | Patient Education | Peer Support Services | Observation | Recovery Services | Prescribing and Monitoring of MAT for AUD and Other Non-Opioid Substance Use Disorders |
| Practitioner Qualifications | C, L* | C, L | C, L | L | C, L | M | L | C, L | P | C, L | C, L | L*** |

C = Counselors

An Alcohol or other drug (AOD) counselor that is either certified or registered by an organization that is recognized by the Department of Health Care Services and accredited with the National Commission for Certifying Agencies (NCCA).

L = Licensed Practitioner of the Healing Arts

A Licensed Practitioner of the Healing Arts (LPHA) include any of the following: Physician, Nurse Practitioner (NP), Physician Assistant (PA), Registered Nurse, Registered Pharmacist, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT), and licensed-eligible practitioner working under the supervision of a licensed clinician.

M = Medical director of a Narcotic Treatment Program

The medical director of a Narcotic Treatment Program is a licensed physician in the State of California.

P = Peer Support Specialist

A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and must meet ongoing education requirements. Peer Support Specialists provide

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Notes

* The physical examination shall be conducted by an LPHA in accordance within their scope of practice and licensure. An SUD diagnosis may only be made by an LPHA.

SUBSTANCE USE DISORDER TREATMENT LEVELS OF CARE

1. Intensive Outpatient Treatment Services are provided to beneficiaries when medically necessary in a structured programming environment.

Intensive Outpatient Treatment includes the following service components:

- Assessment (as defined above)
- Individual Counseling (as defined above)
- Group Counseling (as defined above)
- Patient Education (as defined above)
- Medication Services (as defined above)
- MAT for OUD (as defined in Supplement 7 to Attachment 3.1-A)
- SUD Crisis Intervention Services (as defined above)

2. Narcotic Treatment Program is an outpatient program that provides FDA-drugs approved to treat SUDs when ordered by a physician as medically necessary. NTPs are required to offer and prescribe medications including methadone, buprenorphine, naloxone and disulfiram. NTPs shall offer adequate counseling services to each beneficiary as clinically necessary.

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