



MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

December 28, 2022

*THIS LETTER SENT VIA EMAIL*

Mr. James G. Scott, Director  
Division of Program Operations  
Medicaid and CHIP Operations Group  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 0300  
Kansas City, MO 64106-2898

STATE PLAN AMENDMENT 22-0014: DEFINITION EXPANSION OF A HEALTH CARE “VISIT” AT FEDERALLY QUALIFIED HEALTH CENTERS, RURAL HEALTH CLINICS, AND TRIBAL HEALTH PROGRAMS AND REIMBURSEMENT AUTHORIZATION FOR BRIEF VIRTUAL COMMUNICATIONS

Dear Mr. Scott:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 22-0014 for your review and approval. This SPA proposes to permanently continue flexibilities in delivering Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), and Tribal Health Program (THP) services that were initiated during the COVID-19 Public Health Emergency (PHE). Specifically, the SPA will permanently add the services by Associate Clinical Social Workers (ASW) and Associate Marriage Family Therapists (AMFT) as a billable visit, and include services delivered via synchronous (audio-only) interaction for FQHCs, RHCs and THPs, and add asynchronous store and forward in the definition of a “visit” for FQHCs and RHCs. Additionally, SPA 22-0014 proposes to allow FQHCs, RHCs, and THPs to continue to be reimbursed on a fee-for-service basis for brief virtual communications to assess beneficiaries to determine if a visit is warranted. DHCS seeks an effective date of January 1, 2023 for this SPA.

Medi-Cal services provided at FQHCs, RHCs, and THPs are paid on a "per visit" basis. Currently, the State Plan defines a “visit” as a face-to-face encounter between a patient of a FQHC, RHC, THP and a qualified health care professional. The definition of a health care “visit” at FQHCs, RHCs, and THPs currently does not include ASW or AMFT services as a billable visit or allow an encounter delivered via synchronous (audio-only) interaction or asynchronous store and forward. Additionally, FQHCs, RHCs Tribal FQHCs, and THPs currently do not have authority to be reimbursed for brief virtual

communications apart from the PHE flexibilities. Since this SPA will continue existing services, DHCS does not anticipate a federal fiscal impact.

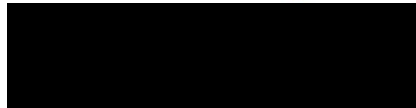
This SPA adds or amends the following pages:

- Attachment 4.19-B, Pages 6AA5 and 6B.1
- Supplement 6 Attachment 4.19-B, Pages 1, 2d, 4.5
- Limitations on Attachment 3.1-A Pages 3b and 3d.1
- Limitations on Attachment 3.1-B, Pages 3b and 3d.1

Indian Health Programs and Urban Indian Organizations were notified by means of a Tribal and Designees of Indian Health Program Notice, detailing the provisions of the proposed SPA on November 22, 2022, and DHCS held a tribal webinar on November 29, 2022. A copy of the notice is also enclosed. DHCS has not received any comments as of December 2, 2022. DHCS will post any comments and responses on the DHCS Tribal Notifications webpage. DHCS does not propose any statewide changes to the methods and standards of setting payment rates; consequently, no public notice was issued.

If you have any questions, please contact Lisa Murawski, Chief, Benefits Division, at (916) 345-8240 or by e-mail at [Lisa.Murawski@dhcs.ca.gov](mailto:Lisa.Murawski@dhcs.ca.gov).

Sincerely,



Jacey Cooper  
State Medicaid Director  
Chief Deputy Director  
Health Care Programs

Enclosures

cc: Ms. Rene Mollow, MSN, RN  
Deputy Director  
Health Care Benefits and Eligibility  
Department of Health Care Services  
[Rene.Mollow@dhcs.ca.gov](mailto:Rene.Mollow@dhcs.ca.gov)

Ms. Lisa Murawski, Chief  
Benefits Division  
Department of Health Care Services  
[Lisa.Murawski@dhcs.ca.gov](mailto:Lisa.Murawski@dhcs.ca.gov)

Ms. Saralyn M. Ang-Olson, JD, MPP  
Chief Compliance Officer  
Office of Compliance  
Department of Health Care Services  
[Saralyn.Ang-Olson@dhcs.ca.gov](mailto:Saralyn.Ang-Olson@dhcs.ca.gov)

Mr. Aaron Toyama  
Senior Advisor  
Health Care Programs  
Department of Health Care Services  
[Aaron.Toyama@dhcs.ca.gov](mailto:Aaron.Toyama@dhcs.ca.gov)

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

1. TRANSMITTAL NUMBER

2. STATE

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

5. FEDERAL STATUTE/REGULATION CITATION

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_

b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

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

9. SUBJECT OF AMENDMENT

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]

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED  
December 28, 2022

**FOR CMS USE ONLY**

16. DATE RECEIVED

17. DATE APPROVED

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

21. TITLE OF APPROVING OFFICIAL

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: California

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</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>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 Science (BBS) requirements.</p> <p>b) The supervisor is a licensed practitioner and must comply with supervision requirements established by the BBS.</p> <p>c) The services delivered by ASW or AMFT are billed under the licensed billable behavioral practitioner.</p>
<p>*Prior authorization is not required for emergency services.                  **Coverage is limited to medically necessary services.</p>		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
 STATE: California

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, Licensed Psychologist, or a Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>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 the Board of Behavioral Science (BBS) requirements.                      b) The supervisor is a licensed practitioner and must comply with supervision requirements established by the BBS.                      c) The services delivered by ACSW or AMFT are billed under the licensed billable behavioral practitioner.</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: \_\_\_\_\_ Effective Date: Day after the PHE Ends

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: California

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</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>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 Science (BBS) requirements.</p> <p>b) The supervisor is a licensed practitioner must comply with supervision requirements established by the BBS.</p> <p>c) The services delivered by ASW or AMFT are billed under the licensed billable behavioral practitioner.</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: \_\_\_\_\_

Effective Date: January 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: California

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, Licensed Psychologist, or a Licensed Physician and Surgeon certified in psychiatry by the American Board of Psychiatry and Neurology.</p> <p>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>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. c) The services delivered by ASW or AMFT are billed under the licensed billable behavioral practitioner.</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: \_\_\_\_\_

Effective Date: January 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: California

A1. ALTERNATIVE PAYMENT METHODOLOGY (APM) for payments to Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) for virtual communication.

- a. APM Reimbursement:
  - i. For a virtual communication described as a brief interaction that does not meet the criteria of a face-to-face visit and is to determine that a face-to-face visit is not necessary.
  - ii. The medical discussion will be reimbursed with HCPCS code G0071 at 80% of the Medicare reimbursement rate.
  - iii. When the medical discussion is part of a billable FQHC/RHC visit, per Attachment 4.19-B, the encounter is reimbursed under the existing PPS and no supplemental payment will be made. The FQHC or RHC provider must agree to receive the APM and the APM will not be less than the PPS rate. The virtual communication supplemental payment will be separate from PPS reimbursement.
  
- b. APM Term:
  - i. Dates of service begin one day after the COVID-19 Public Health Emergency (PHE) ends.
  
- c. Excluded Services:
  - i. Visits eligible for PPS reimbursement are not eligible for this APM.
  - ii. Virtual communication services that are reimbursable by a Medi-Cal managed care plan are not eligible for this APM.
  
- d. Billing Requirements:
  - i. To bill the APM for a virtual communication all the above criteria must be met and the HCPCS Code G0071 must be used, and the provider will be reimbursed the corresponding supplemental payment amount for that code.



- (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. A "visit" for purposes of reimbursing FQHC or RHC services includes any of the following:
- (a) A face-to-face encounter or
  - (b) An interaction using synchronous audio-only or asynchronous store and forward, if all applicable requirements for a medical visit are met, regardless of location, and the modality meets the applicable standard of care, 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 the day after the COVID-19 Public Health Emergency (PHE) ends), 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

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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. An audio-only encounter which takes place between a tribal patient and the health professional (as specified on page 2) of the clinic or center when the service meets all of the associated requirements of a face-to-face visit except the physical presence of the tribal patient.
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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: California

A1. SUPPLEMENTAL PAYMENT to Indian Health Services Memorandum of Agreement 638 Clinic for virtual communication.

- a. Supplemental Reimbursement:
  - ii. For a virtual communication identified as a brief interaction that does not meet the criteria of a face-to-face visit and is to determine that a face-to-face visit is not necessary.
  - iii. The medical discussion will be reimbursed with HCPCS code G0071 at 80% of the Medicare reimbursement rate.
  - iv. When the medical discussion is part of an otherwise billable IHS-MOA encounter per Attachment 4.19-B Supplement 6, no supplemental payment will be made. The IHS-MOA provider must agree to receive the supplemental payment, and the supplemental payment will not be less than the All-Inclusive Rate (AIR). The virtual communication supplemental payment will be separate from AIR reimbursement.
- b. Term:
  - i. Dates of service begin the day after the COVID-19 Public Health Emergency (PHE) ends.
- c. Excluded Services:
  - i. Visits eligible for AIR reimbursement are not eligible for this supplemental payment
  - ii. Virtual communication services that are reimbursable by a Medi-Cal managed care plan are not eligible for this supplemental payment.
- d. Billing Requirements:
  - i. To bill the supplemental payment for virtual communication all the above criteria must be met, and the IHS-MOA provider must use the HCPCS Code G0071. The provider will be reimbursed the corresponding supplemental payment amount for that code.

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TN: 22-0014

Supersedes

TN: None

Approval Date: \_\_\_\_\_

Effective Date: January 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
STATE: California

A1. ALTERNATIVE PAYMENT METHODOLOGY (APM) for payments to Tribal Federally Qualified Health Center virtual communication.

- a. Supplemental Reimbursement
  - i. For a virtual communication identified as a brief interaction that does not meet the criteria of a face-to-face visit and is to determine that a face-to-face visit is not necessary.
  - ii. The medical discussion will be reimbursed with HCPCS code G0071 at 80% of the Medicare reimbursement rate.
  - iii. When the medical discussion is part of an otherwise billable Tribal FQHC encounter per Attachment 4.19-B Supplement 6, no APM payment will be made. The Tribal FQHC provider must agree to receive the APM, and the APM will not be less than the PPS rate. The virtual communication supplemental payment will be separate from All Inclusive Rate (AIR) reimbursement.
  
- b. APM Term:
  - i. Dates of service from January 1, 2023
  
- c. Excluded Services:
  - i. Visits eligible for All-Inclusive Rate (AIR) reimbursement are not eligible for this supplemental payment
  - ii. Virtual communication services that are reimbursable by a Medi-Cal managed care plan are not eligible for this APM payment.
  
- d. Billing Requirements:
  - i. To bill the supplemental payment for virtual communication all the above criteria must be met, and the IHS-MOA provider must use the HCPCS Code G0071. The provider will be reimbursed the corresponding supplemental payment amount for that code.