DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 90 Seventh Street, Suite 5-300 (5W) San Francisco, CA 94103-6706



Regional Operations Group

June 10, 2019

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

Dear Ms. Cantwell:

Enclosed is an approved copy of California State Plan Amendment (SPA) 19-0007, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 28, 2019. SPA 19-0007 adds licensed professional clinical counselors and associate professional clinical counselors as providers of Medi-Cal psychology services. SPA 19-0007 also updates the title of marriage and family therapist intern to associate marriage and family therapist in order to be consistent with the Board of Behavioral Sciences implementation of this change in title, as required by California Senate Bill 1478 (Leyva, Chapter 489, Statutes of 2016).

The effective date of this SPA is January 1, 2019. Enclosed are the following approved SPA pages that should be incorporated into your approved state plan:

- Limitations to Attachment 3.1-A, page 11a
- Limitations to Attachment 3.1-B, page 11a
- Supplement 6 to Attachment 4.19-B, page 2

If you have any questions, please contact Cheryl Young at 415-744-3568 or via email at Cheryl Young@cms.hhs.gov.

Sincerely,

Richard C. Allen

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Director

Centers for Medicaid and CHIP Services

Regional Operations Group

Enclosures

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cc: Rene Mollow, DHCS Cynthia Smiley, DHCS Jim Elliott, DHCS Raquel Sanchez, DHCS Angeli Lee, DHCS Amanda Font, DHCS

FORM CMS-179 (07/92)

TRANSMITTAL AND NOTICE OF ADDRESS.	1. TRANSMITTAL NUMBER	2. STATE	
TRANSMITTAL AND NOTICE OF APPROVAL O STATE PLAN MATERIAL	<u>1 9 — 0 0 07</u>	California	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	3. PROGRAM IDENTIFICATION:		
	Title XIX of the Social Securi	ty Act (Medicaid)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	, (, , , , , , , , , , , , , , , , , ,	
CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2019		
5. TYPE OF PLAN MATERIAL (Check One)			
■ NEW STATE PLAN ■ AMENDMENT TO BE CONSI	DERED AS NEW PLAN	AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMEN	IDMENT (Separate transmittal for each am	endment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT		
SSA 1905 (a)(6), 42 CFR 440.60 & 42 CFR 447, Subpart F	a. FFY <u>2019</u> \$ <u>0</u> b. FFY 2020 \$ 0		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	b. FFY 2020 \$ 0 9. PAGE NUMBER OF THE SUPERSEI	DED DI AN OFOTION	
Limitations on Attachment 3.1-A, page 11a	OR ATTACHMENT (If Applicable)	JED PLAN SECTION	
Limitations on Attachment 3.1-B, page 11a	Limitations on Attachment 3.1-A, page 11a		
Supplement 6 to Attachment 4.19-B, page 2	Limitations on Attachment 3.1		
- <u>, puge 2</u>	Supplement 6 to Attachment	4.19-B page 2	
		<u>, page 2</u>	
10. SUBJECT OF AMENDMENT			
Adding licensed professional clinical counselors and as	sociate professional clinical cour	nselors to the list of	
providers who can provide psychology services. Updating associate marriage and family therapist to be consistent	ng the title of marriage and famil	y therapist intern to	
11. GOVERNOR'S REVIEW (Check One)	t with the Board of Behavioral Sc	riences	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	OTHER, AS SPECIFIED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		G.	
12 SIGNATURE OF STATE AGENCY OFFICIAL	6. RETURN TO		
	Department of Health Care Servi	ces	
M10/	Attn: Director's Office		
11 777 7	P.O. Box 997413, MS 0000		
14. TITLE State Medicaid Director	Sacramento, CA 95899-7413		
15. DATE SUBMITTED			
March 28, 2019			
FOR REGIONAL OF			
17. DATE RECEIVED March 28, 2019	8. DATE APPROVED		
PLAN APPROVED - ONI	June 10, 2019		
	0. SIGNATURE OF REGIONAL OFFICIAL		
January 1, 2019	But C. Cee		
21. TYPED NAME			
Richard C. Allen	Director, Centers for Medicaid &	CHIP Services.	
23. REMARKS	Regional Operations G		
For Box 11 "Other, As Specified," Please note: The Gov Plan Amendment.	ernor's Office does not wish to r	eview the State	
Box 6: CA approved CMS pen and ink change in informal responses se	nd on 5/15/19.		
Box 8 & 9: CA approved via email dated 5/31/19 CMS pen and ink chan	ige to add page number .		

Instructions on Back

TYPE OF SERVICE	PROGRAM COVERAGE**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
6d.1 Psychology	Services of the following licensed and unlicensed practitioners may be furnished within their scope of practice in accordance with California state law. The licensed practitioners supervise and assume the professional liability of services furnished by the corresponding unlicensed practitioners.	Prior authorization is not required.
	 Licensed mental health practictioners Services of a Licensed Psychologist Services of a Licensed Clinical Social Worker Services of a Licensed Marriage and Family Therapist Services of a Licensed Professional Clinical Counselor 	
	 Unlicensed mental health practitioners Services of a Psychological Assistant Services of an Associate Clinical Social Worker Services of an Associate Marriage and Family Therapist Services of an Associate Professional Clinical Counselor 	

^{*}Prior authorization is not required for emergency services. **Coverage is limited to medically necessary services.

TN No. <u>19-0007</u> Supersedes TN No. <u>14-012</u>

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TN No. <u>19-0007</u> Supersedes TN No. <u>14-012</u>

REIMBURSEMENT FOR INDIAN HEALTH SERVICES AND TRIBAL 638 HEALTH FACILITIES

A. Below is a list of health professionals that may bill under the IHS all-inclusive rate:

- Physician
- Physician Assistant
- Nurse Practitioner
- Nurse Midwife
- Registered Dental Hygienists
- Registered Dental Hygienists in Extended Functions
- Registered Dental Hygienists in Alternative Practice
- Clinical Psychologist
- Clinical Social Worker
- Marriage and Family Therapist
- Licensed Professional Clinical Counselor
- Acupuncturist
- Visiting Nurse if services are provided in the Tribal facilities
- Under the Early and Periodic Screening, Diagnostic, and Treatment benefit (EPSDT), the services of Licensed Marriage, Family and Child Counselors are available as 'other health visit' to persons under 21 years of age, as a result of an EPSDT screening which identifies the need for a service which is necessary to correct or ameliorate a mental illness or condition.
- B. Comprehensive Perinatal Service Program providers who are licensed and/or certified practitioners who are able to render covered services in accordance with their scope of practice as identified in California statute. A September 17, 1985 HCFA letter allows these services as a physician or clinic service.
- C. In addition, below is a list of associates and interns that may provide Medi-Cal psychology services.
 - Associate Marriage and Family Therapists
 - Associate Professional Clinical Counselors
 - Associate Clinical Social Workers
 - Psychological Assistants

Associates and assistants must be under the supervision of a licensed mental health professional, in accordance with their scope of practice and applicable state laws.

- D. Except for the services specified under Item E below, the following other ambulatory services, but not limited to, provided by health professionals can be billed under the IHS all-inclusive rate.
 - Acupuncture
 - Medical and surgical services provided by a doctor of dental medicine or dental surgery, which if provided by a physician would be considered physician services
 - Physical Therapy
 - Occupational Therapy
 - Drug and Alcohol visits (Subject to Medi-Cal provider participation requirements)
 - Telemedicine and teledentistry (No additional live transmission costs will be reimbursed)
 - Optometry (Eyeglasses and other eye appliances are restricted to beneficiaries identified under Item E below)

TN No.<u>19-0007</u> Supersedes TN No. <u>16-025</u>

Approval Date: June 10, 2019 Effective Date: 1/1/2019