

# Behavioral Health Treatment (BHT) Services Available to Medi-Cal Members under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Benefit - Utilization Management (UM) Criteria

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## Principles

Kaiser Foundation Health Plan, Inc (KFHP), as a Medi-Cal Managed Care Plan (MCP), is responsible to provide, and cover or arrange all medically necessary Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for Medi-Cal members under 21 years of age.

Federal law requires the EPSDT benefit to include a comprehensive array of preventive, diagnostic, and treatment services for low-income individuals under 21 years of age. (*See* 42 USC section 1396d(r).) In accordance with federal EPSDT requirements, Medi-Cal provides coverage for all medically necessary Behavioral Health Treatment (BHT) services for eligible beneficiaries under 21 years of age. This applies to any health condition, including children diagnosed with autism spectrum disorder (ASD) and children for whom a licensed physician, surgeon, or psychologist determines that BHT services are medically necessary.

Mental health parity requirements obligate MCPs to disclose utilization management criteria.

## Services

For Medi-Cal Managed Care enrollees, all children must receive EPSDT screenings designed to identify health and developmental issues as early as possible.

KFHP must provide access to medically necessary diagnostic and treatment services, including but not limited to, BHT services based upon a recommendation of a licensed physician and surgeon or a licensed psychologist.

BHT services include applied behavioral analysis and a variety of other behavioral interventions that have been identified as evidence-based approaches that prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction. The goal is to promote, to the maximum extent practicable, the functioning of a beneficiary, including those with or without ASD.

For members under the age of 21, MCPs are required to provide and cover, or arrange, as appropriate, all medically necessary EPSDT services, including BHT services, when they are covered under Medicaid, regardless of whether California's Medicaid State Plan covers such services for adults. Additionally, MCPs must comply with mental health parity requirements when providing BHT services.

For the EPSDT \* population, state and federal law defines a service as "medically necessary" if the service is necessary to correct or ameliorate defects and physical and/or mental illnesses and conditions. A BHT service need not cure a condition in order to be covered.

Medical necessity decisions are individualized. The determination of whether a service is medically necessary for an individual child must be made on a case-by-case basis, taking into account the particular needs of the child.

Services must be provided and supervised according to a Kaiser Permanente-approved behavioral treatment plan developed by a BHT service provider credentialed as specified in Approved State Plan Amendment 14-026 ("BHT Service Provider").

## Eligibility

### CRITERIA FOR BHT SERVICES FOR MEMBERS UNDER THE AGE OF 21

To be eligible for BHT services, Medi-Cal members under the age of 21 must meet the following criteria:

1. Have a recommendation from a licensed physician, surgeon or psychologist that evidence-based BHT services are medically necessary;
2. Be medically stable; and,
3. Not have a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities.

KFHP is responsible for coordinating the provision of services with other entities, including but not limited to Regional Centers and County Mental Health plans, to ensure that KFHP and other entities are not providing duplicative services.

### COVERED SERVICES

BHT services for members with an ASD diagnosis, or where following formal assessment there is suspicion of ASD that is not yet diagnosed, must be:

1. Medically necessary, as defined for the EPSDT population;
2. Provided and supervised in accordance with a KP-approved behavioral treatment plan that is developed by a BHT service provider who meets the requirements in California's Medicaid State Plan; and,
3. Provided by a qualified autism provider who meets the requirements contained in California's Medicaid State Plan or licensed provider acting within the scope of their licensure.

BHT services for members without an ASD diagnosis must be:

1. Medically necessary, as defined for the EPSDT population;
2. Provided in accordance with an MCP-approved behavioral treatment plan; and,
3. Provided by a licensed provider acting within the scope of their licensure.

The following services do not meet medical necessity criteria or otherwise qualify as covered BHT services under the Medi-Cal EPSDT benefit:

- Services rendered when continued clinical benefit is not expected.
- Provision of respite, day care, or educational services, or reimbursement of a parent, legal guardian, or legally responsible person for costs associated with participation under the behavioral treatment plan.
- Treatment whose sole purpose is vocationally- or recreationally-based.
- Custodial care. For purposes of BHT services, custodial care:
  - Is provided primarily for maintaining the Medi-Cal member's or anyone else's safety.
  - Could be provided by persons without professional skills or training.
- Services, supplies or procedures performed in a non-conventional setting, including, but not limited to, resorts, spas and camps.
- Services rendered by a parent, legal guardian or legally responsible person.
- Services that are not evidence-based behavioral intervention practices.

## Behavioral Treatment Plan

BHT services must be provided, observed, and directed under an MCP-approved behavioral treatment plan. The behavioral treatment plan must be person-centered and based on individualized, measurable goals and objectives over a specific timeline for the specific member being treated. The behavioral treatment plan must be reviewed, revised, and/or modified no less than once every six months by the provider of BHT services. The behavioral treatment plan may be modified or discontinued only if it is determined that the services are no longer medically necessary under the EPSDT medical necessity standard (see above\*).

The approved behavioral treatment plan must also meet the following criteria:

1. Include a description of patient information, reason for referral, brief background information (e.g., demographics, living situation, or home/school/work information), clinical interview,

review of recent assessments/reports, assessment procedures and results, and evidence-based BHT services.

2. Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors.
3. Identify measurable long-, intermediate-, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.
4. Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.
5. Include the member's current level of need (baseline, behavior parent/guardian is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria [i.e., the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, modified (being sure to include an explanation).
6. Utilize evidence based BHT services with demonstrated clinical efficacy tailored to the member.
7. Clearly identify the service type, number of hours of direct service(s), observation and direction, parent/guardian training, support and participation needed to achieve the goals and objectives, the frequency at which the member's progress is measured and reported, transition plan, crisis plan, and each individual provider who is responsible for delivering services.
8. Include care coordination that involves the parents or caregiver(s), school, state disability programs, and other programs and institutions, as applicable.
9. Consider the member's age, school attendance requirements, and other daily activities when determining the number of hours of medically necessary direct service and supervision.
10. Deliver BHT services in a home or community-based setting, including clinics. Any portion of medically necessary BHT services that are provided in school must be clinically indicated as well as proportioned to the total BHT services received at home and in the community.
11. Include an exit plan/criteria. However, only a determination that services are no longer medically necessary under the EPSDT standard can be used to reduce or eliminate services

**42 USC section 1396d(r); Welfare and Institutions Code section 14059.5(b)(1). See also: EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents, JUNE 2014 at pp. 23-24, available at:**

[https://www.medicaid.gov/medicaid/benefits/downloads/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf)

## Prescribers/Providers of Services

For Medi-Cal MCP enrollees, BHT services must be provided and supervised in accordance with a KP-approved behavioral treatment plan that is developed by a BHT service provider who meets the requirements in California's Medicaid State Plan; and, provided by a qualified autism provider who meets the requirements contained in California's Medicaid State Plan or licensed provider acting within the scope of their licensure

## Monitoring of Treatment Plan

KP must ensure that BHT services are provided under a behavioral treatment plan that has measurable goals over a specific timeline for the specific Medi-Cal member being treated and that has been developed by a BHT Service Provider. The behavioral treatment plan must be reviewed, revised, and/or modified no less than once every six months by a BHT Service Provider. The behavioral treatment plan may be modified if medically necessary. BHT services may be discontinued when the treatment goals are achieved, goals are not met, or services are no longer medically necessary.

## Discontinuation of Services

BHT services may be discontinued when the treatment goals are achieved, goals are not met, or services are no longer medically necessary under the EPSDT standard.

## Approving Bodies

TPMG Chiefs of Physical Medicine and Rehabilitation (PM&R)	
TPMG Chiefs of Pediatric Physical Medicine and Rehabilitation (PM&R) (Pedi Rehab)	
APICs for Outside Services	08/26/2020
Resource Management Committee (RMC)	07/28/20, 08/24/21, 06/28/2022, 07/25/2023, 08/27/2024
Quality Oversight Committee	10/08/20, 10/13/21, 07/13/22

## References

- Hyman, SL, Levy, SE, and Myers, SM, COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. Pediatrics, 2020, Vol 145 (1) e20193447; DOI: 10.1542/peds.2019-3447
- Weitlauf, A., M.L. McPheeters, and B. Peters, Therapies for children with autism spectrum disorder: behavioral interventions update, in Comparative Effectiveness Review. 2014, Agency for Healthcare Research and Quality: Rockville, MD.
- Reichow, B., et al., Early intensive behavioral intervention (EIBI) for young children with autism spectrum disorders (ASD). Cochrane Database Syst Rev, 2018. 5: p. CD009260.
- Department of Health Care Services (DHCS) All Plan Letter 19-014, November 12, 2019: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 (Supersedes DHCS All Plan Letter 18-006, July 1, 2019: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21)
- 42 USC section 1396d(r); Welfare and Institutions Code section 14059.5(b)(1). See also: EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents, JUNE 2014 atpp.23-24,availableat: [https://www.medicaid.gov/medicaid/benefits/downloads/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf)