THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:

COUNTIES:

- ☒ Imperial
- ☒ Riverside/San Bernardino
- ☒ Los Angeles
- ☐ Orange
- ☒ Sacramento
- ☒ San Diego

LINES OF BUSINESS:

- ☒ Molina Medi-Cal Managed Care
- ☐ Molina Medicare Options Plus
- ☐ Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- ☐ Molina Marketplace (Covered CA)

PROVIDER TYPES:

- ☒ **Medical Group/ IPA/MSO**

Primary Care

- ☒ IPA/MSO
- ☒ Directs

Specialists

- ☒ Directs
- ☒ IPA
- ☐ **Hospitals**

Ancillary

- ☐ CBAS
- ☐ SNF/LTC
- ☐ DME
- ☐ Home Health
- ☐ Other

FOR QUESTIONS CALL PROVIDER SERVICES:
(855) 322-4075, Extension:

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BEHAVIORAL HEALTH TREATMENT COVERAGE FOR MEMBERS UNDER THE AGE OF 21

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding the transition of medically necessary Behavioral Health Treatment (BHT) services to eligible Medi-Cal members under 21 years of age from Department of Developmental Services (DDS) Regional Centers (RCs) to MHC.

This notification is based on an All Plan Letter (APL) 18-006, which supersedes APL 15-025 and can be found in full on the Department of Health Care Services (DHCS) website at http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx

BACKGROUND

On September 30, 2014, in response to CMS guidance, DHCS included BHT services as a Medi-Cal covered benefit for members under 21 years of age when medically necessary, based upon recommendation of a licensed physician and surgeon or a licensed psychologist, after a diagnosis of Autism Spectrum Disorder (ASD). In 2016, BHT services for MHC members with an ASD diagnosis were transitioned from the DDS RCs to MHC.

Effective July 1, 2018, MHC will be responsible for providing medically necessary BHT services for all MHC members that meet the eligibility criteria, even without diagnosis of ASD, based upon medical necessity as determined by a licensed physician and surgeon or a licensed psychologist. These services will be transitioned from the RCs to MHC. Members receiving BHT services through DDS prior to July 1, 2018, will continue to receive services at the RCs until the transition date. Beginning July 1, 2018, the authorization and payment of BHT services will transition from the RCs to MHC.

CRITERIA FOR BHT SERVICES

In order to be eligible for BHT services, a Medi-Cal member must meet all of the following coverage criteria:

1. Be under 21 years of age.
2. Have a recommendation from a licensed physician and surgeon or a licensed psychologist that evidence-based BHT services are medically necessary.
3. Be medically stable.
4. Be without a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (ICF/ID).

COVERED SERVICES

Medi-Cal covered BHT services must be:

1. Medically necessary to correct or ameliorate behavioral conditions and as determined by a licensed physician and surgeon or licensed psychologist.
2. Delivered in accordance with the member's MHC-approved behavioral treatment plan.
3. Provided by California State Plan approved providers.
4. Provided and supervised according to an MHC-approved behavioral treatment plan developed by a BHT service provider.

BHT services are provided under a behavioral treatment plan that has measurable goals over a specific timeline for the specific 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.

The following services do not meet medical necessity criteria or qualify as Medi-Cal covered BHT services for reimbursement:

1. Services rendered when continued clinical benefit is not expected.
2. Provision or coordination 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.
3. Treatment whose sole purpose is vocationally- or recreationally-based.
4. Custodial care. For purpose of BHT services, custodial care:
    - Is provided primarily for maintaining the member's or anyone else's safety.
    - Could be provided by persons without professional skills or training.
5. Services, supplies or procedures performed in a non-conventional setting, including, but not limited to, resorts, spas and camps.
6. Services rendered by a parent, legal guardian or legally responsible person.
7. Services that are not evidence-based behavioral intervention practices.

BEHAVIORAL TREATMENT PLAN

BHT services must be provided, observed and directed under an approved behavioral treatment plan.

The approved behavioral treatment plan must meet the following criteria:

1. Be developed by a BHT Service Provider for the specific member being treated.
2. Include a description of patient information, reason for referral, brief background information (e.g., demographics, living situation, home/school/work information), clinical interview, review of recent assessments/reports, assessment procedures and results, and evidence-based BHT services.
3. Be person-centered and based upon individualized, measurable goals and objectives over a specific timeline.
4. Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors.
5. Identify measurable long-, intermediate-, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.
6. Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.

7. Include the current level (baseline, behavior parent/guardian is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria [the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, modified (include explanation).
8. Utilize evidence-based BHT services with demonstrated clinical efficacy tailored to the member.
9. 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 BHT service provider responsible for delivering the services.
10. Include care coordination involving the parents or caregiver(s), school, state disability programs and others as applicable.
11. 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.
12. 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 community.
13. Include an exit plan/criteria.

CONTINUITY OF CARE

Continuity of care requirements for new members who did not receive BHT services from an RC prior to July 1, 2018 have not changed. MHC will continue to offer members continued access to an out-of-network provider of BHT services for up to 12 months, in accordance with existing contract requirements and APL 18-008.

For members under 21 years of age transitioning from an RC, MHC will automatically initiate the continuity of care process prior to the member's transition. At least 45 days prior to the transition date, MHC will receive a list of members transitioning from RCs to MHC, along with member-specific utilization data. MHC will utilize this information to determine BHT service needs and associated rendering providers. MHC will proactively contact the provider to begin the continuity of care process.

BHT services should not be discontinued or changed during the continuity of care period until a new behavioral treatment plan has been completed and approved by MHC, regardless of whether the services are provided by the RC provider under continuity of care or a new, in-network MHC provider.

Please note that MHC is subject to State regulatory audits and is responsible for ensuring downstream compliance with State program initiatives and requirements. As such, PCPs and Independent Physician Associations (IPAs) must ensure that internal operations are consistent and compliant with these requirements. MHC may conduct periodic audits and request copies of applicable policies and procedures and/or documentation that demonstrates compliance within your organization. Failure to submit any requested documents may result in a Corrective Action Plan.

QUESTIONS

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.