



KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Behavioral Health Treatment (BHT) Responsibilities for Members Under the Age 21	Policy #	21.06-P
Policy Owner	Behavioral Health	Original Effective Date	5/4/2023
Revision Effective Date	9/25/2025	Approval Date	3/26/2026
Line of Business	<input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare <input type="checkbox"/> Corporate		

I. PURPOSE

The purpose of this policy is to outline Kern Health Systems' (KHS) responsibility for identifying and providing Medically Necessary Behavioral Health Treatment (BHT) and Behavioral Intervention Services (BHT/BIS) to eligible Medi-Cal Members under the age of twenty-one (21), in accordance with the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandate. This includes ensuring access to BHT services across all environments, including school settings and virtual learning platforms, as reaffirmed by the Centers for Medicare and Medicaid Services (CMS) during the renewal of the 1915(c) Home and Community-Based Services Waiver and 1915(i) State Plan Amendment (SPA).

The behavioral health scope of services policy and procedures will conform to requirements outlined in the following statutory, regulatory, and contractual sources:

- A. DHCS All Plan Letter (APL) 23-010: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of twenty-one (21).

II. POLICY

A. Covered Services

KHS has primary responsibility for ensuring Members needs for medically necessary BHT include children diagnosed with autism spectrum disorder (ASD) and children for whom a licensed physician, surgeon and clinical psychologist determines that BHT services for treatment of ASD are medically necessary, regardless of diagnosis. KHS will cover all services that maintain the Member's health status, prevent a Member's condition from worsening, or that prevent the development of additional health problems.

1. Medically necessary to correct or ameliorate behavioral conditions as defined in Section 1905(r) of the Social Security Act (SSA) and as determined by a licensed physician and surgeon or licensed clinical psychologist.
2. Delivered in accordance with the Member's KHS-approved behavioral treatment plan.
3. Provided by California State Plan approved provider which is a Qualified Autism Service (QAS) provider, QAS professional, QAS paraprofessional, or a licensed provider acting within the scope of their licensure. The QAS professional and QAS paraprofessional must be supervised and employed by the QAS provider.
4. Provided and supervised in accordance with KHS-approved behavioral treatment plan developed by a BHT/BIS provider who meets the requirements in California's Medicaid State Plan.
5. Cover and 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, when the BHT services have an ameliorative, maintenance purpose.
6. Cover and arrange as appropriate supplementary BHT services and must ensure BHT Services address any gap in services caused when the Local Educational Agency (LEA) discontinues the provision of BHT services still needed, even if the need is not documented with in the Individual Education Plan (IEP) or Individualized Family Service Plan/ Individualized Health and Support Plan (IFSP/IHSP) and may be provided in school linked setting.

B. Eligibility

1. In order to be eligible for BHT/BIS, a Medi-Cal beneficiary must meet all of the following coverage criteria:
 - a. Be under twenty-one (21) years of age.
 - b. Have a recommendation from a licensed physician and surgeon or a licensed clinical psychologist that evidence based BHT/BIS are medically necessary and covered under Medi-Cal.
 - c. Be medically stable.
 - d. Be without a need for twenty-four (24)-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (ICF/ID).

III. DEFINITIONS

TERMS	DEFINITIONS
BHT/BIS	Is the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant

	<p>improvement in human behavior, including the direct observation, measurement and functional analysis of the relations between environment and behavior. BHT/BIS teach skills through the use of behavioral observation and reinforcement, or through prompting to teach each step of targeted behavior. BHT/BIS are based on reliable evidence and are not experimental. BHT/BIS include a variety of behavioral interventions that have been identified as evidenced-based by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence and are designed to be delivered primarily in the home and in other community settings.</p>
Centers for Medicare and Medicaid Services (CMS)	<p>Released guidance regarding the coverage of BHT/BIS pursuant to Section 1905(a) (4) (B) of the Social Security Act (SSA) for EPSDT. Section 1905(r) of the SSA defines the EPSDT benefit to include a comprehensive array of preventive, diagnostic and treatment services for low-income individuals under twenty-one (21) years of age. States are required to provide any Medicaid covered service listed in Section 1905(a) of the SSA that is determined to be medically necessary to correct or ameliorate any physical or behavioral conditions.</p>
Criteria for BHT Services for Members Under the Age of twenty-one (21)	<p>Current clinical criteria and guidelines used when determining what BHT services are Medically Necessary. MCPs that use commercially available tools, such as Milliman Care Guidelines (MCG), Behavioral Health Care guidelines and the Board of Behavioral Analysis guidelines to ensure appropriate independent review of Members’ medical needs for BHT services in accordance with EPSDT requirements and medically accepted standards of care.</p>
EPSDT Benefit	<p>Is more robust than the Medicaid benefit package required for adults and is designed to ensure that children receive early detection and preventive care in addition to medically necessary treatment services, so that health problems are averted or diagnosed and treated as early as possible. When medically necessary, states may not impose limits on EPSDT services and must cover services listed in Section 1905(a) of the SSA regardless of whether or not they have been approved under a State Plan Amendment (SPA).</p>
EPSDT Medically Necessary	<p>For the EPSDT population, state and federal law define 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. Services that are considered to maintain or improve the Member’s current health condition must be covered to “correct or ameliorate” a Member’s condition. Maintenance services are defined as services that sustain or support rather than those that cure or improve health problems.</p>

IV. PROCEDURES

A. Access, Assessment and Approval of Medically Necessary Behavioral Health Treatment (BHT) Services

1. BHT services are evidenced-based and include but are not limited to Applied Behavioral Analysis (ABA).
2. If a Member seeking BHT services does not have a treatment history and has not been evaluated or diagnosed, KHS staff will connect Member with their assigned Primary Care Provider (PCP) or a licensed clinical psychologist who is responsible for submitting recommendation for BHT services.
3. KHS or Delegate BCBA (Board-Certified Behavioral Analyst) will validate per APL requirements that the Member has a recommendation from a licensed physician, surgeon, or psychologist. This recommendation must confirm that:
 - a. Evidence-based BHT services are Medically Necessary;
 - b. The Member is medically stable; and
 - c. The Member does not require 24-hour medical or nursing monitoring, or procedures provided in a hospital or intermediate care facility for individuals with intellectual disabilities.
4. KHS utilizes current clinical criteria and guidelines including APL guidance, MCG Behavioral Health Care guidelines, and the Behavioral Analysis Certification Board guidelines when determining what BHT services are Medically Necessary and ensures appropriate and independent review of Member's medical needs for BHT services in accordance with EPSDT requirements and medically accepted standards of care.
5. KHS will ensure in accordance with federal law that mental health parity applies to BHT as stipulated in 42 CFT Section 438.910(b).
6. KHS will ensure that no service limitation is imposed on BHT other than medical necessity.
7. KHS will disclose all utilization management criteria used in determination of BHT services.
8. The KHS Behavioral Health (BH) BCBA reviews the available information and confirms that the Member is medically stable and without need for twenty-four (24)-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities. In addition to the BH Treatment plan to establish and confirm BHT services are medically necessary for review of incoming authorization requests.

B. Behavioral Health Treatment Plan

1. BHT services must be provided, observed, and directed under a Managed Care Plan (MCP) approved behavioral treatment plan. The behavioral treatment plan must include the medically

necessary services to be provided in each community setting in which treatment is medically indicated, including on site or during remote school sessions, during school hours including effective coordination with the LEA, person centered individualized goals and objectives over a specific timeline for the specific Member being treated. Member's guardians will be encouraged to participate in the development, revision, and modification of the behavioral health treatment plan in order to promote the guardian's involvement in treatment.

2. The behavioral treatment plan must be reviewed, revised, and/or modified no less than once every six (6) 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.
3. KHS or Delegate BCBA reviews subsequent treatment reports submitted by the Qualified Autism Service Provider to ensure the Provider reviews, revises and modifies the Members' treatment plan no less than every six months. The KHS or Delegate BCBA authorizes additional BHT services based on the review of each Members' subsequent treatment plans and determine if services are no longer Medically Necessary under the EPSDT medical necessity standard.
4. The approved behavioral treatment plan must also meet the following criteria:
 - a. 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.
 - b. Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors.
 - c. Identify measurable long-, intermediate-, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.
 - d. Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.
 - e. 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 [the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, modified (include explanation).
 - f. Utilize evidence based BHT services with demonstrated clinical efficacy tailored to the

Member.

- g. 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.
 - h. Include care coordination that involves the parents or caregiver(s), school, state disability programs, and other programs and institutions, as applicable.
 - i. 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. (KHS will not reduce the number of Medically Necessary BHT hours that a Member is determined to need by the hours the Member spends at school or participating in other activities.)
 - j. 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.
 - k. 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.
5. The KHS or Delegate BCBA reviews diagnostic and assessment information and follows the current DHCS APL, MCG guidelines and the Board of Behavioral Analysis guideline to establish and confirm that Behavioral Treatment plan criteria are met.
6. A Behavioral Treatment plan/Functional Behavioral Assessment (FBA) is required to be completed within the last sixty (60) days of submission of an authorization for BHT services.
- a. If there is not a current FBA the Member will be referred for an updated FBA.
 - b. Review of the previous behavior plan if applicable.
7. The KHS or Delegate BCBA reviews the FBA and treatment plan and reviews authorization for 6 months of BHT services utilizing the current DHCS APL, MCG guidelines and the Board of Behavioral Analysis guidelines.
- a. In the event there is insufficient information to make a determination in accordance with the guidelines the KHS or Delegate BCBA will request the outstanding information.

8. If the criteria is not met, a KHS or Delegate licensed psychologist or psychiatrist will review and make the final determination and must sign off on all BHT/ABA modifications and denials.
9. KHS will adhere to DHCS Notice of Action (NOA) requirements for denial and modification notifications to include the disclosure of the specific criteria on which any denial or modification of authorization is based on.
10. The KHS BCBA assist KHS network provider BCBA in responding to Member needs throughout the course of BHT treatment and the BCBA reviews subsequent treatment reports submitted by the Qualified Autism Service Provider at 6-month intervals and provides subsequent authorizations for continuing BHT services.

C. Coordination of Care

KHS has the primary responsibility for ensuring that EPSDT Members receive all Medically Necessary BHT services. KHS will establish Memorandum of Understanding (MOUs) with other entities to establish data and information sharing agreements as necessary to coordinate the provisions of services that may have overlapping responsibilities for the provision of BHT services including but not limited to Kern Regional Center (KRC), LEAs, and Kern Behavioral Health and Recovery Services (Specialty Mental Health Plan). When another entity has overlapping responsibility to provide BHT services to the Member, then KHS will:

1. Assess the medical needs of the Member for BHT services across community settings, according to the EPSDT standard.
2. Determine what BHT services (if any) are actively being provided by other entities.
3. Coordinate the provision of all services including Durable Medical Equipment and medication with the other entities to ensure that the MCP and the other entities are not providing duplicative services; and
4. Ensure that all of the Member's medical needs for BHT services are being met in a timely manner, regardless of payer, and based on the individual needs of the Member.

Medically Necessary BHT must not be considered duplicative when the MCP has overlapping responsibility with another entity for the provision of BHT services unless the service provided by the other entity is currently being provided, is the same type of service (e.g., ABA), addresses the same deficits, and is directed to equivalent goals.

KHS is required to ensure Members have access to and support medication adherence for the carved-out prescription drug benefit.

1. Local Education Authority Coordination

- a. KHS has the primary responsibility to provide all Medically Necessary BHT services. When Medically Necessary BHT services are provided by LEA on-site at school or during remote school sessions, KHS will ensure that the BHT services included in a Member's

Individualized Educational Plan (IEP)/Individualized Health and support Plan (IHSP)/Individualized Family Service Plan (IFSP) are being provided and if not coordinate medically necessary BHT services. KHS is responsible for determining whether such services continue to be provided by the LEA and must provide any Medically Necessary BHT services that have been discontinued by the LEA.

- b. If a Member has an IEP and the team concludes that the MCP-approved BHT services are necessary to the Member’s education, the IEP team must determine that the MCP-approved BHT services must be included in the Member’s IEP. Services in a Member's IEP must not be reduced or discontinued without formal amendment of the IEP. If the KHS-contracted Provider determines that BHT services included in a Member’s IEP are no longer Medically Necessary, KHS is not authorized to use Medi-Cal funding to provide such services. KHS is solely financially responsible for providing, or coordinating with the LEA to provide, any BHT services included in a Member’s IEP until such time that the IEP is amended.
- c. KHS will coordinate with the LEA to ensure that BHT services that are determined to be no longer Medically Necessary are removed from the IEP as MCP-provided services upon amendment of the IEP.
- d. KHS will ensure the MOU agreement with LEAs include timely takeover of the provision of any MCP-approved BHT services included in the IEP upon a determination that the services are no longer medically necessary.
- e. KHS will coordinate with the LEA to contract directly with a school-based BHT services practitioner, if the practitioner is enrolled in Medi-Cal and otherwise qualified as required by APL 22-013, to provide any Medically Necessary BHT services included in a Member's IEP.

D. Continuity of Care

KHS must offer Members continued access to out-of-network Providers of BHT services (continuity of care) for up to twelve (12) months, in accordance with KHS policies (3.40-P, Continuity of Care for New Members), existing contract requirements and APL 22-032: Continuity of Care for Medi-Cal Members Who Transition into Medi-Cal Managed Care, or any future version of this superseding APL.

E. Timely Access

MCPs must provide BHT services in accordance with timely access standards, pursuant to WIC Section 14197 and the MCP contracts.

V. ATTACHMENTS

Attachment A:	N/A
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VI. REFERENCES

Reference Type	Specific Reference
All Plan Letter(s) (APL)	DHCS APL 23-010, Behavioral Health Treatment Responsibilities for Members Under the Age of 21.
All Plan Letter(s) (APL)	APL 22-032: Continuity of Care for Medi-Cal Members Who Transition into Medi-Cal Managed Care
All Plan Letter(s) (APL)	DHCS APL 22-013
Other KHS Policies	3.40-P Continuity of Care for New Members

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	2025-9	Policy revised to include the addition of a delegated reviewer role and to provide breakdown on some steps.	M.S. Behavioral Health
Revised	2024-12	Policy revised to put in new template, reformat and align with current process in adherence to APL 23-010. Approved by DHCS on 6/11/2025 for Post OR D.0330.24 (R.0122).	M.S. Behavioral Health
Revised	2024-02	Policy revised for DHCS APL 23-010, APL revision date 11/22/23. DHCS approval of APL 23-010 received on 3/6/2024.	Behavioral Health
Revised	2023-10	Grammatical edits by Chief Compliance and Fraud Prevention Officer.	CCO Compliance
Revised	2023-07	Policy created for DHCS APL 23-010, Behavioral Health Treatment Responsibilities for Members Under the Age of 21	M.S. Behavioral Health

VIII. APPROVALS

Committees Board (if applicable)	Date Reviewed	Date Approved
Choose an item.		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services (DHCS)	Post OR, D.0330.24 (R.0122)	6/11/2025
Department of Health Care Services (DHCS)	APL 23-010	9/5/2023