



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Behavioral Health Treatment Responsibilities for Members Under the Age 21				POLICY #: 21.06-P	
DEPARTMENT: Behavioral Health					
Effective Date: 5/4/2023	Review/Revised Date: 12/19/2024	DMHC		PAC	
		DHCS	X	EQIHE COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Emily Duran Chief Executive Officer	Date _____
_____ Chief Medical Officer	Date _____
_____ Chief Compliance and Fraud Prevention Officer	Date _____
_____ Director of Behavioral Health	Date _____

POLICY

Kern Health Systems (KHS) will develop and implement procedures for the identification and provision of medically necessary Behavioral Health Treatment (BHT) and Behavioral Intervention Services (BHT/BIS) to eligible Medi-Cal members under 21 years of age as required by the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) mandate. Upon renewals for the 1915(c) Home and Community-Based Services Waiver and 1915(i) Home and Community-Based Services State Plan Amendment (SPA), The Centers for Medicare and Medicaid Services (CMS) asserted that under the EPSDT benefit, KHS have primary responsibility for ensuring that all of a member's needs for Medically Necessary BHT services are met across environments, including on-site at school or during virtual school sessions for all members under 21 years of age.

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

- A. 2024 Department of Healthcare Services (DHCS) Contract, Exhibit A, Attachment I, 22-20201, of 239-240 of 611

B. DHCS All Plan Letter (APL) 19-014 (November 12, 2019): Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21.

DEFINITIONS

BHT/BIS	Is the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant 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.
Centers for Medicare and Medicaid Services (CMS)	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 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.
EPSDT benefit	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).

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 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.
5. 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, when the BHT services have an ameliorative, maintenance purpose.
6. Provide supplementary BHT services and must provide BHT Services to address any gap in services caused when the Local Educational Agency (LEA) discontinues the provision of BHT services.

B. PROCEDURES

1. Eligibility
 - a. In order to be eligible for BHT/BIS, a Medi-Cal beneficiary must meet all of the following coverage criteria:
 - i. Be under 21 years of age.
 - ii. 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.
 - iii. Be medically stable.
 - iv. 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).
 - b. KHS is responsible for coordinating the provision of services with the other entities to ensure that KHS and the other entities are not providing duplicative services.
 - c. KHS maintains compliance with mental health parity requirements when providing BHT services.
 - d. KHS provides disclosures on the utilization management criteria with denials or upon request.
2. Access, Assessment and Approval of Medically Necessary Behavioral Health Treatment (BHT) Services
 - a. BHT services are evidenced-based and include but are not limited to Applied Behavioral Analysis (ABA).
 - b. If diagnosis is complete or there is prior BHT treatment history, the member is triaged by the appropriate KHS BH Care Manager who is a Board-Certified Behavioral Analyst (BCBA).
 - c. If the member seeking BHT services does not have a treatment history and has not been evaluated and diagnosed, a referral is made for evaluation with a pediatrician or psychologist to determine the need for the Comprehensive Diagnostic Evaluation and ABA services.

- d. The parent or guardian is instructed to submit a copy of the available information from the treating provider that must show that the member exhibits the presence of excessive and/or deficits of behaviors that significantly interfere with home and community activities.
- e. The KHS BH BCBA Care Manager reviews the available information and confirms that the member is medically stable and without need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities.
- f. KHS utilizes MCG Behavioral Health Care guidelines and the Board of Behavioral Analysis 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.
- g. The KHS BH BCBA Care Manager conducts a thorough assessment of the Member's history and may request additional documentation from the parent or guardian to determine specific treatment needs and the number of hours needed for the initial Functional Behavioral Assessment (FBA). This initial assessment completed by the BH BCBA Care Manager may include one or more of the following:
 - i. Additional evaluations or diagnostic report.
 - ii. Release of Information form.
 - iii. Individual Education Plan (IEP) report for the member.
 - iv. Reports from therapists providing any other services.
 - v. Previous assessments/treatment plans if applicable.
 - vi. Previous behavior plan if applicable.
- h. The KHS BCBA Care Manager reviews the information provided by the parent or guardian, diagnostic and assessment information and follows MCG guidelines and the Board of Behavioral Analysis guidelines to refer the member to a Qualified Autism Service Provider for a Functional Behavioral Assessment (FBA) if a current FBA is not already completed within the last 60 days.
- i. The KHS BH BCBA Care Manager reviews the FBA and provides authorization for 6 months of BHT services utilizing MCG guidelines and the Board of Behavioral Analysis guidelines.
- j. The KHS BH BCBA Care Manager 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.
- k. KHS licensed psychologist or psychiatrist must sign off on all BHT/ABA modifications and denials.

3. Behavioral Health Treatment Plan

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. 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. Decreasing the amount and duration of services is prohibited if the therapies are medically necessary.

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.

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 (RC), 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

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.

- a. 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.
- b. 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.
- c. 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.
- d. 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 12 months, in accordance with 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.

REFERENCE

Revised 2024-02: Policy revised for DHCS APL 23-010, APL revision date 11/22/23. DHCS approval of APL 23-010 3/6/2024. **Revised 2023-10:** Grammatical edits by Chief Compliance and Fraud Prevention Officer. **Revised 2023-07:** Policy created for DHCS APL 23-010, Behavioral Health Treatment Responsibilities for Members Under the Age of 21. DHCS approval 9/5/2023.