

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
- 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

Responsibilities For Behavioral Health Treatment Coverage For Members Under the Age Of 21 APL 23-010

This is an informational notification to Molina Healthcare of California (MHC) network providers to provide guidance about the provision of Medically Necessary Behavioral Health Treatment (BHT) services for Members under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for full-scope Medi-Cal members under age 21.

This notification is based on an All-Plan Letter (APL) 23-010, which can be found in full on the Department of Health Care Services (DHCS) website at: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-010.pdf>

BACKGROUND

In accordance with federal EPSDT requirements, Medi-Cal provides coverage for all Medically Necessary BHT services for eligible beneficiaries under 21 years of age. This includes children diagnosed with autism spectrum disorder (ASD) and children for whom a licensed physician, surgeon, or psychologist determines that BHT services for the treatment of for the child's BH condition are Medically Necessary, regardless of diagnosis.

When this is happening:

On July 7, 2014, the Centers for Medicare, and Medicaid Services (CMS) released guidance on coverage of BHT services pursuant to federal law. 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, which encompasses BHT services.

POLICY

What you need to know:

For Members under the age of 21, MHC will 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, MHC will comply with mental health parity requirements when providing BHT services.

For the EPSDT population (under age 21), 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.

Thus, 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.

I. CRITERIA FOR BHT SERVICES FOR MEMBERS UNDER THE AGE OF 21

MHC will use current clinical criteria and guidelines, including EPSDT, when determining what BHT services are Medically Necessary.

When considering a member's need for BHT services, MHC will ensure the Member:

- 1) Has a recommendation from a licensed physician, surgeon, or psychologist that evidence based BHT services are Medically Necessary;
- 2) Is medically stable; and
- 3) Does 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.

II. COVERED SERVICES

BHT services must be:

- 1) Medically Necessary
- 2) Provided and supervised in accordance with an MHC-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 BHT Provider who meets the requirements contained in California's Medicaid State Plan or a licensed Provider acting within the scope of their licensure.

Medi-Cal does not cover the following as BHT services under the EPSDT benefit:

- 1) Services rendered when continued clinical benefit is not expected unless the services are determined to be Medically Necessary.
- 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 where the sole purpose is vocationally or recreationally based.
- 4) Custodial care. For purposes of BHT services, custodial care:
 - a. Is provided primarily to maintain the Member's or anyone else's safety; and,
 - b. 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 or legal custodian.
- 7) Services that are not evidence-based behavioral intervention practices.

III. BEHAVIORAL TREATMENT PLAN

BHT services must be provided, observed, and directed under an MHC 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 identify the Medically Necessary services to be provided in each community setting in which treatment is medically indicated, including on-site at school or during remote school sessions. Medically Necessary BHT services provided under an MHC approved behavioral treatment plan must be provided by qualified Providers in accordance with California's Medicaid State Plan.

In cases where the MHC approved behavioral treatment plan includes BHT services provided during school hours, MHC will ensure effective coordination with the Local Educational Agency (LEA), as necessary. The Provider of BHT services must review, revise, and/or modify no less than once every six months the behavioral treatment plan. If services are no longer Medically Necessary under the EPSDT medical necessity standard, then the behavioral

treatment plan must be modified or discontinued. Decreasing the amount and duration of services is prohibited if the therapies are Medically Necessary.

IV. COORDINATION OF CARE

MHC will establish data and information sharing agreements as necessary to coordinate the provision of services with other entities that may have overlapped responsibility for the provision of BHT services, including but not limited to Regional Centers (RCs), LEAs, and County Mental Health Plans.

V. CONTINUITY OF CARE

MHC will offer Members continued access to out-of-network Providers of BHT services (continuity of care) for up to 12 months after they transition to MHC from Fee-for-Service Medi-Cal or another Medi-Cal health plan.

VI. TIMELY ACCESS STANDARDS

MHC will provide BHT services in accordance with timely access standards, pursuant to WIC Section 14197 and the MHC contract.

What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below:

Service County Area	Provider Services Representative	Contact Number	Email Address
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