



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
GOVERNOR

September 30, 2014

Ms. Hye Sun Lee  
Acting Associate Regional Administrator  
Division of Medicaid and Children's Health Operations  
Centers for Medicare & Medicaid Services, Region IX  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

STATE PLAN AMENDMENT 14-026

Dear Ms. Lee:

The Department of Health Care Services (DHCS) is submitting State Plan Amendment (SPA) 14-026 to add Behavioral Health Treatment (BHT) services as a Medi-Cal benefit to treat or address Autism Spectrum Disorder (ASD). SPA 14-026 will add BHT services for infants, children, and adolescents ages 0 to 21 years old, who are eligible for the Early and Periodic Screening, Diagnostic, and Treatment Program and meet the medical necessity criteria for receipt of the service(s).

This SPA incorporates guidance provided by the Centers for Medicare and Medicaid Services (CMS) in the CMCS Informational Bulletin dated July 7, 2014, on "Clarification of Medicaid Coverage of Services to Children with Autism," comments and recommendations DHCS received through the stakeholder consultation process required by Welfare and Institutions Code Section 14132.56, as well as informal comments CMS provided on September 22, 2014.

The enclosed SPA adds language to the provisions set forth in the following pages:

- Limitations on Attachment 3.1-A & B, page 18b
- Limitations on Attachment 3.1-A & B, page 18c
- Limitations on Attachment 3.1-A & B, page 18d
- Attachment 4.19-B, page 74

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In compliance with the American Recovery and Reinvestment Act of 2009 (ARRA), DHCS released the tribal notice on August 19, 2014, and held a webinar on August 29, 2014. DHCS received one comment regarding BHT services after beneficiaries turn 21 years old. The tribal notice and response are on the DHCS website at: [http://www.dhcs.ca.gov/services/rural/Pages/Tribal\\_Notifications.aspx](http://www.dhcs.ca.gov/services/rural/Pages/Tribal_Notifications.aspx)

If you have any questions regarding the information provided, please contact Laurie Weaver, Chief, Benefits Division, by phone (916) 552-9400 or by email [laurie.weaver@dhcs.ca.gov](mailto:laurie.weaver@dhcs.ca.gov).

Original Signed By  
Toby Douglas

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**14-026**

2. STATE  
CA

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
July 1, 2014

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:  
42 USD 1396(a)(13)

7. FEDERAL BUDGET IMPACT:  
FFY 2013 \$19,968,375  
FFY 2014 \$99,052,625

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Limitations on Attachment 3.1-A Page 18b  
Limitations on Attachment 3.1-A Page 18c  
Limitations on Attachment 3.1-A Page 18d  
Limitations on Attachment 3.1-B Page 18b  
Limitations on Attachment 3.1-B Page 18c  
Limitations on Attachment 3.1-B Page 18d  
Attachment 4.19-B, page 74

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):  
Attachment 4.19-B, page 74

10. SUBJECT OF AMENDMENT:  
Behavioral Health Treatment (BHT) Services

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:  
The Governor's Office does not  
wish to review the State Plan Amendment.

Original Signed By

16. RETURN TO:

Department of Health Care Services  
Attn: State Plan Coordinator  
1501 Capitol Avenue, MS 4506  
P.O. Box 997417  
Sacramento, CA 95899-7417

14. TITLE:  
Director

15. DATE SUBMITTED: 9/30/14

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

18. DATE APPROVED:

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

22. TITLE:

23. REMARKS:

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13c Preventive services (cont.)  Behavioral Health Treatment (BHT)	<p>Covered as medically necessary services based upon a written prescription of a licensed physician or treatment developed by a licensed psychologist, in accordance with 42 CFR 440.130(c), for BHT services such as Applied Behavioral Analysis (ABA) and other evidence-based behavioral intervention services that develop or restore, to the maximum extent practicable, the functioning of a beneficiary. Services that treat or address Autism Spectrum Disorder (ASD) under this state plan are available only for the following beneficiaries: infants, children and adolescents age 0 to 21. Services that treat or address ASD will be provided to all children who meet the medical necessity criteria for receipt of the service(s).</p> <p>Services include: preventive screening, diagnostic evaluation, treatment planning, delivery of evidence based BHT services, training of parents/guardians, and case management to prevent or minimize the adverse effects of illness to an individual's physical or mental health.</p>	<p>BHT services must be based upon a treatment plan that is reviewed no less than once every six months by a qualified autism service provider and prior authorized for a time period not to exceed 180 days. Additional authorization must be received to continue the service. Services provided without prior authorization shall not be considered for payment or reimbursement except in the case of retroactive Medi-Cal eligibility.</p> <p>Individuals must have a comprehensive diagnostic evaluation that indicates evidence-based BHT services are medically necessary and recognized as therapeutically appropriate.</p> <p>Services must be provided and supervised under an approved treatment plan developed by a contracted and credentialed "qualified autism service provider." Treatment services may be administered by one of the following:</p> <ul style="list-style-type: none"> <li>• Qualified Autism Service Provider: Certified by a national entity accredited by the National Commission for Certifying Agencies. Supervises the work of Qualified Autism Service Professionals and Paraprofessionals who implement behavior analytic interventions. Educational and training requirements include possession of a minimum of a master's degree, including 225 classroom hours of graduate level instruction, 1500 hours of supervised independent fieldwork, 1000 hours of practicum, or 750 hours of intensive practicum in behavior analysis.</li> </ul> <p>A person licensed as a physician and surgeon, physical therapist, occupational therapist,</p>

\* Prior authorization is not required for emergency service.

\*\*Coverage is limited to medically necessary services

STATE PLAN CHART

TYPE OF SERVICE	PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13c Preventive services (cont.) BHT (cont.)		<p>psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist who supervises or provides treatment for ASD, provided the services are within the experience and competence of the licensee.</p> <ul style="list-style-type: none"> <li>• Qualified Autism Service Professional: Certified by a national entity accredited by the National Commission for Certifying Agencies. Educational and training requirements include possession of a minimum of a bachelor's degree, including 135 classroom hours of instruction, 1000 hours of supervised independent fieldwork, 670 hours of practicum, or 500 hours of intensive practicum in behavior analysis.</li> <li>• Qualified Autism Service Paraprofessional: Any combination equivalent to completion of the twelfth grade, supplemented by courses in childcare, psychology, education and training of autistic students and some experience working with autistic students in a structured environment.</li> </ul> <p>BHT services shall be rendered in accordance with the beneficiary's treatment plan. The treatment plan shall:</p> <ol style="list-style-type: none"> <li>1. Be person-centered and based upon individualized goals over a specific timeline;</li> <li>2. Be developed by a qualified autism service provider for the specific beneficiary being treated;</li> <li>3. Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors;</li> </ol>

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STATE PLAN CHART

TYPE OF SERVICE	PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13c Preventive services (cont.) BHT (cont.)		<ol style="list-style-type: none"> <li>4. Identify long, intermediate, and short-term goals and objectives that are specific, behaviorally defined, measurable, and based upon clinical observation;</li> <li>5. Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives;</li> <li>6. Utilize evidence-based practices with demonstrated clinical efficacy in treating ASD, and are tailored to the beneficiary;</li> <li>7. Ensure that interventions are consistent with evidenced-based BHT techniques;</li> <li>8. Clearly identify the service type, number of hours of direct service and supervision, and parent or guardian participation needed to achieve the plan's goals and objectives, the frequency at which the individual's progress is reported, and identifies the individual providers responsible for delivering the services;</li> <li>9. Include case management involving the parents or guardians, school, state disability programs, and others as applicable; and</li> <li>10. Include parent/guardian training, support and participation to benefit the Medicaid-eligible child, as described in the treatment plan.</li> </ol>

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State Plan Under Title XIX of the Social Security Act  
STATE/TERRITORY: CALIFORNIA

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**REIMBURSEMENT METHODOLOGY FOR HABILITATION, PREVENTIVE SERVICES AND BEHAVIORAL INTERVENTION SERVICES**

This service is comprised of the following two subcomponents:

**A. Non-Facility Based Behavior Intervention Services**- Providers in this subcategory are Behavior Analyst, Associate Behavior Analyst, Behavior Management Assistant, Behavior Management Intervention Training, Parent Support Services, Individual/Family Training Providers, Family Counselor, and Behavioral Technician. There are two rate setting methodologies to determine the hourly rates for all providers in this subcategory (except psychiatrists- see DHCS Fee Schedule below).

**1) Usual and Customary Rate Methodology** – As describes on page 70, above. If the provider does not have a usual and customary rate, then rates are set using #2 below.

**2) Median Rate Methodology** – As described on page 70, above.

**3) DHCS Fee Schedules** – As described on page 70, above. The fee schedule, effective January 15, 2013 can be found at the following link: [http://files.medi-cal.ca.gov/pubsdoco/Rates/rates\\_download.asp](http://files.medi-cal.ca.gov/pubsdoco/Rates/rates_download.asp)

**B. Crisis Intervention Facility** - The following two methodologies apply to determine the daily rates for these providers;

**1) Usual and Customary Rate Methodology** - As described on page 70, above. If the provider does not have a usual and customary rate; then rates are set using #2 below.

**2) Median Rate Methodology** - As described on page 70, above.

**REIMBURSEMENT METHODOLOGY FOR RESPITE CARE**

There are five rate setting methodologies for Respite Services. The applicable methodology is based on whether the service is provided by an agency, individual provider or facility, type of facility, and service design.

**1) Rates Set Pursuant to a Cost Statement Methodology** - As described on page 69, above. This methodology is used to determine the hourly rate for In-home Respite Agencies. The rate schedule,