



Department of Health Care Services



Behavioral Health Treatment (BHT) Services

Stakeholder Meeting
Thursday, January 22, 2015
3:00 pm – 5:00 p.m.
1500 Capitol Avenue
Auditorium



Welcome



Today's Presenters:

Laurie Weaver, Chief, Benefits Division

Sarah Brooks, Chief, Managed Care Quality and Monitoring Division



Today's Agenda



- **Welcome**
- **Meeting Purpose**
- **Updates:**
 - **SPA Status**
 - **Transition Plan Status**
 - **BHT Rate Development**
 - **Questions and Answers**
- **Presentations:**
 - **What Beneficiaries Should Know**
 - **Coordination of BHT Services**
 - **Service Delivery Analysis**
 - **Questions and Answers**
- **Open Forum**

www.dhcs.ca.gov/services/medi-cal/Pages/BehavioralHealthTreatment.aspx

Meeting Purpose 1/3



Per W & I Code §14132.56 requirements

- ❖ **DHCS is required to perform the following in development of the benefit:**
 - Obtain all necessary federal approvals to secure federal funds for the provision of BHT in Medi-Cal.
 - Seek statutory authority to implement the new benefit in Medi-Cal.
 - Seek an appropriation that would provide the necessary state funding estimated to be required for the applicable fiscal year.
 - **Consult with stakeholders.**

Meeting Purpose 2/3



Health & Safety Code Section §1374.73 (Authority for BHT)

(c) For the purposes of this section, the following definitions shall apply:

- (1) “Behavioral health treatment” means professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism.

Meeting Purpose 3/3



In consultation with stakeholders, the Department will develop and define:

- Eligibility criteria
- Provider participation criteria
- Utilization controls, and
- The delivery systems for BHT services

Subject to the limitations allowed under federal law



The BHT SPA was formally submitted to the federal Centers for Medicare and Medicaid (CMS) on *September 30, 2014*.

SPA Stakeholder Comments relating to the SPA fall under the following major categories:

- Eligibility Criteria; Eliminate CDE requirement, initiate BHT services prior to DX, include maintenance as a treatment goal
- Provider Participation Criteria; Per H&S Code Section 1374.73, use 3 Tier Model and Provider Rates; Regional Center Median Rates Unsustainable
- Utilization Controls; PA for treatment *not less* than 180 days, with exceptions

SPA Status

Revised SPA language incorporating stakeholder comments, to the extent they were consistent with DHCS and CMS' interpretation of federal regulations and state statutes, CMS guidance and directions, were informally submitted to CMS. Revisions to the SPA language include the following major categories:

- Eligibility Criteria; CDE with ASD, services must prevent or minimize the adverse effects of ASD and promote beneficiary functioning
- Provider Participation Requirements; Consistent with H&S Code Section 1374.73
- Utilization Controls; Consistent with H&S Code Section 1374.73..PA for treatment *not less* than 180 days

A copy of the informal SPA submission is posted on the website. Please note: the language is pre-decisional and CMS has requested changes.

Transition Plan

DHCS and DDS staff continue to meet to discuss state and federal requirements, milestones, operational steps, deliverables, timelines, and assess progress. The following major activities are in progress:

- Discussions with CMS regarding state plan and 1915 waiver amendments
- Gathering and reviewing DDS/Medi-Cal client data (Approximately 7500)
- Reviewing lessons learned
- Drafting notices to Medi-Cal beneficiaries, Regional Centers, Plans
- Develop milestones, operational steps, deliverables, timelines and Transition Plan
- Develop Implementation Plan, including phased approach, as necessary

BHT Rate Development

The following major activities are in progress:

- Discussions with DDS and Mercer regarding state plan and 1915 waiver requirements
- DDS provided DDS/Medi-Cal client data (Approximately 7500) and claims data for review by Mercer
- Mercer has requested commercial BHT data and is reviewing data from other states
- DHCS anticipates Mercer will have capitated rates/payment methodologies available for managed care plans by February or March 2015
- Existing payment methodologies will be used to reimburse providers contracted with Regional Centers.



BHT Stakeholder Meeting



Questions and Answers

Presentation

What Beneficiaries Should Know 1/10



Regional Center Services

- Medi-Cal beneficiaries 0 to 21 years of age diagnosed with ASD that were receiving BHT services through a RC on September 14, 2014, will continue to receive BHT services through the RC until DHCS and the DDS develop and communicate the transition plan.
- Until DHCS and DDS develop and communicate the transition plan to RCs and MCPs, RCs will continue to provide BHT services for Medi-Cal beneficiaries and reimburse providers for BHT services provided in accordance with existing federal approvals.
- A parent or guardian of a beneficiary enrolled in a MCP and receiving BHT services through a RC on September 14, 2014, may request that the MCP provide BHT services to the beneficiary *prior* to the development and/or implementation of the transition plan.
- Beneficiaries presenting for BHT services at a Regional Center on or after September 15, 2014, should be referred to the MCP for services.

Presentation

What Beneficiaries Should Know 2/10



Regional Center Services

- Fee-For-Service Medi-Cal beneficiaries 0 to 21 years of age diagnosed with ASD will continue to receive BHT services through the RCs. Existing payment methodologies will be used to reimburse providers contracted with Regional Centers.
- For Medi-Cal beneficiaries receiving BHT services outside of a RC or the MCPs' network, upon parental or guardian request, the MCPs shall ensure continuity of care for up to 12 months in accordance with existing contract requirements and All Plan Letters (APLs), unless the parent or guardian requests that the MCP change the service provider to an MCP BHT in-network provider prior to the end of the 12 month period.

Presentation

What Beneficiaries Should Know 3/10



Continuity of Care Requirements

MCPs must approve a continuity of care request with an out-of-network provider when:

- The MCP is able to determine that the beneficiary has an ongoing relationship with the provider;
- The provider is willing to accept the higher of MCP's contract rates or Medi-Cal FFS rates; and
- The provider meets the MCP's applicable professional standards and has no disqualifying quality-of-care issues.

Presentation

What Beneficiaries Should Know 4/10



Continuity of Care

Eligible Providers

COC is only required for primary care or specialist providers. Provider continuity of care protections do not extend to the following providers: durable medical equipment, transportation, other ancillary services, and carved-out services.

Requests

Beneficiaries, their authorized representatives on file with Medi-Cal, or their provider, may make a direct request to an MCP for continuity of care. When this occurs, the MCP must begin to process the request within five working days after receipt of the request. This time requirement also applies to automatic COC requests made per APL 15-001.

Presentation

What Beneficiaries Should Know 5/10



Continuity of Care

Approval Length

COC approvals can range from one day to 12 months depending on the course of treatment and the provider agreement.

Timeframes for Approving/Denying COC Requests

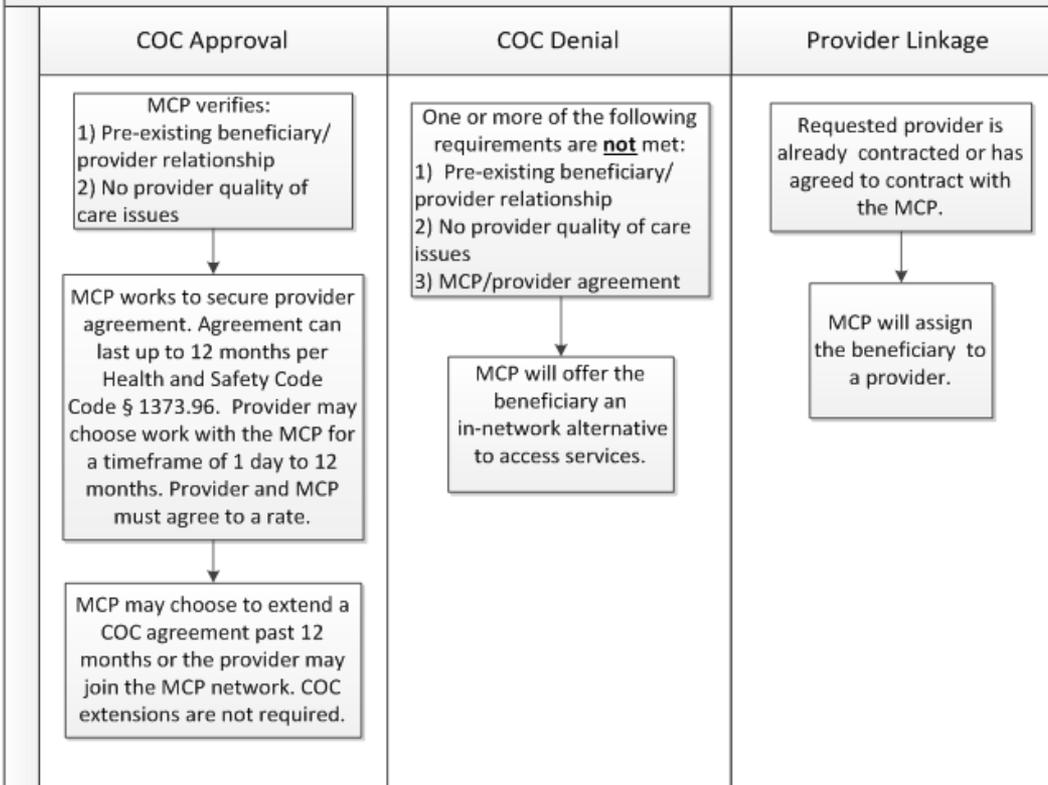
MCPs must complete their responses to each request within thirty (30) calendar days from the date the MCP receives it, or within fifteen (15) calendar days if the beneficiary's medical condition requires more immediate attention, such as upcoming appointments or other pressing care needs. If there is a risk of harm to the beneficiary the request must be completed in three (3) calendar days.

Presentation

What Beneficiaries Should Know 6/10



Continuity of Care (COC) Flowchart





Presentation

What Beneficiaries Should Know 7/10



Continuity of Care Policy

Information about the Department of Health Care Services Continuity of Care (COC) policy can be found in the following All Plan Letters (APL):

[APL 14-011](#): Interim Policy for the Provision of Behavioral health Treatment Coverage for Children Diagnosed with Autism Spectrum Disorder:

[APL 14-021](#): Continuity of Care for Beneficiaries who Transition from Fee-For-Service Medi-Cal into Medi-Cal Managed Care:

[APL 15-001](#): Medi-Cal Managed Care Health Plans (MCPs) are required to consider a request for exemption from MCP enrollment that is denied as a COC request.

Presentation

What Beneficiaries Should Know 8/10



Other Health Care (OHC) Coverage

- Generally under federal and state laws, private health insurance (i.e., OHC) must be billed first before billing Medi-Cal.
- Medi-Cal may be billed by the provider for the balance, including OHC co-payments.
- Medi-Cal will pay the provider up to the limitations of the Medi-Cal program, less the OHC payment amount, if any.
- Providers must accept Medi-Cal payments as full payment and cannot bill beneficiaries for any remaining balance.
- Medi-Cal will not pay the balance of a provider's bill when the provider has an agreement with the OHC carrier/plan to accept the carrier's contracted rate as payment in full.

Presentation

What Beneficiaries Should Know 9/10



Other Health Care (OHC) Coverage

A beneficiary will be required to pay a co-payment when:

- A Medi-Cal beneficiary goes to a non-Medi-Cal provider (a provider in their OHC network) for a non-emergency service
- A Medi-Cal Managed Care beneficiary goes to a provider outside of the Medi-Cal Managed Care network and utilizes their OHC (a provider in their OHC network) for a non-emergency service.

Presentation

What Beneficiaries Should Know 10/10



How OHC co-payments work:

BHT Provider's Service Charge	\$100*	
Co-payment	\$25	Waived if Medi-Cal Beneficiary at time of service unless there is an established SOC or the nominal copayment
Private Insurance Contracted Rate	\$85	
Medi-Cal Rate	\$75	
---Claim would be billed for processing---		
OHC Pays Their Allowed Rate Minus Copayment	\$60	Paid by OHC to provider (Rate minus copayment)
Remainder Billed to Medi-Cal by Provider	\$15	(Medi-Cal rate minus OHC allowed rate)
Medi-Cal Pays	\$15	(Difference between Medi-Cal allowance and OHC)
In Sum: Provider is paid	\$75	(Up to Medi-Cal contract amount or by OHC directly if contracted amount is greater than Medi-Cal allowance amount)

* Not actual rate, used as an example only



Presentation

Coordination of BHT Services



Comprehensive Case Management Services

- MCPs must ensure that comprehensive case management is provided to each beneficiary.
- MCPs must maintain procedures for monitoring the coordination of care provided to individuals, including *medically necessary services* delivered within and outside of the MCPs network, such as schools and RCs.
- If another entity (i.e., LEA, RC or local government health program) has overlapping responsibility for services to an individual under age 21, MCPs must assess the level of medically necessary services required, determine what is being provided by others and then coordinate the provision of services to ensure that the MCPs and the other entities are not providing duplicative services.
- MCPs have the primary responsibility to provide all medically necessary services including services which exceed the amount provided by other entities.



Presentation

Service Delivery Analysis



Medi-Cal Managed Care Beneficiaries Receiving BHT Services (9/15/14 – 1/10/15)

BHT Calls Received:	1623
Currently Receiving BHT services:	418
Referred for CDE:	627
Completed CDE:	324
Referred for Assessment:	643
Completed Assessment:	241

CDE=Comprehensive Diagnostic Evaluation



BHT Stakeholder Meeting



Questions and Answers



Open Forum



- ***Access to IEP and IFSP***
- ***Contracted Providers***
- ***Qualified Autism Service Professionals***



Questions/Comments



If you have questions or would like to provide comments contact DHCS at:

Email Address:

ABAinfo@dhcs.ca.gov



BHT Stakeholder Meeting Schedule



<p>February 19, 2015 3:00 to 5:00 p.m. Department of Health Care Services Auditorium</p>	<p>April 23, 2015 9:30 a.m. to 11:30 a.m. Department of Health Care Services Auditorium</p>
<p>March 19, 2015 3:00 to 5:00 p.m. Department of Health Care Services Auditorium</p>	<p>May 22, 2015 9:30 a.m. to 11:30 a.m. Department of Health Care Services Auditorium</p>

[BHT website](#)