



Department of Health Care Services



Behavioral Health Treatment (BHT) Services

Stakeholder Meeting
1500 Capitol Ave. Auditorium
Thursday, June 18, 2015
3:00 pm to 5:00 pm



Welcome



Today's Presenters

***Sarah Brooks, Chief, Managed Care
Quality and Monitoring Division***

***Laurie Weaver, Assistant Deputy Director,
Health Care Benefits & Eligibility,
Acting Chief, Benefits Division***

***Clayton Chau, MD, PhD, Medical Director,
Behavioral Health Services, L.A. Care***

***Peter Currie, PhD, Clinical Director of Behavioral Health
Inland Empire Health Plan***



Today's Agenda



- **Welcome**
- **Meeting Purpose**
- **Updates:**
 - **SPA Status**
 - **Transition Plan Status**
 - **BHT Rate Development**
 - **Service Delivery**
 - **Questions and Answers**

- **Presentations:**
 - **Best Practice Guidelines for Components of Comprehensive Diagnostic Evaluation**
 - **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

Updates ^{1/4}



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.

Updates ^{3/4}



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(c) waiver amendments
- Discussions with Regional Centers
- Reconciling DDS/Medi-Cal client data
- Drafted Notices to Medi-Cal beneficiaries, Regional Centers, Plans
- Developed Memorandum of Understanding Template
- Developed document exchange elements and protocol
- Developed Draft Transition Plan, including phased approach
- **Reviewing comments and finalizing Transition Plan**

BHT Rate Development

- The department received rates from its contracted actuary for the provision of behavioral health therapy services by Medi-Cal Managed Care Plans (MCPs) and has shared the rates with the MCPs.
- These rates are subject to approval by the federal government.
- DHCS anticipates the MCPs will begin additional contract negotiations with the regional centers and/or providers of BHT services.
- Rates to providers will be based on MCP contractual agreements and will likely vary by MCP and provider.
- The rates paid to Regional Center vendors for services to fee-for-service beneficiaries will be consistent with the existing Regional Center rates, i.e., usual and customary rates, or the lower of statewide or Regional Center median rates.



Presentation

Service Delivery Analysis



Medi-Cal Managed Care Beneficiaries Receiving BHT Services (9/15/14 – 6/5/15)

BHT Calls Received:	4713
Currently Receiving BHT services:	1583
Referred for CDE:	1849
Completed CDE:	1143
Referred for Assessment:	2504
Completed Assessment:	1445

CDE=Comprehensive Diagnostic Evaluation



Presentation Service Delivery Analysis



Medi-Cal Managed Care Beneficiaries Receiving BHT Services

15% increase in Calls Received	Between 5/8/15 and 6/5/15
19% increase in Referred CDE	“
15% increase in Completed CDE	“
17% increase in Referred Assessments	“
27% increase in Completed Assessments	“
14% increase in Receiving BHT Services	“

CDE=Comprehensive Diagnostic Evaluation



BHT Stakeholder Meeting



Questions and Answers

National Standards Project, Phase 2, National Autism Center 2015 (NSP2)*



- Expert Panel of 27 Professionals
- Reviewed Studies Published between 2007-2012
- Autism Spectrum Disorder is defined as a neurodevelopmental disorder characterized by *deficits in social interactions and social communication* and by *restricted, repetitive patterns of behavior*
- Occurs in 1 in every 68 births; boy 5x > girls
- **Making the diagnosis:**
 - A physician should rule out various potential medical causes
 - The child should be evaluated by an *autism specialist such as a psychologist, psychiatrist, pediatric neurologist and/or developmental pediatrician who specializes in diagnosing and treating children with ASD*

* <http://www.nationalautismcenter.org/national-standards-project/phase-2/>



BEST PRACTICE GUIDELINES FOR COMPONENTS OF COMPREHENSIVE DIAGNOSTIC EVALUATION (NSP2)



Based on best practice guidelines:

1. Parent or caregiver interview
2. Review of relevant medical, psychological, and/or school records
3. Cognitive/developmental assessments
4. Direct play observation
5. Measurement of adaptive functioning
6. Comprehensive medical examination

ASD diagnostic criteria are described by the APA in DSM-5. Qualified professionals provide these diagnoses when symptoms of ASD are present in ranges that are inappropriate for child's age and developmental level. Diagnosis includes specification of severity.

Research Findings: Established Interventions Identified by NSP2



1/2

- **Intervention Classifications**
 - Beneficial, Ineffective, Unknown
- **Strength of Evidence Classifications**
 - Established, Emerging, Unestablished
- **For children, adolescents, and young adults 22 years of age:**
 - 14 Established Interventions thoroughly researched and have sufficient evidence to state they are effective
 - 18 Emerging Interventions that have some evidence of effectiveness, not sufficient to be confident that they are effective
 - 13 Unestablished Interventions for which there is no sound evidence of effectiveness

Research Findings: Established Interventions Identified by NSP2

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- Established Interventions for 22** and Under
 - Behavioral Interventions
 - Cognitive Behavioral Intervention Package
 - Modeling
 - Natural Teaching Strategies
 - Pivotal Response Training
 - Schedules
 - Scripting
 - Story-based Intervention
 - Comprehensive Behavioral Treatment for Young Children
 - Language Training (Production)
 - Parent Training
 - Peer Training Package
 - Self-Management
 - Social Skills Package

*** Services limited to 0 to 21 in Medi-Cal*

CLINICAL CRITERIA FOR BHT SERVICES



- Age 0 to 21 years of age.
- Diagnosis of ASD based upon a diagnostic evaluation and licensed evaluator(s) recommendation that evidence-base BHT services are medically appropriate and recognized as therapeutically appropriate.
- 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 (ICF/ID).
- Exceptions may include:
 - Children 0 to 3 with a R/O or provisional diagnosis of ASD. Developmental markers and clinical presentation is within the diagnostic criteria for ASD.

COMPREHENSIVE DIAGNOSTIC EVALUATION PROCESS



- A Comprehensive diagnostic evaluation performed by a psychologist with training and direct experience assessing children with developmental disabilities (developmental, neuro-psychologist preferred) including:
 - A parent/guardian interview;
 - Direct play observation;
 - Review of relevant medical, psychological, and/or school records;
 - Cognitive/developmental assessment;
 - Measure of adaptive functioning;
 - Comprehensive unclothed medical examination by the primary care physician/pediatrician as required by EPSDT;
 - Language assessment by Speech Language Pathologist;
 - Sensory evaluation by Occupational Therapist; and
 - If indicated, a neurological and/or genetic assessment to rule out biological issues (by a developmental pediatrician or pediatric neurologist).

COMPREHENSIVE DIAGNOSTIC EVALUATION PROCESS



COMPREHENSIVE DIAGNOSTIC EVALUATION RESULTS



- Approximately 41% of referrals meet the criteria for ASD
- Cases are complicated and have characteristics that may appear to be autism, however, do not meet diagnostic criteria
- Examples include:
 - Language disorders
 - Borderline or mild intellectual disabilities (not previously identified)
 - ADHD
 - Expressive language deficits
 - Hearing and vision problems
 - Anxiety and mood symptoms
 - Severe trauma experience



COMPREHENSIVE DIAGNOSTIC EVALUATION RESULTS STORIES FROM THE FIELD



- 3 year old Adam was referred by his preschool for an Autism assessment given severe autistic like behaviors in the classroom.
- 15 year Amy was referred by her mother/school for an Autism assessment given autistic like behaviors.
- 3 year old Danny was referred by his mother for an Autism assessment given autistic like behaviors.
- 11 year old Matthew was referred by his parents for an Autism assessment given autistic like behaviors.



BHT Stakeholder Meeting



Questions and Answers



Open Forum





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



**July 17, 2015
3:00 to 5:00 p.m.
Department of Health Care Services
WEBINAR ONLY**

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