



Department of Health Care Services



Behavioral Health Treatment (BHT) Services

Stakeholder Meeting
Thursday, November 18, 2014
3:00 pm – 5:00 p.m.
1500 Capitol Avenue
Auditorium

Integrity

Service

Accountability

Innovation

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Welcome



Today's Presenters:

Laurie Weaver, Chief, Benefits Division

***Sarah Brooks, Chief, Program Monitoring and Medical
Policy Branch, Medi-Cal Managed Care Division***

***Greg Rose, Associate Actuary
Capitated Rates Development Division***



Today's Presentation



- **Welcome**
- **Meeting Purpose**
- **Updates:**
 - **September 30, 2014, State Plan Amendment (SPA) Stakeholder Comments**
 - **SPA Status**
 - **Transition Plan Status**
- **Presentations:**
 - **Overview of Medi-Cal BHT Service Delivery**
 - **Overview of Rate Development Process**
 - **Comprehensive Diagnostic Evaluations**
 - **Other Health Coverage**
- **Questions and Answers**
- **Open Forum**

[Behavioral Health Treatment webpage](#)



Meeting Purpose

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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

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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

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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

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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



Updates

2/3



SPA Status

Revision of SPA language in progress to incorporate stakeholder comments, including CMS comments, to the extent they are consistent with DHCS and CMS' interpretation of federal regulations and state statutes, CMS guidance and directions. Revisions to the SPA language will include the following major categories:

- Eligibility Criteria; CDE with DX of 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



Updates

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Transition Plan

DHCS and DDS staff meet weekly 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 7700)
- Discuss lessons learned and gather consumer comments
- 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



Presentations

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Overview of Medi-Cal Managed Care BHT Service Delivery

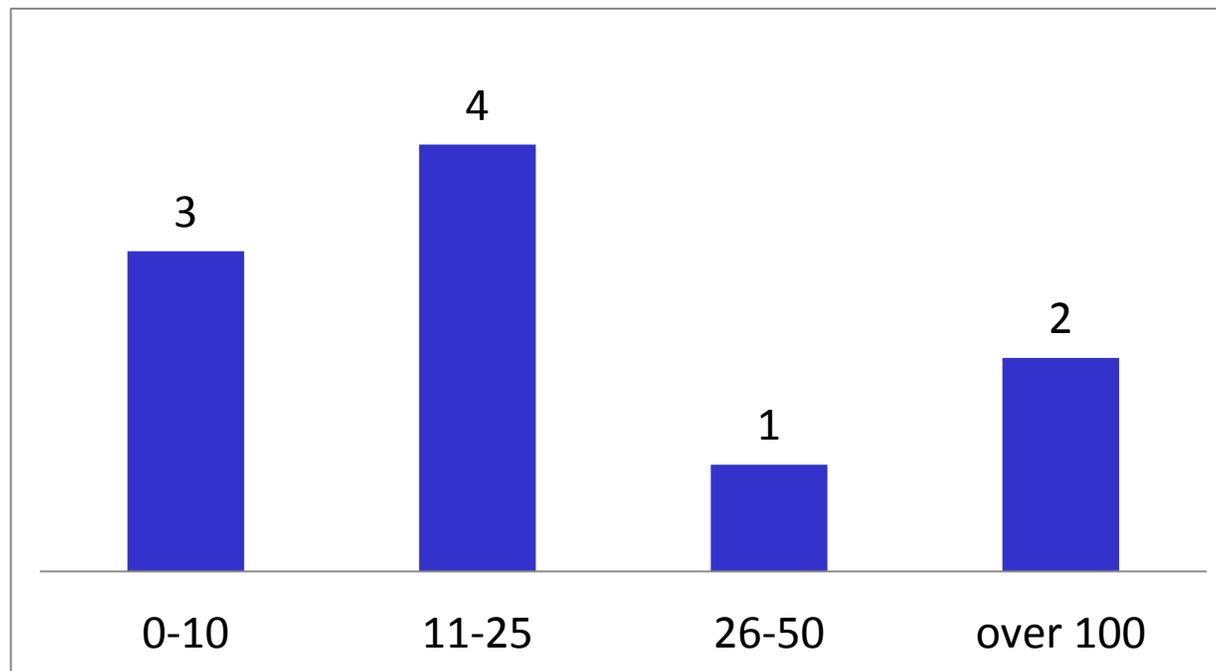


Presentations

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Number of Calls Received for Services

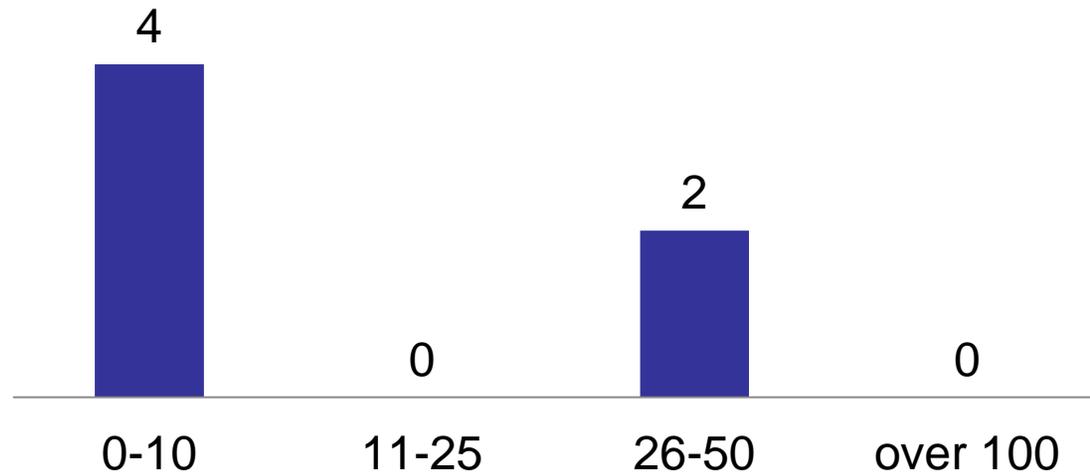


Presentations

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Referrals for Comprehensive Diagnostic Evaluation



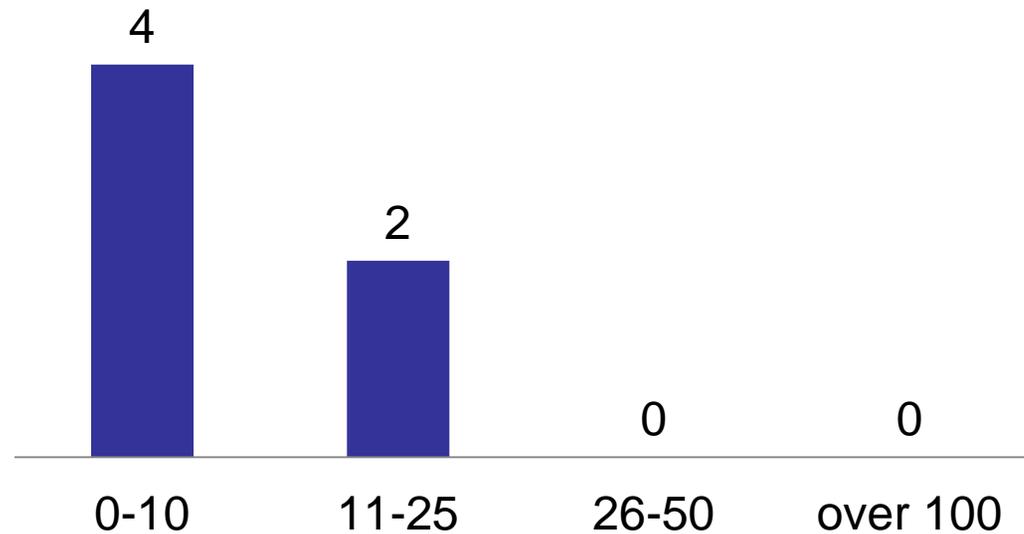


Presentations

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Completed Comprehensive Diagnostic Evaluation



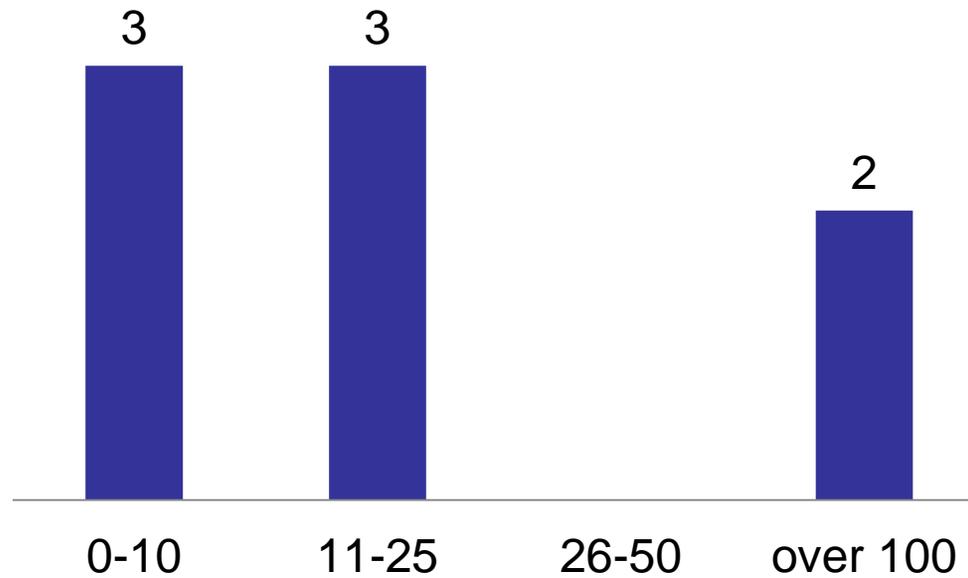


Presentations

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Referrals for Assessment



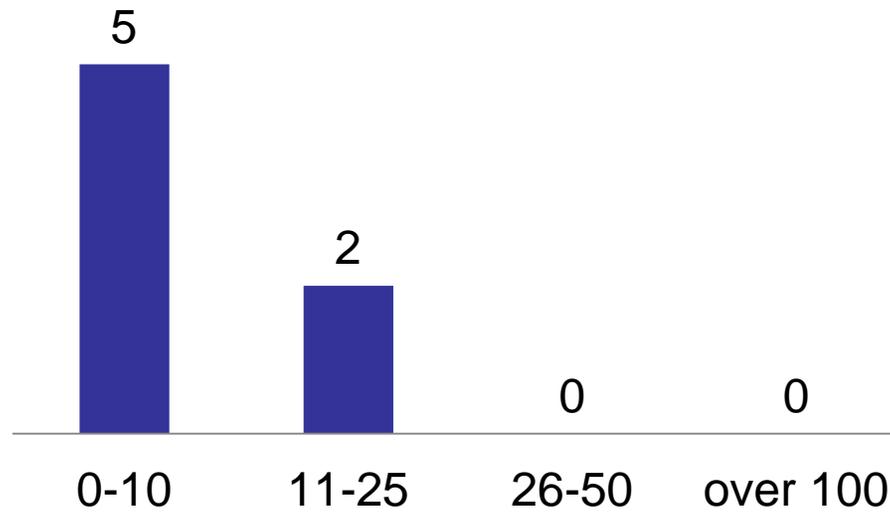


Presentations

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Completed Assessment



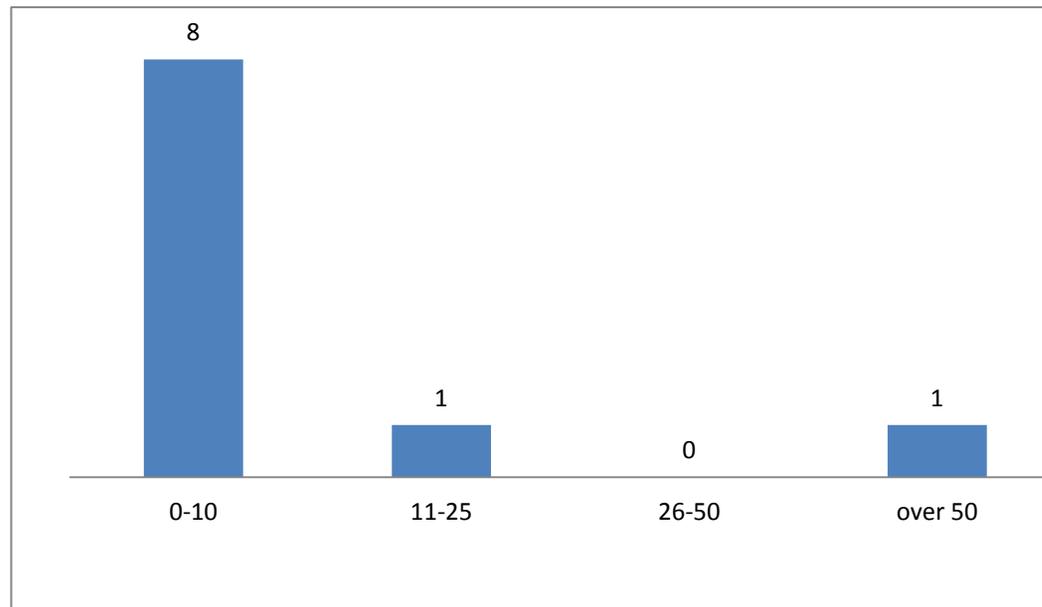


Presentations

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Currently Receiving BHT Services





Presentations

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Overview of Rate Development Process

- **Medi-Cal Managed Care Capitated Rate Development**
- **Medi-Cal Fee for Service Rate Development**



Presentations

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Comprehensive Diagnostic Evaluations: Components of a Best Practice Diagnostic Process

- **Review of relevant background**
- **Parent/caregiver interviews**
- **Medical Evaluations**
- **Direct Behavior Observation**
- **Cognitive Assessment**
- **Adaptive Functioning**

[Autism Best Practices document](#)



Presentations

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Comprehensive Diagnostic Evaluations: Licensed Practitioners/Specialists

- **Specialists in ASD (e.g., UCs, Health Plans)**
- **Regional Centers**
- **Centers for Excellence (e.g., IEHP)**
- **School Districts**



Presentations

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Comprehensive Diagnostic Evaluations: State and Federal Requirements

- **Regional Center Standard 60 days (risk to health) to 120 days following intake to complete (WIC 4643)**
- **42 CFR 440.130(c) Preventive services (BHT) must be recommended by a licensed practitioner**
- **42 CFR 440.230(d) Diagnosis is required prior to provision of medically necessary BHT services**



Presentations

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Other Health Coverage (OHC)

- W&I Code sections 14023.7 and 14024 regarding OHC state that providers can bill Medi-Cal for the remaining unpaid balance for Medi-Cal services as payor of last resort, after first seeking payment from other sources
 - Medi-Cal does not provide coverage for health care services or items that would otherwise be covered services but are available to a beneficiary through other public or commercial health coverage.
 - Beneficiaries are responsible for applying for and obtaining OHC when it would be of no cost to them, for disclosing OHC information, and for utilizing services or benefits provided through the OHC before utilizing Medi-Cal services and benefits.
 - Medi-Cal providers generally have responsibilities to ensure that benefits and services available to beneficiaries through OHC are utilized before Medi-Cal benefits are used for recovering payment or providing services to the beneficiary.
- DHCS is reviewing Waiver vs. State Plan authority
- Evaluating Regional Center clients for OHC and looking at specific issues
- Seeking CMS guidance



BHT Stakeholder Meeting



Questions and Answers

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Open Forum



- ***Provider Rates***
- ***Consumer Experience Transition to Commercial Plans and Identification of Lessons Learned***
- ***Comprehensive Diagnostic Evaluations***
- ***Other***



Questions/Comments



***If you have questions or would like to provide comments related to the DDS/DHCS Transition Plan, contact DHCS at:
Email Address:***

ABAinfo@dhcs.ca.gov



BHT Stakeholder Meeting Schedule



<p>November 18, 2014 3:00 p.m. – 5:00 p.m. Department of Health Care Services Auditorium</p>	<p>December 19, 2014 3:00 p.m. – 5:00 p.m. Department of Health Care Services Auditorium</p>
<p>January 22, 2015 3:00 p.m. – 5:00 p.m. Department of Health Care Services Auditorium</p>	<p>Thursday, February 19, 2015 3:00 to 5:00 p.m. Department of Health Care Services 1500 Capitol Avenue, Auditorium</p>

[Behavioral Health Treatment webpage](#)