

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 and surgeon or is developed by a licensed psychologist. In accordance with 42 CFR 440.130(c), BHT services such as Applied Behavioral Analysis (ABA) and other evidence-based behavioral intervention services that prevent or minimize the adverse effects of Autism Spectrum Disorder (ASD) and promote, to the maximum extent practicable, the functioning of a beneficiary. Services that treat or address 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 Comprehensive diagnostic evaluation Behavioral assessment and development of treatment plan Delivery of evidence based BHT services Training of parents/guardians.</p>	<p>BHT services are provided under a prior authorized treatment plan that has measurable goals over a specific timeline for the specific patient being treated developed by a qualified autism service provider. The treatment plan shall be reviewed no less than once every six months by a qualified autism service provider and modified whenever appropriate.</p> <p>Additional service 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>Services must be provided and supervised under an approved treatment plan developed by a qualified autism service provider.</p> <p>The treatment plan shall:</p> <ol style="list-style-type: none"> <li>1. Describe the beneficiary's behavioral health impairments or developmental challenges that are to be treated;</li> <li>2. Design an intervention plan that includes the service type, number of hours of direct service and supervision, and parent/guardian participation need to achieve the long, intermediate, and short-term goals and objectives that are specific, behaviorally defined, measurable, and based upon clinical observation; the frequency at which the beneficiary's progress is evaluated and reported, and identifies the individual providers responsible for delivering the services;</li> <li>3. Provide intervention plans that utilize evidence-based practices, with demonstrated clinical</li> </ol>

\* Prior authorization is not required for emergency service.

\*\*Coverage is limited to medically necessary services

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	TYPE OF SERVICE	PROGRAM DESCRIPTION**	PRIOR AUTHORIZATION OR OTHER REQUIREMENTS*
13c	Preventive services (cont.)  BHT (cont.)		<p>efficacy in treating ASD;</p> <ol style="list-style-type: none"> <li>4. Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives;</li> <li>5. Discontinues BHT services when the treatment goals and objectives are achieved or no longer appropriate.</li> </ol> <p>The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in a treatment program. The treatment plan shall be available to a health plan upon request.</p> <p>Treatment services may be administered by one of the following:</p> <p><b>Qualified Autism Service Provider:</b> Person, entity, or group. Meets education and training prerequisites established by a national entity accredited by the National Commission for Certifying Agencies and is certified by said entity as a (BCBA). Designs, supervises, or provides treatment for ASD, provided the services are within the experience and competence of the person.</p> <p>A person licensed as a physician and surgeon, physical therapist, occupational therapist, 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>

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