

Health Practice Tip September 2014

Beginning September 15, children under 21 on Medi-Cal are eligible for Behavioral Health Treatment services, including Applied Behavior Analysis (ABA) services.

What kind of treatment can an eligible child get?

The Behavioral Health Treatment (BHT) benefit includes ABA and other evidence-based behavior intervention services that develop or restore, to the maximum extent practicable, the functioning of an individual diagnosed with Autism Spectrum Disorder (ASD). Treatment includes the development of a treatment plan at the expense of the managed care plan. Existing benefits (including speech, occupational and physical therapy as well as psychology, psychiatry and counseling services) will remain covered Medi-Cal benefits.

How can a child get treatment?

Advice for your clients:

1. You should contact the child's health plan (e.g. Kaiser, Anthem BlueCross, LACare, Health Plan of San Mateo) and ask what steps are necessary to get behavioral health treatment services.
2. Make an appointment with your child's primary care provider and ask for a referral for behavioral health treatment by a licensed physician, surgeon or psychologist. You should also ask for a comprehensive diagnostic evaluation if one has not been completed. A comprehensive diagnostic evaluation is where the specialist goes through a clinical history with the informed parent/guardian, observes the child, reviews available records, and should last no more than 4 hours. The specialist should offer your child an appointment within 10-15 business days after being referred. If you already have a comprehensive diagnostic evaluation, have the provider share it with your health plan.
3. The Health Plan should notify you of its determination and refer your child to a qualified autism service provider who should meet with your child within 10-15 business days of determination to discuss treatment and development plan.
 - a. If your child has a fee-for-service Medi-Cal plan, she can receive services at a Regional Center, even if she does not currently qualify to receive services.
 - b. If your child is denied service, file a complaint or grievance with the health plan AND ask for an Independent Medical Review (IMR). For more details, contact

the Department of Managed Health Care (DMHC) Help Center at 1-888-466-2219 or online at

https://www.dmhc.ca.gov/FileaComplaint/ConsumerIndependentMedicalReviewComplaint/IndependentMedicalReviewComplaintForm.aspx#.VBiEFxY_D5M.

How long will it take to get treatment?

Under the Knox-Keene Act, a set of laws enacted by the California Legislature to regulate managed care plans, managed care plans must provide timely access to care. The timely access standards are:

- Within 10 days of request for routine primary care,
- Within 15 days of request for specialty care,
- Within 10 days of request for mental health care, and
- Within 15 days of request for ancillary diagnosis or treatment services.

The ABA benefit was created and is being implemented on an expedited basis, so not all plans may have provider networks established beginning September 15. However, plans are still obligated to provide timely treatment even if they need to arrange care through a non-network provider. A covered child should receive BHT services within 60-90 days of initial referral request.

What if the child is already getting treatment through the Regional Center?

At this time, the child will continue to be eligible for treatment through the Regional Center and will continue to receive these services until the Department of Health Care Services and Department of Development Services develops a transition plan. If the child is not receiving adequate treatment from the Regional Center, your client should contact her health plan and request treatment.

What if the child has a preferred autism service provider who is out-of-network?

If the child has an existing relationship with a qualified autism service provider, meaning the child has seen this provider at least twice since September 15, 2013, and the provider is willing and able to provide service based on the Medi-Cal fee schedule, then the child may continue seeing that provider.

What if my client is put on a waiting list, told treatment is not available or has any other problem?

1. You or your client should send an e-mail to the Department of Health Care Services (ABAInfo@DHCS.CA.GOV) and register a complaint. CC the advocates (MediCalAutismBenefit@yahoo.com) on the complaint so we can track the issues families encounter.
2. Call DMHC's Help Center at 1-888-466-2219 and register a complaint.

