

IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Behavior Health Treatment (BHT)	Guideline #	UM BH 08
		Original Effective Date	5/31/2022
Section	Behavioral Health	Revision Date	11/25/2024

**COVERAGE POLICY**

**A. Initial Evaluation**

IEHP will cover medically necessary Behavioral Health Treatment (BHT) evaluation for eligible beneficiaries under the age of 21 years of age **when the following 3 criteria are met:**

1. The Member has or is suspected of having a diagnosis of autism spectrum disorder (ASD), or when it is determined that evidenced-based BHT services are medically necessary.
2. The Member is medically stable and without a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or in an intermediate care facility.
3. There is a formal request from a physician or psychologist requesting BHT Services that outlines the member excesses and/or deficits of behaviors that significantly interfere with home or community activities.

**B. BHT plan**

BHT services must be provided, observed, and directed under a MCP approved behavior treatment plan.

1. The treatment plan must be person-centered and based on individualized, measurable goals and objectives over a specific timeline for the specific member being treatment.
2. The behavioral treatment plan must be reviewed, revised and/or modified every six months.

**C. BHT plans must also meet the following criteria:**

1. Description of patient information, reason for referral, brief background information (demographics, living situation, or home /school/work information), clinical interview or recent assessments/reports, assessment procedures and results.
2. Outline baseline behaviors and the treatment planned along with frequency to address the behaviors.
3. Outline measurable long-, intermediate- and short-term goals and objectives that are member specific behaviorally defined, developmentally appropriate, socially significant based on clinical observation
4. Include measurable criteria that will be used to measure achievement of BHT
5. Clearly identify the service type, number of hours of direct service(s) observation and direction, parent/guardian training, support and participation needed to achieve the goals. Consider the member’s age, school attendance requirements, and other daily activities when determining the number of hours that are medically necessary.
6. Include a transition plan, crisis plan and each individual provider who is responsible for delivering services
7. Documentation of care coordination that involves parents or caregivers(s), school, state or disability programs.
8. Delivered BHT services must be in a home or community-based setting, including clinics.
9. Include an exit plan

1. **Non-covered BHT services under the EPSDT<sup>1</sup> benefit:** Services when continued clinical benefit is not expected.
2. Provision or coordination of respite, day care or educational services, or reimbursement of a parent, legal guardian, or legally responsible person for costs associated with participation under the behavioral treatment plan.
3. Treatment where the sole purpose is vocationally or recreationally based
4. Custodial Care- For purposes of BHT services, custodial care is provided primarily to maintain the Member's or anyone else's safety and could be provided by persons without professional skills or training.
5. Services, supplies, or procedures performed in a non-conventional setting, including, but not limited to, resorts, spas, and camps.
6. Services rendered by a parent, legal guardian, or legally responsible person.
7. Services that are not outlined as evidence based in the American Psychiatric Association Treatment Guidelines or American Psychological Association Practice Guidelines

#### **CLINICAL/REGULATORY RESOURCE**

Regulatory requirements from the appropriate agency (CMS, DHCS, DMHC, NCQA, etc.) or statutes, if applicable.

Relevant guidelines/information from national/international medical organizations

#### **REFERENCES**

1. APL23-010, Responsibilities for Behavioral Health Treatment Coverage for Members under the age of 21. Accessed November 25, 2024.
2. APL 23-005, Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21. Assessed November 25, 2024.
3. APL 22-006, Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services. Accessed November 25, 2024.

#### **DISCLAIMER**

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.

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<sup>i</sup> Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services were established by Congress in 1967 and provide for a comprehensive array of prevention, diagnostic, and treatment services for individuals under the age of 21 who are enrolled in full-scope Medi-Cal. The goal of EPSDT is to assure that individual children get the health care they need when they need it. EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents is available at [https://www.medicaid.gov/medicaid/benefits/downloads/epsdt\\_coverage\\_guide.pdf](https://www.medicaid.gov/medicaid/benefits/downloads/epsdt_coverage_guide.pdf)