POLICY AND PROCEDURE

Policy Number	BH-001
Policy Name	Behavioral Health Services
Department Name	Health Care Services
Department Officer	Chief Medical Officer
Policy Owner	Senior Medical Director / Senior Director of Behavioral Health
Lines of Business	MCAL, IHSS
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Subcommittee Name	Quality Improvement Health Equity Committee
Subcommittee Approval Date	4/19/2024
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POLICY STATEMENT

A. Alameda Alliance shall provide the following Behavioral Health Services when they are provided or ordered by a licensed health care professional acting within the scope of his or her license:

1. Individual/group Mental Health evaluation and treatment (psychotherapy);
2. Psychological testing when clinically indicated to evaluate a Mental Health condition;
3. Outpatient services for the purposes of monitoring drug therapy;
4. Psychiatric consultation for medication management;
5. Outpatient laboratory, supplies and supplements;
6. Alcohol Misuse Screening and Counseling (AMSC) for Members who misuse alcohol, in accordance with Alameda Alliance Policy UM-013 Coordination of Care-Substance Abuse
7. Family therapy (composed of two (2) or more family members) for adult Members with a Mental Health condition and child Members under twenty-one (21) who meet criteria as specified in the Medi-Cal Provider Manual.
   a. Family counseling for the sole purpose of treating a couple's relational problems, including marriage counseling, is not covered.

B. Alameda Alliance collaborates with Alameda County Behavioral Health (ACBH) and contracted mental health providers to gather and share member's mental health treatment information for the purposes of care coordination. PHI is shared securely to ensure member information is protected and viewed only by authorized staff and treating providers for the purpose of care coordination.

C. Alameda Alliance refers members to the ACBH ODS program for SUD treatment. Alameda Alliance ensures that member privacy and data security for SUD treatment

is maintained according to State and Federal guidelines including 42-CFR. Member authorization to release information allowing treatment history, active treatment, and health information to be exchanged in obtained as required by law.

D. For Members under the age of twenty-one (21), Alameda Alliance shall provide Medically Necessary non-specialty Menal Health services listed in Section II A of this Policy, regardless of the severity of the impairment.

E. For Members under the age of twenty-one (21), Alameda Alliance shall provide Medically Necessary Behavioral Health Treatment (BHT) services

1. BHT services are evidenced-based and include but are not limited to Applied Behavioral Analysis (ABA).
2. If diagnosis is complete or there is prior BHT treatment history, the member is triaged by the Alliance ABA Analyst who is a Board-Certified Behavioral Analyst.
3. If the member seeking BHT services does not have a treatment history and has not been evaluated and diagnosed, a referral is made for evaluation with a pediatrician or psychologist to determine the need for the Comprehensive Diagnostic Evaluation and ABA services.
4. The parent or guardian is instructed to submit a copy of the available information from the treating provider that must show that the member exhibits the presence of excessive and/or deficits of behaviors that significantly interfere with home and community activities.
5. The Alliance BCBA reviews the available information and confirms that the member is 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.
6. The Alliance BCBA conducts a thorough assessment of the Member's history and may request additional documentation from the parent or guardian to determine specific treatment needs and the number of hours needed for the initial Functional Behavioral Assessment (FBA). This initial assessment completed by the Alliance BCBA may include one or more of the following:
    a. Additional evaluations or diagnostic report.
    b. Release of Information form.
    c. Individual Education Plan (IEP) report for the member.
    d. Reports from therapists providing any other services.
    e. Previous assessments/treatment plans if applicable.
    f. Previous behavior plan if applicable.
7. The Alliance BCBA reviews the information provided by the parent or guardian, diagnostic and assessment information and follows MCG guidelines and the Board of Behavioral Analysis guidelines to refer the member to a Qualified Autism Service Provider for a Functional Behavioral Assessment (FBA) if a current FBA is not already completed.
8. The Alliance BCBA reviews the FBA and provides authorization for 6 months of BHT services utilizing MCG guidelines and the Board of Behavioral Analysis guidelines.
9. The Alliance Behavioral Health Care Managers (Clinicians) and staff assist the

Alliance BCBA in responding to member needs throughout the course of BHT treatment and the BCBA reviews subsequent treatment reports submitted by the Qualified Autism Service Provider at 6-month intervals and provides subsequent authorizations for continuing BHT services.

F. Alameda Alliance shall *not* impose quantitative or non-quantitative treatment limitations more stringently on covered Behavioral Health Services than are imposed on medical/surgical services covered by Alameda Alliance, in accordance with the parity in Mental Health and substance use disorder requirements in Title 42, Code of Federal Regulations (CFR), Part 438, Subpart K.

G. For Group Care Members Alameda Alliance manages all levels of care (including but not limited to outpatient, intensive outpatient, residential and Inpatient) for mental health and SUD conditions. For Group Care Members Alameda Alliance does not require prior authorization for emergency MH/SUD inpatient admissions but does require prior authorization for residential services, intensive outpatient services, psychological testing, electroconvulsive therapy and transcranial magnetic stimulation.

1. Alameda Alliance will cover behavioral health crisis stabilization services and care provided to an enrollee by a 988 center, mobile crisis team, or other provider of behavioral health crisis services without prior authorization.
2. Alameda Alliance will require prior authorization as a prerequisite for payment for medically necessary mental health or substance use disorder services following stabilization from a behavioral health crisis addressed by services provided through the 988 system only if the plan's prior authorization requirements comply with Section 1374.721.
3. If there is a disagreement between Alameda Alliance and the behavioral health crisis service provider or facility regarding the need for medically necessary mental health or substance use disorder services following stabilization of the enrollee, the plan will assume responsibility for the care of the enrollee by arranging for services for the enrollee pursuant to Section 1374.72 at a level of care consistent with utilization review criteria pursuant to Section 1374.721
4. Alameda Alliance will not require, under any circumstances, a behavioral health crisis services provider or facility to discharge or transfer an enrollee before stabilization has occurred or before utilization review consistent with Section 1374.721.
5. If contacted by a 988 center, mobile crisis team, or other provider of behavioral health crisis services, Alameda Alliance will either authorize post stabilization care or inform the provider it will arrange for the prompt transfer of the enrollee's care to another provider within 30 minutes of the time the provider makes the initial telephone call requesting authorization for post stabilization care.
6. To the extent permissible under federal law, the plan will not require a 988 center, mobile crisis team, or other provider of behavioral health crisis services to make more than one post stabilization telephone call to the number provided in advance by the plan.
7. Alameda Alliance will not require the representative of the 988 center, mobile crisis team, or other provider of behavioral health crisis services that makes the post stabilization telephone call to the plan to be a physician or surgeon.

H. Alameda Alliance shall use tools mutually agreed upon with Alameda County Behavioral Health (ACBH), administered by Alameda Health System (AHS) to assess the Member's disorder, level of impairment, and needed care.

I. Through a network of licensed Mental Health care Providers, Alameda Alliance shall provide Behavioral Health Services to Members with Mild to Moderate impairment of behavioral, cognitive, and emotional functioning resulting from a mental condition in the current Diagnostic and Statistical Manual (except relational problems), individual/group Mental Health evaluation and treatment (psychotherapy), testing when clinically indicated to evaluate a Mental Health condition, and outpatient services for the purpose of monitoring drug therapy; and psychiatric consultation for medication management.

J. Alameda Alliance and its contracted Primary Care Providers (PCPs) shall provide AMSC for Members identified as at-risk of alcohol misuse in accordance with Alameda Alliance Policy.

K. Alameda Alliance and its contracted PCPs shall be responsible for screening and providing Mental Health services within the scope of their practice.

L. Alameda Alliance shall maintain the privacy of Member's Protected Health Information (PHI), in accordance with all federal and state laws when using or disclosing PHI for treatment, payment, and health care operation, including applying minimum necessary standards, when applicable, in accordance with Alameda Alliance Policies: Tracking and Reporting Disclosures of Protected Health Information (PHI), Protected Health Information Disclosures Required by Law, Use and Disclosure for Treatment, Payment, and Health Care Operations. (CMP-005 Minimum Necessary Use & Disclosures)

M. Alameda Alliance shall obtain written authorization from the Member prior to the use or Disclosure of PHI for purposes other than treatment, payment, and health care operations, in accordance with Alameda Alliance Policies: Use and Disclosure of PHI for Treatment, Payment, and Health Care Operations, Member Authorization for the Use and Disclosure of Protected Health Information.

N. Alameda Alliance shall maintain and monitor an appropriate provider network and ensure timely access to Behavioral Health Services as set forth by the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC) and Alameda Alliance Policy: QI 108 Access and Availability Standards.

O. If Behavioral Health Services that are the responsibility of Alameda Alliance are unavailable to the Member within the network, Alameda Alliance shall arrange for the provision of Behavioral Health Services outside the network in a timely manner, and in accordance with Alameda Alliance Policy: UM-057 Authorization Request.

P. Alameda Alliance shall not require a referral from a PCP or Prior Authorization for an initial Mental Health assessment performed by a network Mental Health Provider. In addition, Behavioral Health Services do not require Prior Authorization except for Psychological Testing and Behavioral Health Treatment (BHT) Services, in accordance with Alameda Alliance Policies and APL 22-005 (No Wrong Door for MHS) Prior Authorization requirements shall be in compliance with the requirements for parity in Mental Health and substance use disorder benefits in Title 42 CFR section 438.910(d).

Q. Alameda Alliance shall provide a direct telephone call center for emergencies during

non-business hours for Members to access and for Providers to coordinate care or to access the nearest emergency room during a crisis.

1. Alameda Alliance shall ensure:

    a. Timely access to screening of Members for Mild to Moderate Behavioral Health Services using the age appropriate DHCS approved Screening Tool;
    b. Appropriate staffing levels of the call center; and
    c. Recruitment of staff who speak the Threshold Languages and provide, at no cost to the Member, access to interpreter services pursuant to Alameda Alliance Policy: Cultural and Linguistic Services.

2. Alameda Alliance shall ensure its call center staff have relevant knowledge to:

    a. Provide information regarding Covered Services;
    b. Identify the location, qualifications, and availability of Providers within the Alameda Alliance Behavioral Health Provider network;
    c. Inform Members of their rights and responsibilities, in accordance with Alameda Alliance Policy: Member Rights and Responsibilities;
    d. Communicate the procedure for Member Complaints, Grievances, and Appeals, in accordance with Alameda Alliance Policies, Member Grievance and Appeal Process;
    e. Communicate the procedure for Provider Complaints and disputes, Appeals and Grievances in accordance with Alameda Alliance Policies, Alameda Alliance Provider Complaint and Appeal Process;
    f. Access oral interpretation services and written materials in Threshold Languages for Members;
    g. Provide information on other community services or resources available to Members; and
    h. Educate the Member regarding the procedure and department at Alameda Alliance to contact if the Member would like to change their Health Network or has questions about Health Network options.

R. Alameda Alliance shall identify and refer an eligible Member to ACBH for the provision of Medi-Cal Specialty Mental Health Services.

S. Alameda Alliance shall identify and refer an eligible Member to the County Drug-Medi-Cal Organized Delivery System (DMC-ODS) for the provision of Drug Medi-Cal services.

T. Alameda Alliance will develop an annual outreach and education plan for Medi-Cal members and primary care providers to increase awareness of the non-specialty mental health services (NSMHS) available to Alliance members which is posted on the Alliance website. The outreach and education conducted for Members will meet cultural and linguistic appropriateness standards, incorporate best practices in stigma reduction, and provide multiple points of contact for Members to access NSMHS. The outreach and education plan will be reviewed annually with the Quality Improvement Health Equity Committee (QIHEC).

The Alliance collaborates with Alameda County Behavioral Health and relevant community organizations including tribal liaisons, with the focus on

ensuring that members understand how they can "receive timely mental health services without delay regardless of the delivery system where they seek care and that members are able to maintain treatment relationships with trusted providers without interruption."

The outreach and education plan includes content specifically created for both members and PCPs and it is informed by, but not limited, to the following:

1) The MCP's stakeholders, including the community advisory committee (CAC) established by the MCP and Quality Improvement and Health Equity Committee (QIHEC) which includes tribal liaisons.

2) Most recently approved DHCS Population Needs Assessment as defined by the Population Health Management (PHM) Policy Guide, or the most recently approved National Committee for Quality Assurance (NCQA) Health Plan Accreditation (HPA) Population Assessment.

3) A utilization assessment of provided NSMHS that is, at a minimum, stratified and analyzed by race, ethnicity, language, age, sexual orientation, gender identity, and disability.

4) Regularly scheduled Operational and No Wrong Door Meetings with ACBH are utilized to collaborate with the County Mental Health Plan (ACBH) to coordinate outreach and education efforts for Members to improve access to mental and behavioral health services.

5) Quarterly No Wrong Door Meetings, Joint Operational Meetings and monthly Coordination of Care meetings with ACBH address timely access to services and facilitate and support uninterrupted treatment relationships between members and providers in both the Alliance provider network and the ACBH network of services.

6) Collaboration with ACBH leadership and the ACBH Mental Health Services Act implementation team is ongoing to ensure alignment and awareness of programs and services developed and available through the Mental Health Services Act funding.

U. Alameda Alliance's Behavioral Health Department performs the care management and utilization management functions requiring behavioral health expertise and experience. The Alliance integrates behavioral health into its UM, CM and QI program descriptions, work plans and annual evaluations to ensure parity and enable the Alliance's efforts to provide integrated whole person healthcare services.

V. Alameda Alliance's Behavioral Health Department provides Care Management and Utilization Management for Mental Health and Autism Services. The Behavioral Health Department is overseen by the Senior Director of Behavioral Health and the Senior Medical Director. The Senior Medical Director is an Emergency Medicine Physician and the Senior Director of Behavioral Health is a licensed psychologist. Together, they are responsible

for Behavioral Health Care Management and Utilization Management processes and level of care determinations. The Behavioral Health Department is staffed by licensed Mental Health clinicians including LCSWs, LMFTs, BCBAs, RNs and Behavioral Health navigators.

PROCEDURE

A. PCP and Behavioral Health Services

1. For alcohol misuse, a PCP shall:
    a. Administer the DHCS-approved screening tool for identifying alcohol misuse in accordance with DHCS All Plan Letter (APL) 18-014: Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care.
    b. Provide behavioral counseling intervention on identified issue(s); and
    c. Refer to ACBH for additional assessment and counseling when indicated.
2. For Mental Health, a PCP shall:
    a. Screen and provide Mental Health services within the scope of their practice; and
    b. Refer the Member for further Mental Health services through Alameda Alliance's and / or ACBH's Mental Health Provider Network.

B. Accessing Alameda Alliance Behavioral Health Services

3. A Member may access Behavioral Health Services through the Alameda Alliance Member Services Phone Line.

4. A Member may be referred to the Alameda Alliance Member Services Phone Line from the following:
    a. Alameda County Mental Health Plan (ACBH) ACCESS Line;
    b. Self-referral;
    c. Authorized Representative or caregiver.
    d. PCP;
    e. Specialty Care Provider;
    f. Behavioral Health specialist;
    g. Long-Term Support Services (LTSS) Provider;
    h. Community-based agency;
    i. Case manager, Disease Management staff, or discharge planner; and
    j. Other Providers of a Member's health care team.

C. Alameda Alliance Member Services Phone Line

5. Call Center requirements shall include:
    a. Complying with telephone access standards in accordance with Alameda Alliance Policies: Access and Availability Standards; and Member Services

Clinical Referral and Triage Process (MBR – 062)

b. Utilizing linguistic interpreter services, or the California Relay Service for Members, as necessary to ensure effective communication;
c. Verifying the caller's Medi-Cal eligibility and Health Network assignment;

    i. If the caller is a Alameda Alliance Medi-Cal Member assigned to Kaiser Foundation Health Plan (Kaiser), Alameda Alliance shall refer and provide the caller the Kaiser phone line to access services.
    ii. If the caller is not a Medi-Cal beneficiary and not in crisis, call center staff shall refer the caller to Alameda County Social Services or provide enrollment information and suggest a community resource for treatment of their described symptoms.

d. Determining if the caller is seeking help for a Mental Health concern;
e. Screening for crisis and determining if the call is routine, urgent or emergent. If determined urgent or emergent, call center staff shall immediately complete safety screening;
f. If a caller's needs are indicated as requiring Emergent or Urgent Services including when a caller who potentially presents as a danger to self or others, call center staff shall transfer the caller to the Alliance BH Care Management Team and/or County's Crisis Response services without delay to prevent further deterioration of the caller's condition;
g. Call center staff must link Emergent calls to the Alliance Behavioral Health Care Management Team (Clinician) immediately, but in no case more than two (2) hours after determining the call is emergent;
h. Call center staff must transfer urgent calls for services to the Alliance Behavioral Health Care Management Team (Clinician) immediately, but in no case more than within twenty-four (24) hours after making the determination that the call is urgent;
i. Call center staff must obtain confirmation and document that any caller assessed as requiring Emergent or Urgent Services has been appropriately connected to the Alliance Behavioral Health Care Management Team (Clinician) and:
j. If the Caller is determined to be a Medi-Cal beneficiary assigned to Alameda Alliance with a Mental Health need, the call center staff shall conduct a brief telephone clinical screening tool approved by DHCS to verify appropriate level of services and transfer/refer members meeting the threshold criteria for Specialty Mental Health Services to the ACBH Access Team to initiate appropriate mental health services.
k. The member services staff will use the DHCS approved screening tool to determine the need for a referral to Alameda County Behavioral Health of moderate to severe services. Member services will transfer/refer members to the ACBH Access Team to initiate appropriate mental health services.

6. As a result of the brief telephone clinical screening using the DHCS approved Screening Tool:

    a. If it is determined the Member meets Mild to Moderate need for Behavioral Health Services, the call center staff will provide the Member with referrals to appropriate Behavioral Health Services. The call center staff will ensure the Member is directed to Providers that are within the Alameda Alliance

Behavioral Health Network, are currently accepting Alameda Alliance Medi-Cal Members, can provide appropriate cultural and linguistic services, and can offer a first appointment within the standards pursuant to Alameda Alliance Policy: Access and Availability Standards.

b. If determined the Member does *not* meet Mild to Moderate need for Behavioral Health Services and rather does meet for Serious Mental Illness (SMI), the call center staff will warm transfer the member to the Alliance BH Care Manager who will complete the DHCS clinical assessment and transition of care form and subsequently transfer the member to ACBH ACCESS where the Member will establish appropriate services consistent with APL 22-005 No Wrong Door for MHS.

    i. Based on screening, member will be referred to ACBH if member has:
        a. An included diagnosis for services with ACBH
        b. A significant impairment in an important area of life functioning or a reasonable probability of deterioration in an important area of life functioning

    ii. Member can also initiate services by self-referring to an Alliance contracted provider. The Alliance contracted provider to complete the initial screening during the first initial assessment appointment. If based on the screening, member meets criteria for Specialty Mental Health Services, current provider to notify Alliance BH department to refer the member to ACBH for services utilizing the DHCS approved Transition of Care Tool.

    iii. Transfer/refer members to ACBH Access Team:
        a. If during clinical review or during the course of treatment the behavioral health provider determines that member meets criteria for Specialty Mental Health Services through the Mental Health Plan, BH Case Manager will coordinate with member and current behavioral health provider to transition member to the ACBH for services. BH Case Manager will ensure successful linkage to ACBH for services consistent with "closed loop" referral requirements.

c. If further assessment and treatment for alcohol and/or substance use is determined, the call center staff shall warm transfer the Member to ACBH for Drug Medi- Cal services.

7. Alameda Alliance shall ensure the following steps are completed during the Member call:

    a. Member's eligibility status and Health Network assignment shall be verified each time the Member contacts the Alameda Alliance Member Services Phone Line;
    b. A safety screening and an age-appropriate Screening Tool approved by DHCS will be completed, the outcome/results of the screening, and if applicable, any resources/Provider referrals that were provided; and
    c. Warm transfer to the Alliance BH Care Management Team for further clinical assessment based on the Safety Screening and protocols for identification of urgent and emergent access to care.

D. Care Coordination

8. Alameda Alliance shall coordinate Mental Health care for Members enrolled in the Enhanced Care Management (ECM)and Community Supports (CS) in accordance with Alameda Alliance polices for ECM and CS.

    a. Alameda Alliance shall ensure compliance with all applicable State and federal requirements related to ECM and all CSS requirements determined by DHCS.
    b. Alameda Alliance shall ensure Members are receiving appropriate and coordinated services.

9. Alameda Alliance shall ensure care coordination with ACBH is addressed in interagency Alameda Alliance/ACBH Collaboration Meetings to ensure:

    a. Provision of all Medically Necessary Covered Services; and
    b. Identification and referral of eligible Members to LTSS based on Member's Plan of Care.
    c. When Alameda Alliance is determined to be responsible for covered Behavioral Health Services, Alameda Alliance shall initiate, provide, and maintain ongoing care coordination as mutually agreed upon in the Memorandum of Understanding with the ACBH.
    d. Transition of care is provided for Members transitioning to or from Alameda Alliance or ACBH Mental Health services in compliance with APL 22-005 (No Wrong Door for MHS) requirements. ACBH clinical consultation, including consultation on medications, shall be provided to Alameda Alliance's PCPs who are treating Members with mental illness;

10. Coordination of care for Inpatient Mental Health treatment:

    a. ACBH requires that inpatient hospital Providers notify a Member's PCP within twenty-four
    (24) hours of admission and discharge from an inpatient Mental Health treatment to arrange for appropriate follow-up services.
    b. To facilitate transition of care for Members transiting to or from ACBH Mental Health services, Alameda Alliance's PCPs and the outpatient Behavioral Health Providers treating
    Members with mental illness shall receive clinical consultation, including consultation on medication from ACBH.
    c. Alameda Alliance and contracted Health Network PCPs and the outpatient Behavioral Health Provider shall review and update the care plan of the Member as clinically indicated.

11. Services provided Simultaneously by Alliance and ACBH

    a. ACBH and Alameda Alliance will coordinate provision of prescribing psychiatrists and psychiatric NPs who are serving Alameda Alliance members; and
    b. Ensure non-duplicated specialty Mental Health services provided through ACBH, including psychiatric medication management, can be provided simultaneously with Mental Health services provided by Alameda Alliance network providers when clinically appropriate.

12. Emergency Services

    a. Alameda Alliance shall provide emergency room facility and related services (other than Specialty Mental Health Services), home health agency services as described in Title 22 of the California Code of Regulations (CCR) section 51337, Non-Emergency Medical Transportation as defined in Alameda Alliance Policy: Transportation: Emergency, Non- Emergency, and Non-Medical, and Covered Services to treat the physical health needs of Members who are receiving psychiatric inpatient hospital services, including the history and physical examination required upon admission;
    b. Alameda Alliance shall provide direct transfers between psychiatric inpatient hospital services and inpatient hospital services required to address a Member's medical problems based on changes in the Member's Mental Health or medical condition; and
    c. As the County Mental Health Plan, ACBH provides emergency assessment of the Member's Mental Health condition through their Crisis Services Team and designated Emergency Departments throughout Alameda County.

13. Information Exchange

    a. Alameda Alliance shall ensure timely sharing of information and roles and responsibilities for sharing Protected Health Information (PHI) for the purposes of medical and Behavioral Health care coordination pursuant to Title 9, CCR, section 1810.370(a)(3), and in compliance with Health Insurance Portability and Accountability Act (HIPAA) and applicable state and federal privacy laws.

14. Members receive Specialty Mental Health Services, as well as alcohol and/or substance use disorder treatment while receiving services from a Specialty Mental Health Provider; and

15. Members are receiving services from ACBH and/or Drug Medi-Cal program.

DEFINITIONS

Term	**Definition**
Appeal	A review by Alameda Alliance of an adverse benefit determination, which includes one of the following actions: A. A denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for Medical Necessity, appropriateness, setting, or effectiveness of a Covered Service; B. A reduction, suspension, or termination of a previously authorized service; C. A denial, in whole or in part, of payment for a service; D. Failure to provide services in a timely manner; or E. Failure to act within the timeframes provided in

	42 CFR 438.408(b).
Authorized Representative	A person designated by the Member, or a person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting in loco parentis who have the authority under applicable law to make health care decisions on behalf of unemancipated minors.
Behavioral Health Services	Services which encompass both Mental Health and substance use disorder services, as covered by Alameda Alliance.
Behavioral Health Treatment (BHT) Services	Professional services and treatment programs, including but not limited to Applied Behavior Analysis (ABA) and other evidence-based behavior intervention programs that develop and restore, to the maximum extent practicable, the functioning of an individual with Autism Spectrum Disorder. BHT is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior.
Alameda Alliance Member Services Phone Line	Toll-free telephone number that Providers, Members or individuals acting on behalf of Members can call to obtain referrals for all Alameda Alliance Covered Outpatient Mental Health Services. Telephone coverage shall be made available in all Threshold Languages. The number shall connect the Member or Member's representative or Provider to an individual who shall either: 1. Have authority to approve Covered Services; 2. Have the ability to transfer the Member or Member's representative to an individual with authority without disconnecting the call; and/or 3. In case of emergency, direct the Member or Member's representative to hang up and dial 911 or go to the nearest emergency room.

Term	Definition
Child with Serious Emotional Disturbance (SED)	Pursuant to Section 1912(c) of the Public Health Service Act and Section 5600.3 of the Welfare and Institutions Code, children with a serious emotional disturbance are (1) from birth up to age 18; and (2) currently have, or at any time during the last year, had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders that resulted in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.
Complaint	An oral or written expression indicating dissatisfaction with any aspect of the Alameda Alliance program.
Covered Services	Those services provided in the Fee-For-Service Medi-Cal program (as set forth in Title 22, CCR, Division 3, Subdivision 1, Chapter 3, beginning with Section 51301), the Child Health and Disability Prevention program (as set forth in Title 17, CCR, Division 1, Chapter 4, Subchapter 13, Article 4, beginning with section 6842), and the California Children's Services (as set forth in Title 22, CCR, Division 2, subdivision 7, and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 2.985, beginning with section 14094.4) under the Whole-Child Model program, to the extent those services are included as Covered Services under Alameda Alliance's Medi-Cal Contract with DHCS and are Medically Necessary, along with chiropractic services (as defined in Section 51308 of Title 22, CCR), podiatry services (as defined in Section 51310 of Title 22, CCR), speech pathology services and audiology services (as defined in Section 51309 of Title 22, CCR), and Health Homes Program (HHP) services (as set forth in DHCS All Plan Letter 18-012 and Welfare and Institutions Code, Division 9, Part 3, Chapter 7, Article 3.9, beginning with section 14127 for HHP Members with eligible physical chronic conditions and substance use disorders, or other services as authorized by the Alameda Alliance Board of Directors, which shall be covered for Members notwithstanding whether such benefits are provided under the Fee-For- Service Medi-Cal program.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi- Cal program, California Children Services (CCS), Genetically Handicapped Persons Program (GHPP), Child Health and Disabilities Prevention (CHDP), and other health related programs.
Department of Managed Health Care (DMHC)	The State Agency that responsible for licensing and regulating health care services plans/health maintenance organizations in accordance with the Knox Keene Health Care Service Plan Act of 1975 as amended.
Disclosure	Has the meaning given such term in section 160.103 of Title 45, Code of Federal Regulations. The release, transfer, provision of access to, or divulging in any other manner of information outside of the entity holding the information.

Drug Medi-Cal Treatment Program (Drug Medi-Cal)	Program under which each county enters into contracts with the State Department of Health Care Services (DHCS) for the provision of various drug treatment services to Medi-Cal recipients or DHCS directly arranges for the provision of these services if a county elects not to do so.
Emergency Services	Covered Services furnished by Provider qualified to furnish those health services needed to evaluate or stabilize an Emergency Medical Condition.
Generally accepted standards of mental health and substance use disorder care	Generally accepted standards of mental health and substance use disorder care" means standards of care and clinical practice that are generally recognized by health care providers practicing in relevant clinical specialties such as psychiatry, psychology, clinical sociology, addiction medicine and counseling, and behavioral health treatment pursuant to Section 1374.73. Valid, evidence-based sources establishing generally accepted standards of mental health and substance use disorder care include peer-reviewed scientific studies and medical literature, clinical practice guidelines and recommendations of nonprofit health care provider professional associations, specialty societies and federal government agencies, and drug labeling approved by the United States Food and Drug Administration.

Term	Definition
Emergent Services	For purposes of this policy, shall be indicated when the caller has a psychiatric condition that meets criteria for acute psychiatric hospitalization and cannot be treated at a lower Level of Care. These criteria include the caller being a danger to self or others.
Grievance	An oral or written expression of dissatisfaction, about any matter other than an action that is an adverse benefit determination, as identified within the definition of an Appeal, and may include, but is not limited to: the quality of care or services provided, interpersonal relationships with a Provider or Contractor's employee, failure to respect a Member's rights regardless of whether remedial action is requested, and the right to dispute an extension of time proposed by Contractor to make an authorization decision.
Health Insurance Portability and Accountability Act (HIPAA)	The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191, was enacted on August 21, 1996. Sections 261 through 264 of HIPAA require the Secretary of the U.S. Department of Health and Human Services (HHS) to publicize standards for the electronic exchange, privacy and security of health information, and as subsequently amended.
Enhanced Care Management Program (ECM)	This program is required by DHCS to replace the prior Health Homes Program and is designed to provide targeted services and resources for members who meet ECM criteria in order to provide additional support and Care Management services for members with complex needs.
Level of Care (LOC)	Criteria for determining admission to a LTC facility contained in Title 22, CCR, Sections 51334 and 51335 and applicable Alameda Alliance policies.
Long Term Services and Supports (LTSS)	A wide variety of services and supports that help Members meet their daily needs for assistance and improve the quality of their lives. LTSS are provided over an extended period, predominantly in homes and communities, but also in facility-based settings such as nursing facilities. As described in California WIC Section 14186.1, Medi-Cal covered LTSS includes all of the following: 1. In-Home Supportive Services (IHSS); 2. Community-Based Adult Services (CBAS); 3. Multipurpose Senior Services Program (MSSP) services; and 4. Skilled nursing facility services and subacute care services.

Term	Definition
Medically Necessary or Medical Necessity	Reasonable and necessary Covered Services to protect life, to prevent illness or disability, alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, achieve age-appropriate growth and development, and attain, or regain functional capacity. For Medi-Cal Members receiving managed long-term services and supports (MLTSS), Medical Necessity is determined in accordance with Member's current needs assessment and consistent with person-centered planning. When determining Medical Necessity of Covered Services for Medi-Cal Members under the age of 21, Medical Necessity is expanded to include the standards set forth in 42 U.S.C. section 1396d(r) and California Welfare and Institutions Code section 14132(v).
Member	A Medi-Cal eligible beneficiary as determined by the County of Alameda Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the Alameda Alliance program.
Non-Emergency Medical Transportation	Ambulance, litter van and wheelchair van medical transportation services when the Member's medical and physical condition is such that transport by ordinary means of public or private conveyance is medically contraindicated, and transportation is required for the purpose of obtaining needed medical care, per Title 22, CCR, Sections 51231.1 and 51231.2, rendered by licensed Providers.
Plan of Care	An individual written Plan of Care completed, approved, and signed by a Physician and maintained in the Member's medical records according to Title 42, Code of Federal Regulations (CFR).
Prescriber	As defined in the Business and Professions Code, Section 4039, physicians, dentists, optometrists, pharmacists, podiatrists, registered nurses, and physician's assistants authorized by a currently valid and unrevoked license to practice their respective professions in their state.
Primary Care Provider (PCP)	For purposes of this policy, a Primary Care Provider may be a Primary Care Practitioner, or other institution or facility responsible for supervising, coordinating, and providing initial and primary care to Members and serves as the medical home for Members.
Prior Authorization	A formal process requiring a health care Provider to obtain advance approval of Covered Services Medically Necessary and to what amount, duration, and scope, except in the case of an emergency.

Protected Health Information (PHI)	Has the meaning 45 Code of Federal Regulations Section 160.103, including the following: individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium. This information identifies the individual or there is reasonable basis to believe the information can be used to identify the individual. The information was created or received by Alameda Alliance or Business Associates and relates to: 1. The past, present, or future physical or Mental Health or condition of a Member; 2. The provision of health care to a Member; or 3. Past, present, or future Payment for the provision of health care to a Member.

Term	Definition
Provider	A physician, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, Behavioral Health provider, hospital, laboratory, ancillary provider, or other person or institution that furnishes Covered Services.
Specialty Care Provider	Provider of Specialty Care given to Members by referral by other than a Primary Care Provider.
Specialty Mental Health Services	Rehabilitation services, which include Mental Health services, medication support services, day treatment intensive, day rehabilitation, crisis intervention, crisis stabilization, adult residential treatment services, crisis residential services and psychiatric health facility services. Specialty Mental Health Services may also include: 1. Psychiatric inpatient hospital services; 2. Targeted Case Management; 3. Psychiatrist services; 4. Psychologist services; and 5. Early Periodic Screening, Detection, and Treatment (EPSDT) Specialty Mental Health Services
Threshold Languages	Those languages identified based upon State requirements and/or findings of the Population Needs Assessment (PNA).
Urgent Services	For purposes of this policy, shall be indicated with a situation experienced by a caller that, without timely intervention, is highly likely to result in an immediate emergency psychiatric condition. Callers in need of Urgent Services shall receive timely Mental Health intervention that shall be appropriate to the severity for the condition.

AFFECTED DEPARTMENTS/PARTIES

All Alliance Departments responsible for clinical reviews including:
Behavioral Health,
Case and Disease Management,
Grievance and Appeals,
Utilization Management

RELATED POLICIES AND PROCEDURES

UM-001 Utilization Management Program
UM-003 Concurrent Review and Discharge Planning
UM-005 Second Opinions
UM-014 Identifying Abuse
UM-015 Emergency Services and Post Stabilization Services
UM-016 Transportation Guidelines
UM-036 Continuity of Care
UM-045 Communication Services
UM-048 Triage and Screening Services
UM-057 Authorization Requests

UM-058 Continuity of Care for Medical Exemption
UM-059 Continuity of Care for Medi-Cal Beneficiaries Transitioning into Medi-Cal Managed Care
CM-001 CCM Identification Screening Enrollment and Assessment
CM-002 CCM Plan Development and Management
CM-004 Care Coordination
CM-011 ECM Care Management and Transitions of Care
MBR-062 Member Services Clinical Referral and Triage Process

RELATED WORKLOW DOCUMENTS OR OTHER ATTACHMENTS

None

REVISION HISTORY

New Policy 3/21/2023
Revisions: 6/12/2024, **12/18/2024**

Red = substantive updates

REFERENCES

- Alameda Alliance Contract with Department of Health Care Services (DHCS)
- Memorandum of Understanding with ACBH
- Alameda Alliance Policy: Member Rights and Responsibilities
- Alameda Alliance Policy: Cultural and Linguistic Services
- Alameda Alliance Policy: Appeal Process
- Alameda Alliance Policy: Authorization and Monitoring of Behavioral Health Treatment (BHT) Services
- Alameda Alliance Policy: Authorization for Psychological Testing for Mental Health Conditions
- Alameda Alliance Policy: Access and Availability Standards
- Alameda Alliance Policy: Alameda Alliance Provider Complaint
- Alameda Alliance Policy: Member Grievance
- Alameda Alliance Policy: Tracking and Reporting Disclosures of Protected Health Information (PHI)
- Alameda Alliance Policy: Protected Health Information (PHI) Disclosures Required by Law
- Alameda Alliance Policy: Use and Disclosure of PHI for Treatment, Payment, and Health Care Operations
- Alameda Alliance Policy: Member Authorization for the Use and Disclosure of Protected Health Information
- DHCS All Plan Letter (APL) 17-018: Medi-Cal Managed Care Health Plan Responsibilities for Outpatient Mental Health Services

- DHCS All Plan Letter (APL) 18-014: Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care
- DHCS APL 21-002 Implementation of SB 855, MH/SUD Coverage
- DHCS APL 22-005 No Wrong Door for Mental Health Services
- DHCS APL 22-003 Medi-Cal Managed Care Health Plan Responsibility to Provide Services to Members with Eating Disorders.
- DHCS APL 22-007 Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services
- Medi-Cal Provider Manual – Part 2: Psychological Services
- Title 9, California Code of Regulations, §§1810.370(a)(3), 1830.205 and 1830.210
- Title 22, California Code of Regulations, §51337
- AA. Welfare and Institutions Code, §§14132.03 and 14189 BB. Title 42, Code of Federal Regulations, Part 438, Subpart K CC. Title 42 Code of Federal Regulations §438.910(d)

MONITORING

The Compliance, Quality Improvement and Behavioral Health Departments will annually review this policy for compliance with regulatory and contractual requirements. All policies will be brought annually to the Quality Improvement Health Equity Committee (QIHEC), and Administrative Oversight Committee for review and approval.

a.

POLICY AND PROCEDURE

Policy Number	BH-004
Policy Name	Behavioral Health Therapies (BHT): Applied Behavioral Analysis (ABA)
Department Name	Medical Services
Department Officer	Chief Medical Officer
Policy Owner	Senior Medical Director / Senior Director of Behavioral Health
Lines of Business	Medi-Cal
Effective Date	4/10/2024
Subcommittee Name	Quality Improvement Health Equity Committee
Subcommittee Approval Date	2/16/2024
Compliance Committee Approval Date	4/10/2024

POLICY STATEMENT

A. Alameda Alliance shall provide the following Behavioral Health Services including all medically necessary treatment for mental health conditions or substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the International Classification of Diseases, or that is listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders when they are provided or ordered by a licensed health care professional acting within the scope of his or her license.

B. For members under the age of 21, the Alliance has primary responsibility for Medically Necessary Behavioral Health Treatment (BHT) provided across environments including community-based settings and on-site at schools or during virtual school sessions when medically necessary services are indicated in coordination with the Local Educational Agency (LEA).

1. The Alliance will provide supplementary BHT services and must provide BHT services to address any gap in service caused when the Local Education Agency (LEA) discontinues the provision of BHT services.

2. The Alliance will establish data and information sharing agreements as necessary to coordinate the provision of services with other entities that may have overlapping responsibility for the provision of BHT services including but not limited to the Regional Center (East Bay), Alameda County LEAs and Alameda County Behavioral Health. When another entity has overlapping responsibility to provide BHT services to the Member, the Alliance will:

3. Assess the medical needs of the Member for BHT services across community settings, according to the EPSDT standard.

4. Determine what BHT services (if any) are actively being provided by other entities.

5. Coordinate the provision of all services including Durable Medical Equipment and medication with the other entities to ensure that the Alliance and the other entities are not providing duplicative services; and
6. Ensure that all the Member's medical needs for BHT services are being met in a timely manner, regardless of payer, and based on the individual needs of the Member.
7. The Alliance will not consider Medically Necessary BHT services to be duplicative when the Alliance has overlapping responsibility with another entity for the provision of BHT services unless the service provided by the other entity is the same type of service (e.g. ABA), addresses the same deficits, and is directed to equivalent goals.
8. The Alliance will not rely on the LEA programs to be the primary Provider of Medically Necessary BHT services on-site at school or during remote school sessions and assume that BHT services included in a Member's IEP/IHSP/IFSP are actively being provided by the LEA.
9. If the IEP team concludes that the Alliance-approved BHT services are necessary to the Member's education, the IEP team will determine that the MCP-approved BHT services will be included in the Member's IEP.
10. Services provided in the Member's IEP will not be reduced or discontinued without formal amendment of the IEP.
11. If the Alliance-contracted Provider determines that BHT services included in a member's IEP are no longer Medically Necessary, the Alliance will not use Medi-Cal funding to provide such services.
12. The Alliance may attempt to obtain written agreement from the LEA to timely take over the provision of any Alliance-approved BHT services included in the IEP upon determination that the services are no longer Medically Necessary.
13. The Alliance may coordinate with the LEA to contract directly with a school-based BHT services practitioner enrolled in Medi-Cal to provide any Medically Necessary BHT services included in a Member's IEP.

C. The Alliance has primary responsibility for ensuring the Member's needs for Medically Necessary BHT services include children diagnosed with autism spectrum disorder (ASD) and children for whom a licensed physician, surgeon, or psychologist determines that BHT services for the treatment of ASD are Medically Necessary, regardless of diagnosis.
   1. The Alliance will cover all services that maintain the Member's health status, prevent a members' condition from worsening, or that prevent the development of additional health problems.
   2. The Alliance will cover all necessary EPSDT services, including BHT services, regardless of whether California's Medicaid State Plan covers such services for adults, when BHT services have an ameliorative, maintenance purpose.
   3. The Alliance utilizes current clinical criteria and guidelines including APL guidance and MCG guidelines when determining what BHT services are Medically Necessary and provides for independent review of the Members' medical needs for BHT services in accordance with EPSDT requirements and medically necessary accepted standards of care.
   4. The Alliance ensures the Member:
      - Has a recommendation from a licensed physician, surgeon, or psychologist that evidence based BHT services are Medically Necessary,
      - Is Medically Stable,

- Does not have a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities.

5. The Alliance ensures that the BHT services are:
    - Medically Necessary,
    - Provided and supervised in accordance with an MCP-approved behavioral treatment plan that is developed by a BHT service provider who meets the requirements in California's Medicaid State Plan; and,
    - Provided by a qualified autism Provider who meets the requirements contained in California's Medicaid State Plan or a licensed Provider acting within the scope of their licensure.
    - Provided, observed, and directed under a behavioral treatment plan that has been reviewed and approved by the Alliance BCBA reviewer.
6. The Alliance will encourage the Member's Guardian (s) to be involved in the development, revision, and modification of the behavioral health treatment plan.

D. The Alliance will ensure that Members have access to and support medication adherence for the carved-out prescription drug benefit.

E. The Alliance will offer Members continued access to out-of-network Providers of BHT services (Continuity of Care) for up to 12 months in accordance with Alliance policies (UM 0-59).

F. The Alliance will provide BHT services in accordance with timely access standards, pursuant to WIC Section 14197 and the MCP contract.

G. The Alliance will comply with mental health parity requirements when providing BHT services. Treatment limitations for BHT services will not be more restrictive than the predominant treatment limitations applied to medical or surgical benefits. Additionally, mental health parity requirements stipulate that the Alliance must disclose utilization management criteria.

Procedure: BHT services are evidenced-based and include but are not limited to Applied Behavioral Analysis (ABA) and the Alliance Behavioral Health Department is responsible for the management of the BHT benefit for our members according to the following procedures:

1. The Alliance Behavioral Health Navigators and staff assist the Alliance BCBA in responding to member needs throughout the course of BHT treatment and the Alliance BCBA reviews subsequent treatment reports submitted by the Qualified Autism Service Provider to ensure the Provider reviews, revises and modifies the Members' treatment plan no less than every six months. The Alliance BCBA authorizes additional BHT services based on the review of each Members' subsequent treatment plans and determine if services are no longer Medically Necessary under the EPSDT medical necessity standard..
2. The Alliance BCBA under the direction of the Senior Director of Behavioral Health or Medical Director (Doctoral Behavioral Reviewer) may consult with a board-certified consultant who has special expertise in neuropsychology and Behavioral Health Therapy including Applied Behavioral Analysis (ABA) to advise the Doctoral Behavioral Health Reviewer. The Consultant will provide a written recommendation for the applicable case. The Doctoral Behavioral Reviewer will consider the recommendation in rendering the final UM determination. The Doctoral Behavioral Reviewer will be responsible to make the UM determination.
3. If diagnosis is complete or there is prior BHT treatment history, the member is triaged by the Alliance ABA Analyst who is a Board-Certified Behavioral Analyst (BCBA).
4. If the member seeking BHT services does not have a treatment history and has not been

evaluated and/or diagnosed, the member is connected with their pediatrician or a licensed psychologist who is responsible to submit a request for appropriate BHT/ABA and or CDE services. The Alliance provides a referral form to PCPs that contains all needed information to meet the requirements needed to proceed with medically necessary BHT/ABA or CDE services.

5. The parent or guardian is instructed to submit a copy of the available information from the treating provider that must show that the member exhibits the presence of excessive and/or deficits of behaviors that significantly interfere with home and community activities.
6. The Alliance BCBA reviews the available information and confirms that the member is 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.
7. The Alliance BCBA conducts a thorough assessment of the Member's history and may request additional documentation from the parent or guardian, LEA or other treating provider to determine specific treatment needs and the number of hours needed for the initial Functional Behavioral Assessment (FBA)/Initial Assessment. This initial assessment completed by the Alliance BCBA may include one or more of the following:
    - Additional evaluations or diagnostic reports.
    - Release of Information form.
    - Individual Education Plan (IEP) report for the member.
    - Reports from therapists providing any other services.
    - Previous assessments/treatment plans if applicable.
    - Previous behavior plan if applicable.
8. The Alliance BCBA reviews the information provided by the parent or guardian, LEA or other treating provider including diagnostic and assessment information and follows the DHCS APL guidance, MCG guidelines and the Council of Autism Services Provider Guidelines available on the Behavioral Analysis Certification Board's website to refer for medically necessary CDE services if a current CDE is not already available.
9. The Alliance BCBA reviews the information provided by the parent or guardian, diagnostic and assessment information and follows the DHCS APL guidance, MCG guidelines and the Council of Autism Services Provider Guidelines available on the Behavior Analysis Certification Board's website. to refer the member to a Qualified Autism Service Provider for a medically necessary Functional Behavioral Assessment (FBA) if a current FBA is not already completed.
10. The Alliance BCBA reviews the FBA and provides authorization for 6 months of BHT services utilizing The DHCS APL guidance, MCG guidelines and the Board of Behavioral Analysis guidelines and ensures the treatment plan includes:
    - A description of patient information, reason for referral, brief background information (e.g., demographics, living situation, or home/school/work information), clinical interview, review of recent assessments/reports, assessment procedures, results, and evidence based BHT services.
    - Delineation of both the frequency of baseline behaviors and the treatment planned to address the behaviors.
    - Identification of measurable long, intermediate, and short-term goals and objectives that are specific, behaviorally, defined, developmentally appropriate, socially significant, and based upon clinical observation.

- Outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.
- The Member's current level of need (baseline, expected behaviors the Guardian will demonstrate, including condition under which it must be demonstrated and mastery criteria (the objective goal), date of introduction, estimated date of mastery, specific plan for generalization and report goal as met, not met, or modified including an explanation.
- Utilization of evidence based BHT services with demonstrated clinical efficacy tailored to the Member.
- Clear identification of the place of service, service type, number of hours of direct services(s), observation and direction, Guardian training, support and participation needed to achieve the goals and objectives, the frequency at which the Member's progress is measured and reported, transition plan, crisis plan, and each individual Provider who is responsible for delivering services.
- Care coordination that involves Guardian, school, state disability programs, and other programs and institutions, as applicable.
- Consideration of the Member's age, school attendance requirements, and other daily activities when determining the number of hours of Medically Necessary direct service and supervision. The Alliance will not reduce the number of Medically Necessary BHT hours that a member is determined to need by the hours the Member spends at school or participating in other activities.
- Plan for the delivery of BHT services in a home or community-based setting, including clinics. BHT intervention services that are provided in schools, in the home, or other community settings, must be clinically indicated, Medically Necessary and delivered in the most appropriate setting for the direct benefit of the Member. BHT service hours delivered across the settings, including during school, must be proportionate to the Member's medical need for BHT services in each setting.
- An exit plan/criteria provided that only a determination that services are no longer Medically Necessary under the EPSDT standard can be used to reduce or eliminate services.

11. Medi-Cal does not cover the following as BHT services under the EPSDT benefit:

1) Services rendered when continued clinical benefit is not expected, unless the services are determined to be Medically Necessary.
2) Provision or coordination of respite, day care, or educational services, or reimbursement of a parent, legal guardian, or legally responsible person (hereinafter, "Guardian") 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:
a. Is provided primarily to maintain the Member's or anyone else's safety; and,
b. 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 or legal custodian.
7) Services that are not evidence-based behavioral intervention practice

12. Extension of Existing ABA Services:

- To request an extension on unused units close to when the authorization expires or after the existing authorization has expired, provider must do the following:
    - Submit the most current treatment plan with the data/updates they have available and justify why they were not able to provide the services/procedures approved in the existing authorization. The request should be submitted through the provider portal as a prior-auth request auth attached clinicals/treatment plan.
    - These types of requests will be authorized for 3 months instead of 6 months.
- The Alliance BCBAs will review each request on a case-by-case basis and determine if the request meets medica necessity.
- The Alliance BCBA or BH Navigator will send notification of determination to member, PCP, servicing provider, and rendering provider.

AFFECTED DEPARTMENTS/PARTIES

All Alliance Departments responsible for clinical reviews

RELATED POLICIES AND PROCEDURES

UM-001 Utilization Management Program
UM-014 Identifying Abuse
UM-045 Communication Services
UM-048 Triage and Screening Services
UM-057 Authorization Requests
UM-059 Continuity of Care for Medi-Cal Beneficiaries Transitioning into Medi-Cal Managed Care
CM-001 CCM Identification Screening Enrollment and Assessment
CM-002 CCM Plan Development and Management
CM-004 Care Coordination
CM-011 ECM Care Management and Transitions of Care
MBR-062 Member Services Clinical Referral and Triage Process
CMP-008 Member Rights to Release PHI
QI – 108 Access to Behavioral Health Services
CLS-003 Language Assistance Services
BH-001 Behavioral Health Services
BH-002 Behavioral Health Services

RELATED WORKLOW DOCUMENTS OR OTHER ATTACHMENTS

None

REVISION HISTORY

New Policy : 4/10/2024

REFERENCES

- Alameda Alliance Contract with Department of Health Care Services (DHCS)
- Alameda Alliance Policy: Member Rights and Responsibilities
- APL 23-010 Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21

- DHCS All Plan Letter (APL) 17-018: Medi-Cal Managed Care Health Plan Responsibilities for Outpatient Mental Health Services

- DHCS All Plan Letter (APL) 22-029 (Revised) Dyadic Services and Family Therapy Benefit
- DHCS All Plan Letter (APL) 18-014: Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care
- DHCS APL 21-002 Implementation of SB 855, MH/SUD Coverage
- DHCS APL 22-005 No Wrong Door for Mental Health Services
- DHCS APL 22-003 Medi-Cal Managed Care Health Plan Responsibility to Provide Services to Members with Eating Disorders.
- DHCS APL 22-007 Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Service
- Medi-Cal Provider Manual – Part 2: Psychological Services
- Title 9, California Code of Regulations, §§1810.370(a)(3), 1830.205 and 1830.210
- Title 22, California Code of Regulations, §51337
- AA. Welfare and Institutions Code, §§14132.03 and 14189 BB. Title 42, Code of Federal Regulations, Part 438, Subpart K CC. Title 42 Code of Federal Regulations §438.910(d)

MONITORING

The Compliance, Quality Improvement and Behavioral Health Departments will annually review this policy for compliance with regulatory and contractual requirements. All policies will be brought annually to the Quality Improvement Health Equity Committee for review and approval.