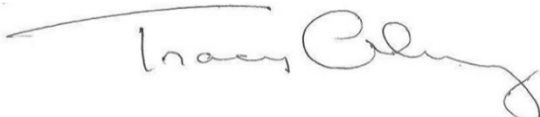



Policy Title: Behavioral Health Treatment Program - Telehealth		POLICY #: 10.26.04	
		Line of business: Medi-Cal	
Department Name: Behavioral Health	Original Date 3/2020	Effective Date: 3/2020	Revision Date: 4/2023, 11/2023
VP Approval: Tracy Alvarez, VP Medical Care Solutions 			Date of approval: 6/11/2024
Medical Services/P&T Committee: (If Applicable) Jennifer Nuovo, MD Chief Medical Officer, Promise Health Plan 			Date of Committee Review: 6/11/2024

A. PURPOSE

To outline the program for Behavioral Health Treatment (“BHT”) Services for Medi-Cal Members under Early Periodic Screening Diagnosis and Treatment (EPSDT) through telehealth.

B. DEFINITIONS

- I. Ameliorate: Is to “make more tolerable”.
- II. Applied Behavioral Analysis: Applied Behavioral Analysis means the design, implementation, and evaluation of systematic instructional and environmental modifications to promote positive social behaviors and reduce or ameliorate behaviors, which interfere with learning and social interaction.
- III. Asynchronous Store and Forward: “Asynchronous store and forward” means the transmission of a patient’s medical information from an originating site to the health care provider at a distant site. Consultations via asynchronous electronic transmission initiated directly by patients, including through mobile phone applications, are not covered under this policy.
- IV. Behavioral Health Treatment Services: Behavioral Health Treatment services are services based on reliable evidence and are not experimental. This includes professional services and treatment programs, including but not limited to: Applied Behavioral Analysis (“ABA”), and other evidence-based behavior intervention programs that develop or restore to the maximum extent practicable, the functioning of a beneficiary, including those with or without autism spectrum

disorder (ASD).

- V. Distant Site: "Distant site" means a site where a health care provider who provides health care services is located while providing these services via a telecommunications system. The distant site for purposes of telehealth can be different from the administrative location.
- VI. DSM-V: Diagnostic and Statistical Manual for Mental Disorders (DSM) V
- VII. EPSDT: Early Periodic Screening, Diagnosis, and Treatment  
Evidence-based practice: means a decision-making process that integrates the best available scientifically rigorous research, clinical expertise, and individual's characteristics. Evidence-based practice is an approach to treatment rather than a specific treatment. Evidence-based practice promotes the collection, interpretation, integration, and continuous evaluations of valid, important, and applicable individual- or family-reported, clinically observed, and research-supported evidence. The best available evidence, matched to consumer circumstances and preferences, is applied to ensure the quality of clinical judgments, and facilitates the most cost-effective care.
- VIII. Maintenance Services: services that sustain or support rather than those that restore functioning or improve health problems.
- IX. Medically Necessary: a service is medically necessary if the service is necessary to correct or ameliorate (see definition above) defects and physical and/or mental illnesses and conditions.
- X. NCQA: National Committee for Quality Assurance
- XI. Originating Site: "Originating site" means a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward service originates. For purposes of reimbursement for covered treatment or services provided through telehealth, the type of setting where services are provided for the patient or by the health care provider is not limited (Welfare and Institutions Code [W&I Code], Section 14132.72[e]). The type of setting may include, but is not limited to, a hospital, medical office, community clinic or the patient's home.
- XII. Parent Participation: Shall include, but shall not be limited to, the following meanings:
  - a. Completion of group instruction on the basis of behavioral intervention
  - b. Implementation of intervention strategies, according to the intervention plan
  - c. If needed, collection of data on behavioral strategies and submission of that data to the provider for incorporation into progress reports
  - d. Participation in any needed clinical meetings
  - e. Purchase of suggested behavior modification materials or community involvement if a reward system is used
- XIII. Qualified Autism Service Provider: means either of the following:
  - a. A person that is certified by a national entity, such as the Behavior Analyst Certification Board, that is accredited by the National Commission for Certifying Agencies, and who designs, supervises, or provides treatment

for pervasive developmental disorder or autism, provided the services are within the experience and competence of the person, entity, or group that is nationally certified.

- b. 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 pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code, who designs, supervises, or provides treatment for pervasive developmental disorder or autism, provided the services are within the experience and competence of the licensee.

XIV. Qualified Autism Service Professional: means an individual who meets all of the following criteria:

- a. Provides behavioral health treatment.
- b. Is employed and supervised by a qualified autism service provider.
- c. Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider.
- d. Is a behavioral service provider approved as a vendor by a California regional center to provide services as an Associate Behavior Analyst, Behavior Analyst, Behavior Management Assistant, Behavior Management Consultant, or Behavior Management Program as defined in Section 54342 of Title 17 of the California Code of Regulations.
- e. Has training and experience in providing services for pervasive developmental disorder or autism pursuant to Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code or Title 14 (commencing with Section 95000) of the Government Code.

XV. Qualified Autism Service Paraprofessional: means an unlicensed and uncertified individual who meets all of the following criteria:

- a. Is employed and supervised by a qualified autism service provider.
- b. Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider.
- c. Meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the Welfare and Institutions Code.
- d. Has adequate education, training, and experience, as certified by a qualified autism service provider.

XVI. Synchronous Interaction: "Synchronous interaction" means a real-time interaction between a patient and a health care provider located at a distant site.

Telehealth: "Telehealth" means the mode of delivering health care services and public

health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management and self- management of a patient’s health care. Telehealth facilitates patient self- management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers.

### C. POLICY

- I. On July 7, 2014, the Centers for Medicare and Medicaid Services (CMS) released guidance regarding the coverage of BHT services pursuant to federal law. Federal law requires the EPSDT benefit to include a comprehensive array of preventative, diagnostic and treatment services for low-income individuals under 21 years of age, which encompasses BHT services. In accordance with federal EPSDT requirements, Medi-Cal provides coverage for all medically necessary BHT services for eligible beneficiaries under 21 years of age. This includes children diagnosed with autism spectrum disorder (ASD) and children for whom a licensed physician, surgeon, or psychologist determines that BHT services are medically necessary regardless of the diagnosis.

On March 30, 2016, CMS issued a final rule (CMS-2333-F) that applied certain requirements from the Mental Health Parity and Addiction Equity Act of 2008 (Pub. L. 110-343, enacted on October 3, 2008) to services covered by managed care plans. The general parity requirement contained in Title 42 of the Code of Federal Regulations section 438.910(b) prohibits treatment limitations for mental health benefits from being more restrictive than the predominant treatment limitations applied to medical or surgical benefits. In accordance with federal law, mental health parity also applies to BHT services. Additionally, as the MCP, Blue Shield Promise Health Plan (Blue Shield Promise) must comply with mental health parity requirements when providing BHT services consistent with APL 22-006 or any superseding APL. Treatment limitations for BHT services may not be more restrictive than the predominant treatment limitations applied to medical or surgical benefits. Additionally, mental health parity requirements stipulate that MCPs must disclose utilization management criteria.

- II. Since the California Telehealth Advancement Act of 2011 (Logue, Chapter 547, Statutes of 2011) codified requirements and definitions for the provision of Medi-Cal services via Telehealth, several changes in state and federal law have occurred. These changes made permanent some of the Telehealth flexibilities granted during the COVID-19 Public Health Emergency. The resulting DHCS Telehealth policy is pursuant to Health and Safety Code (HSC) section 1374.13, and Welfare and Institutions Code (WIC) sections 14132.72, 14132.100, and 14132.725.
- III. Effective no sooner than January 1, 2024, all Providers furnishing applicable Covered Services via audio-only synchronous interactions must also offer those same services via video synchronous interactions as to preserve Member choice. Also, effective no sooner than January 1, 2024, to preserve a Member’s right to access Covered Services in-person, a

- Provider furnishing services through video synchronous interaction or audio-only synchronous interaction must do one of the following: 1. Offer those same services via in-person, face-to-face contact. 2. Arrange for a referral to, and a facilitation of, in-person care that does not require a Member to independently contact a different Provider to arrange for that care. Providers are not required to schedule the appointment for the member.
- IV. Behavioral Health Treatment services are services based on reliable evidence and are not experimental. This includes professional services and treatment programs, including but not limited to Applied Behavioral Analysis (“ABA”), and other evidence-based behavior intervention programs that develop or restore to the maximum extent practicable the functioning of a beneficiary, including those with or without ASD. BHT is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior, including the direct observation, measurement, and functional analysis of the relations between environment and behavior. BHT services teach skills through the use of behavioral observation and reinforcement, or through prompting to teach each step of targeted behavior. The goal is to promote, to the maximum extent practicable, the functioning of a beneficiary, including those with or without ASD.
- V. Members may be established as new patients by Providers via Telehealth through the following ways:
- a. All Providers may establish new patient relationships via synchronous video Telehealth visits.
  - b. All Providers may establish new patient relationships via audio-only synchronous interaction only if one or more of the following criteria applies:
    - i. The visit is related to sensitive services, which is defined in Civil Code section 56.06(n) as all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender-affirming care, and intimate partner violence, and includes services described in Family Code sections 6924 - 6930, and HSC sections 121020 and 124260, obtained by a Member at or above the minimum age specified for consenting to the service specified in the section.
    - ii. The Member requests an audio-only modality.
    - iii. The Member attests they do not have access to video.
- VI. It is the policy of Blue Shield of California Promise Health Plan (PHP) to ensure compliance with state and regulatory guidance as it relates to Behavioral Health Treatment services. Pursuant to the Department of Health Care Services’ (“DHCS”) All Plan Letter 23-010, Medi-Cal Managed Care Plans (“MCPs”) will be responsible for these benefits. These benefits are available to all current and newly eligible Medi-Cal children and adolescent beneficiaries 0 to 21 years of age that need medically necessary BHT services. As an MCP, Blue Shield Promise will: 1) inform members that EPSDT services are available for beneficiaries 0 to 21 years of age, (2) provide comprehensive screening and preventative services as appropriate (including, but not limited to, a health and developmental history, a comprehensive physical

examination, appropriate immunizations, lab tests, lead toxicity screening, etc.), and (3) provide diagnosis and treatment for all medically necessary services, including but not limited to, BHT.

VII. In addition, the purpose of this policy is to be in compliance with the Department of Health Care Services (DHCS) All Plan Letter 23-007 Telehealth Services Policy . The following procedures are to be followed to comply with these guidelines.

#### D. PROCEDURE

- I. Member or Provider Requests for BHT to be Rendered via Telehealth:
  - a. Each request must comply with the following:
    - i. Documentation of either verbal or written consent for the use of telehealth from the patient;
    - ii. Compliance with all state and federal laws regarding the confidentiality of health care information;
    - iii. That a patient's rights to the patient's own medical information apply to telehealth interactions; and
    - iv. That the patient not be precluded from receiving in-person health care services after agreeing to receive Telehealth services.
- II. Services Eligible for Telehealth:
  - a. Codes:
    - i. H0031 – Functional Behavior Assessment (FBA) and Re-Assessment H0046 – Supervision of BCaBA and/or ABA Paraprofessional
    - ii. S5111 – Home care training, family (ongoing caregiver training) H2014 – Skills training and development
    - iii. H2019 – Therapeutic behavioral services
  - b. These services are to be reviewed and to receive a determination on a case-by-case basis, with the provider submitting an inquiry to BSC Promise BHT Program.
  - c. The Care Manager and BHT Provider will discuss how they might leverage S5111 in lieu of direct services via telehealth.
    - i. The Care Manager will discuss how additional parent training/consultation will provide additional support to the parent/caregiver.
    - ii. The Provider can guide the parent in targeting specific goals that they feel are clinically appropriate via Telehealth

- iii. The Provider will monitor progress on those goals and parent feedback closely
        - iv. If needed, the Provider should develop a generalization plan and tips for parents to utilize during this time.
      - d. Should the provider want to pursue a request for Direct Services, they are to respond to the following:
        - i. Plan for how telehealth will be administered, as well as, but not limited to including to account for the following:
          - 1. Communication skills,
          - 2. Disruptive/severe behaviors,
          - 3. Anticipated attention span for telehealth session, and
          - 4. Anticipated ability to attend to speaker/instructions long enough to target goal(s)
        - ii. These plans will be reviewed for medical necessity and evidence-based effectiveness for consideration of a determination.
      - e. Additional Modifier: 95
      - f. Place of Service: Code 02
- III. Clinical Procedures:
  - a. Follow industry standard clinical practice guidelines for BHT, to include but not limited to:
    - i. Appropriate clinical notes
    - ii. Parent signatures
    - iii. Parent participation
    - iv. Percentage of Supervision to be done by a BCBA
  - b. Treatment plan updates: May require modification or indication of implementation of telehealth service transition.

#### E. MONITORING

- I. At minimum, The Plan monitors quarterly at least the following, but is not limited to: utilization of services, network access, appeals and grievances to identify any opportunities for improvement or administer a corrective action plan.

#### F. REPORTING

- I. Reports from the following departments are reviewed and discussed in the quarterly Behavioral Health Committee Meeting, which then are reported to the Quality Oversight Committee:
  - a. Customer Care
  - b. Credentialing

- c. Network Development
- d. Appeals and Grievances
- e. Utilization Management
- f. Care Management and Care Coordination
- g. Quality Improvement

G. REFERENCES & ATTACHMENTS

- I. DHCS APL 23-007 (Supersedes APL 19-009)
- II. DHCS APL 23-010 (Supersedes APL 19-014)
- III. California Code of Regulations Title 17 § 54342
- IV. California Health and Safety Code (HSC) sections 1374.73(c)(3) through (5) and 1374.13
- V. California Welfare and Institutions Code sections 4686.2, 4686.3, 14132.72(e), 14132.100, and 14132.725
- VI. Policy and Procedure 10.02.39 – Coordinating Behavioral Health Care Services
- VII. Attachment 3.1-A, Supplement 6, California’s Medicaid State Plan
- VIII. Title 42 of the United States Code (USC), Section 1396d (r)
- IX. Title 42 of the Code of Federal Regulations (CFR), Sections 438.910(b) and 440.130(c)
- X. The “Medicine: Telehealth” section of the Medi-Cal Provider Manual is available at [https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D5289F68-C42E-4FE8-B59F-FA44A06D2863/mednetele.pdf?access\\_token=6UyVkrRfByXTZEWIh8j8QaYyIpyP5ULO](https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/D5289F68-C42E-4FE8-B59F-FA44A06D2863/mednetele.pdf?access_token=6UyVkrRfByXTZEWIh8j8QaYyIpyP5ULO) (Updated January 2023)

H. REVISION HISTORY

Date	Modification (Reviewed and/or revised)	E-Filing Number
06/2024	Updated Approver	
11/2023	Annual Review <ul style="list-style-type: none"> <li>• Annual Review of Regulatory Requirements DHCS, DMHC, NCQA</li> <li>• Updated reference from APL 19-009 to superseding 23-007; removed reference to APL 20-007; updated reference from APL 19-014 to superseding 23-010</li> <li>• Updated link to “Medicine: Telehealth” section of Medi-Cal Provider Manual</li> </ul>	
4/2023	Moved Policy on to BSC Promise Template	
3/2020	Created policy & procedure	