Medi-Cal Behavioral Health Treatment Benefit

Family Voices Webinar
December 3, 2014
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Agenda

- Medi-Cal 101
- What benefit covers, when, for whom
- How to access treatment
  - With and without diagnosis
  - Are or are not regional center client
  - Are or are not accessing BHT
- Your rights / required timeframes
- Tips
- Questions

Information subject to change: Current as of 12/3/2014

Medi-Cal 101

- Medi-Cal = Medicaid in California
- Eligibility
  - Low income
  - Disability (Institutional Deeming through Regional Center or referral from SSI or CCS)
- Primary or Secondary
- Payor of Last Resort (except pays before regional center)

Medi-Cal 101

- What is covered under Medi-Cal
  - Services in State Plan
    - Required
    - Optional (e.g., rehabilitative services, dental)
    - Excluded (e.g., habilitative)
  - EPSDT for beneficiaries under age 21
  - Waivers (e.g., BHT services from regional center)

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What is EPSDT?

- States are required to provide **comprehensive services** and furnish **all** Medicaid **coverable, appropriate, and medically necessary services** needed to **correct and ameliorate health conditions**, based on certain federal guidelines. EPSDT is made up of the following screening, diagnostic, and treatment services . . .
- Services must be covered if they **correct, compensate for, or improve a condition, or prevent a condition from worsening** even if the condition cannot be prevented or cured
- The **only absolute limit** that may be placed on EPSDT services is that based upon **medical necessity**

Source: CENTERS FOR MEDICARE & MEDICAID SERVICES, EPSDT – A GUIDE FOR STATES: COVERAGE IN THE MEDICAID BENEFIT FOR CHILDREN AND ADOLESCENTS, 1 (June 2014), http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html

What is EPSDT?

Early	Assessing and identifying problems early
Periodic	Checking children's health at periodic, age-appropriate intervals
Screening	Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problem
Diagnosis	Performing diagnostic tests to follow up when a risk is identified, and
Treatment	Performing diagnostic tests to follow up when a risk is identified, and

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The T in EPSDT

- Until now Treatment has been missing for ASD
- **Treatment**
  Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any **screening** and diagnostic procedures.*

* Source: CENTERS FOR MEDICARE & MEDICAID SERVICES, EPSDT – A GUIDE FOR STATES: COVERAGE IN THE MEDICAID BENEFIT FOR CHILDREN AND ADOLESCENTS, 1 (June 2014), http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html

What changed – new BHT benefit

- California Budget June 30, 2014 – must cover BHT when federally required
- CMS Guidance July 7, 2014
  - Behavioral health treatment, including ABA, is "coverable"
    - Preventative service
    - Other licensed provider service
  - Reminder: EPSDT requires all "coverable" treatments when medically necessary for individuals under age 21

  - Therefore BHT is required when medically necessary

Source: http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf

Who can access it?

- Any ASD Diagnosis (DSM IV or DSM V)
  - Autism, Asperger's, PDD-NOS, Autism Spectrum Disorder
- Non-ASD diagnosis
  - Cannot discriminate based on diagnosis if medically necessary
  - Likely need to appeal
- Do not need to be re-diagnosed
- Must be under 21 (we hope to change this)

What treatment can I get?

- BHT is defined as in H&S Code 1374.73 (Autism mandate)
- "BHT means professional services and treatment programs, including but not limited to **ABA and other evidence -based behavior intervention programs that develop or restore, to the maximum extent practicable, the functioning** of an individual with ASD"[1]
- EPSDT requires "maintenance" of function as well
- "BHT services are services based on reliable evidence and are not experimental." [1]

[1] DHCS All Plan Letter Sept 15, 2014 http://www.dhcs.ca.gov/services/medi-cal/Documents/APL_14-011_and_Attachments.pdf

When can I get treatment?

- NOW! – as of Sept 15, 2014
  - Reimbursement may be available retroactive to July 1, 2014

How to Access Care – pre diagnosis

Make primary care appointment

- Max 10 day wait
- Raise concerns
- Ask for screening
- Ask for referral for diagnostic evaluation

Make diagnostic evaluation appointment

- Plan must provide specialists
- Max 10 day wait (15?)
- According to professional standards
- Includes testing, observation, interviews, DSM review
- Request written report incl. diagnosis and treatment recommendations/prescription

Re-diagnosis not necessary

How to Access Care – post diagnosis

Submit request for BHT

- To health plan
- Must reply within 5 days

Initiate behavioral health assessment

- Plan must provide list of BHT providers - QASP
- Max wait time 10 days (MH)
  - If no network provider, plan must find one or accept yours within time frame
- Develop treatment plan and recommendation
  - Strengths and Deficits
  - Measurable, achievable goals
  - Frequency and duration of treatment and supervision

Submit request for BHT

- To health plan
- Must reply within 5 days
- Treatment must begin within 10 days of authorization

Other Requirements

- Prescription
  - Physician (MD) or licensed psychologist (not a BCBA)
- Provider (same as private insurance mandate providers)
  - Qualified Autism Service Provider (QASP) (licensed provider or Board Certified Behavior Analyst)
  - QASP supervises Qualified Autism Service Professionals and Qualified Autism Service Paraprofessional
- Parent participation helps maximize outcomes
  - Should be provided to maximum extent possible
  - Treatment plan should include parent training
  - Cannot be required to the extent that it limits access to care (e.g., 2 working parents)

Potential Issues - CDE

- Medi-Cal currently requiring Comprehensive Diagnostic Evaluation (CDE) to access treatment
  - MCPs shall obtain a diagnostic evaluation of no more than four hours in duration that includes:
    - A clinical history with informed parent/guardian, inclusive of developmental and psychosocial history;
    - Direct observation;
    - Review of available records; and
    - Standardized measures including ASD core features, general psychopathology, cognitive abilities, and adaptive functioning using published instruments administered by qualified members of a diagnostic team

Potential Issues - CDE

- Current shortage of diagnosing clinicians
  - If no appointment available within 10 (max 15) days request treatment prior to CDE
  - American Academy of Pediatrics recommends initiation into intensive treatment **as soon as diagnosis is seriously considered** rather than waiting for a definitive diagnosis[1]
  - Private plans – preliminary ASD diagnosis by primary care physician or mental health provider counts (**§ CCR 1300.74.72)**
  - Medi-Cal EPSDT – requires "Necessary health care services . . . for . . . conditions discovered by any **screening** . . ."

[1]Scott M. Myers, Chris Plauche Johnson and the Council on Children with Disabilities, "Management of Children with Autism Spectrum Disorders", Pediatrics published online October 29, 2007; DOI: 10.1542/peds.2007-2362

Potential Issues – "significantly interfere" requirement

- Current "All Plan Letter" from DHCS to Plans specifies BHT is ONLY for those who "Exhibit the presence of excesses and/or deficits of behaviors that **significantly interfere** with home or community activities (examples include, but are not limited to aggression, self-injury, elopement, and/or social interaction, independent living, play and/or communication skills, etc.
- "Significantly interfere" requirement violates EPSDT – appeal if plan tries to deny for this reason

Educational/Recreational/ Vocational/Custodial – Whole Treatment or Part (Goal)

- Response: Goal of the treatment is to address core deficits of autism and not education, recreation, vocation or custodial care
  - Focus on goals: communication, social, repetitive behaviors, aggression, attention to task, joint attention, flexibility, skill acquisition
  - De-emphasize tool being used (e.g., ball, book, IPAD, toothbrush)
  - Custodial care: BHT is teaching ADL skills for independence (e.g., how to brush teeth) and is treatment. Doing ADLs for child (e.g., brushing the teeth) is custodial. Focus ABA on skill building.

Location of service denials
Medical vs. Educational Intervention

- Driven by the goals – the end goal of the specific intervention
- Core deficits vs. state curriculum or subject matter
- Medical - remediate signs, symptoms and disabling effects of autism
- Education – access education of equal quality as that of non-disabled peers
- IDEA often misused to deny medical necessity
- Service delivery location may be integral part of treatment plan
- Generalization is crucial and multiple locations necessary
- Social goals most appropriately met in school setting with peers
- 40 hour per week studies published in medical journals include multiple settings

School district responsible – [Necessary to access education ≠ educational]

Medical Insurance responsible, including Medi-Cal

Insurance only

- Address core deficits that have no impact on ability to access education

School and Insurance

- ABA at home if necessary to access education (often young kids)
- ABA at school addressing core deficits that also are necessary to access education

School only

- Academic goals – to reach grade level

All cases:

- Insurance pays for service
- Family or other source pays cost share

If insurance covers BHT:

- Insurance pays for services
- School pays for co-pay deductible

If insurance does not cover BHT:

- School pays entire cost

All cases:

- School pays for services
- Family pays nothing

Not a big concern for Medi-Cal – strong history of providing medically necessary services on school sites. Issue may still be some LEAs refusing to let providers on campus. Strategies being developed to address issues and may be less of issue with Medi-Cal.

Information NOT to Provide

- IEP
  - This is a confidential EDUCATIONAL document that has no bearing on medical necessity
  - Providers do not have the legal right to release this information to the insurer without written consent from parents, parents do not have to consent
- Clinical reports from other therapies such as OT, ST, PT (unless readily available and contain information relevant to BHT – it is confidential protected health information you do not need to share)
- Extraneous documentation the health plan requests that is not necessary – ask them to put in writing why they need it to determine medical necessity, the request may "go away"

Appeal Rights

- You have the right to make complaints about your child's covered services or care. This includes the right to:
  - **File a complaint or grievance** or appeal certain decisions made by the Health Plan or health plan provider. For more information on filing a complaint, grievance, or appeal, contact your Health Plan.
  - **Ask for an Independent Medical Review (IMR)** of the medical necessity of Medi-Cal Services or terms that are medical in nature from the California Department of Managed Health Care (DMHC). For more information on asking for an IMR, contact DMHC's Help Center at 1-888-466-2219 or (TDD) 1-877-688-9891 or online at http://www.dmhc.ca.gov/FileaComplaint/ConsumerIndependentMedicalReviewComplaint.aspx. If your child needs services urgently, ask for the IMR to be expedited.
  - **Ask for a State Fair Hearing (SFH)** from the California Department of Social Services (DSS). You can request a SFH over the phone by contacting DSS at 1-800-952-5253 or (TDD) 1-800-952-8349, by faxing DSS at 916-651-5210 or 916-651-2789, or by sending a letter to DSS. Additional information on the SFH process can be accessed at: http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx. If your child needs services urgently, ask for the hearing to be expedited.
  - **Always Contact DHCS**: Send an e-mail to ABAInfo@dhcs.ca.gov with a copy to MediCalAutismBenefit@yahoo.com

Regional Center Clients

- CMS Guidance July 7, 2014
  - EPSDT services cannot be offered by a Medicaid waiver (e.g., regional center waivers) for beneficiaries under age 21
- Who provides my BHT now?
  - Enter RC system BEFORE Sept 15, 2014 – may stay with RC, may transition to Medi-Cal at any time
  - Enter RC system AFTER Sept 15, 2014 – must get BHT from Medi-Cal
- Who provides my BHT eventually?
  - Transition plan being developed – 7500+ kids from RC to Medi-Cal once plan is complete
  - Continuity of Care Rights – up to 1 year (we want min. 1 year)
  - Details to be worked out – participate in Stakeholder meetings (next one Dec 19, 2014 3pm-5pm) details at: http://www.dhcs.ca.gov/services/medi-cal/Pages/BehavioralHealthTreatment.aspx

Managed Care vs Fee for Service

- Medi-Cal Managed Care Organizations
  - 4.5 of 5.0 million kids on Medi-Cal
  - BHT services covered by managed care plan (e.g., Kaiser, LA Cares, San Mateo Health Plan
  - Must use network providers unless no availability
  - If no networks providers available may go out of network (OON) – request OON referral from health plan
- Fee For Service Medi-Cal
  - 0.5 of 5.0 million kids on Medi-Cal
  - BHT services will be provided by regional centers
    - Under EPSDT standards and eligibility not RC standards and eligibility
- Specialty mental health through counties
  - Not relevant for BHT benefit

Medi-Cal as Secondary

- May have private insurance and Medi-Cal
- You do not lose your Medi-Cal if purchase secondary plan
  - Are not eligible for subsidies through Exchange (Covered CA)
- Medi-Cal is always secondary – pays after private
- Medi-Cal can cover cost sharing for covered services
  - Must use Medi-Cal Provider

Tips - Quantifiable and Measurable Goals

- Address core deficits – align with DSM and insurer UM criteria
- Achievable – benchmark in steps
  - Be thinking of re-authorization and documenting progress
- Appropriate for time frame/indicate time frame
- Include quantifiable baseline measures where appropriate

Tips - Recommendations for Treatment

- Follow standards of care
  - NOT what you "think will be approved" – it is a vicious circle down
  - Research based; BACB standards; physician recommendation; include documentation to back up your recommendation
- Specify hours and intensity
- Specify duration
- Specify setting(s)
- Extenuating circumstances (e.g., 2 to 1 staffing due to violent or self-injurious behavior)

Tips: Written Progress Report

- Progress, Progress, Progress
- Ongoing Need, Ongoing Need, Ongoing Need
- New Goals and Recommendations

Tips: Preventing early termination of services

- Use children's progress as own case study and evidence of effectiveness
  - especially if after several years or advanced age
  - goal is maximize function
  - no reason to stop until function maximized or no deficits
  - all ages appropriate

Resources

ABAInfo@dhcs.ca.gov
with a copy to MediCalAutismBenefit@yahoo.com

info@autismdeservesequalcoverage.com
http://www.autismcoverage.org/Medi-Cal_Info.html
650-260-5305

DMHC Help Center
888-466-2219

Questions?

#GivingTuesday – Please Donate

ADEC Foundation is a not-for-profit charity working to increase access to treatment for all individuals with ASD. Please consider a donation to help us continue our important work on Medi-Cal – www.autismcoverage.org