

DEPARTMENT OF DEVELOPMENTAL SERVICES

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February 11, 2016

TO: REGIONAL CENTER EXECUTIVE DIRECTORS

SUBJECT: BEHAVIORAL HEALTH TREATMENT TRANSITION UPDATE

On January 21, 2016, the Department of Health Care Services (DHCS) received federal approval of [State Plan Amendment \(SPA\) 14-026](#) to provide Behavioral Health Treatment (BHT) as a Medi-Cal benefit for individuals under the age of 21 with a diagnosis of Autism Spectrum Disorder (ASD). Since many regional center (RC) consumers will be eligible to receive this generic resource, implementation of this Medi-Cal benefit necessitates a need to transition the responsibility for these services for most Medi-Cal beneficiaries from RCs to DHCS managed care plans. DHCS and the Department of Developmental Services (DDS) have worked to develop the [BHT Transition Plan](#) which identifies the planned steps and timelines for this transition, both for individuals who are enrolled in a Medi-Cal managed care plan (MCP) and those enrolled in Medi-Cal fee-for-service (FFS). While the transition will begin in February 2016, preparation for the transition has been occurring for more than a year and will continue to be important to make this transition as seamless as possible for consumers and their families.

Background

All RC consumers receiving behavior intervention/BHT services through the RCs prior to September 15, 2014, were to continue to have those services coordinated and purchased by the RCs as identified in consumers' individual program plans (IPP). Beginning on September 15, 2014, RC consumers (under age 21 with an ASD diagnosis) enrolled in a Medi-Cal MCP who newly sought BHT services through the RC, were to be referred to their Medi-Cal MCP for coordination of BHT, while RCs continued to coordinate and purchase behavior intervention/BHT services for all consumers enrolled in Medi-Cal FFS.

Transition for consumers enrolled in a MCP

On a monthly basis, DDS identifies consumers potentially eligible for BHT, based on age, diagnosis, Medi-Cal eligibility and service authorizations and claims from the previous 12 months. A listing of these consumers is shared with both DHCS and the RCs. DDS sends a follow-up list to the RCs after DHCS has verified consumer Medi-Cal eligibility and enrollment status.

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To ensure that consumers are notified appropriately of the BHT transition, it is important that RCs 1) verify that the consumers on the list are receiving BHT services; and 2) inform DDS and the MCP of any consumers not on the list who may be eligible for BHT through Medi-Cal, as well as any consumers/services on the list that do not appear to be eligible for BHT.

In an effort to make this initial transition seamless, MCPs must initiate the “continuity of care” process prior to the transition date for consumers currently receiving BHT through the RC. This process will allow for consumers to remain with their current out-of-network providers for up to 12 months after the transition, if the following requirements are met:

- 1) The MCP is able to determine that the consumer has an ongoing relationship with the provider;
- 2) The provider is willing to accept the higher of the MCP’s rates or Medi-Cal FFS rates (e.g. the rate the provider currently receives from the RC);
- 3) The provider meets the MCP’s applicable professional standards and has no disqualifying quality of care issues;
- 4) The provider is a Medi-Cal State Plan approved provider; and
- 5) The provider provides to the MCP, all relevant treatment information, as long as it is allowable under federal and State privacy laws and regulations.

If any of the continuity of care requirements are not met, the MCP will arrange for a new in-network provider. Consumers’ current services will not change, at least until they have a new assessment, even if they change providers.

The transition to Medi-Cal for these services will require changes in consumer IPPs to reflect the new service and funding source. While the BHT Transition Plan identifies planned dates for the transition to the MCPs, to ensure there are no gaps in services, RCs should continue to fund services identified in the consumers’ IPPs until the consumer’s actual transition date. Monthly, DDS will send RCs a transition file listing consumers, as identified by the MCPs, who will transition in the following month. Effective on the date the consumer transitions, RCs should no longer reimburse providers for BHT services. DDS will review claims data and contact the RC to determine the appropriate actions, if it appears any claims were submitted in error. If the consumer/family disagrees with the proposed change to the IPP, the RC should follow current procedures (e.g. issuing a “Notice of Proposed Action”). The RC should continue to fund services identified in the IPP until the disagreement is resolved, if the family requests a fair hearing within ten days.

Transition for consumers enrolled in FFS

BHT services for consumers enrolled in Medi-Cal FFS will continue to be coordinated and purchased through the RCs and DDS will reimburse the RCs for these services. The funding transition will occur between DDS and DHCS. Therefore, all current processes, with the exception of fair hearings as described below, for determining the need for services, purchase authorizations, provider invoicing/reimbursement, etc., will remain the same. Additionally, provider rates will remain the same and all statute/regulations concerning rates for RC funded services apply. However, since this is a Medi-Cal benefit, any disagreements over the provision of BHT services after the transition must be handled through the Medi-Cal, rather than the DDS, fair hearing process. See enclosures for more information regarding the Medi-Cal fair hearing process and the BHT process for consumers enrolled in Medi-Cal FFS.

Copayments, coinsurance and deductibles

As with other services covered by both private health insurance and Medi-Cal, in some instances Medi-Cal may cover the cost of copayments, coinsurance and deductibles for consumers who are covered by Medi-Cal in addition to private health insurance. Medi-Cal will only cover these costs if the total amount paid to the provider is no more than the Medi-Cal rate for that service. If Medi-Cal does not cover these costs, and a provider charges the consumer/family for copayments, coinsurance or deductibles, RCs may pay these costs as authorized in Welfare and Institutions Code Section 4659.1.

Exceptions to planned transition schedule

As outlined in the [BHT Transition Plan](#), the transition of BHT services is scheduled to occur over a period of six months beginning in February 2016. However, consumers who 1) are eligible for Medi-Cal through only “institutional deeming” and; 2) are only receiving behavior intervention/BHT services purchased by the RC, will not transition to Medi-Cal at this time. Because BHT will be a Medi-Cal State Plan benefit, it will no longer be available as a Home and Community-Based Services (HCBS) Waiver service for consumers under age 21 with a diagnosis of ASD after March 2017. RCs should continue to purchase needed services for consumers in this situation. We’ll provide further guidance regarding these consumers in the future.

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An additional exception to the transition schedule applies to those consumers who are within six months of turning 21 years old at the time of the planned transition. Since the BHT Medi-Cal benefit is only available for individuals under 21 years of age, funding for behavior intervention/BHT services purchased by the RC for consumers in this situation will not transition to Medi-Cal.

Thank you for your efforts in coordinating this transition. Additional information about the BHT transition is available at <http://www.dhcs.ca.gov/services/medi-cal/Pages/BehavioralHealthTreatment.aspx>. If you have any questions regarding this letter, please contact Greg Nabong, Manager, Program Operations Branch at (916) 653-3749.

Sincerely,

Original signed by

JIM KNIGHT
Assistant Deputy Director
Community Services Division

Enclosures (2)

cc: Regional Center Chief Counselors
Amy Westling, Association of Regional Center Agencies