

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY/ PROCEDURE**

Policy/Procedure Number: MCUP3126 (previously MPUP3126)		Lead Department: Health Services Business Unit: Utilization Management	
Policy/Procedure Title: Behavioral Health Treatment (BHT) for Members Under the Age of 21		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 08/19/2015 Effective Date: 09/15/2014 vs. DHCS		Next Review Date: 04/08/2027 Last Review Date: 04/08/2026	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Partnership Advantage
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Robert Moore, MD, MPH, MBA</i>			Approval Date: 04/08/2026

I. RELATED POLICIES:

- A. MCCP2022 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
- B. MPCP2006 - Coordination of Services for Members with Special Health Care Needs (MSHCNS) and Persons with Developmental Disabilities
- C. MCUP3041 - Treatment Authorization Request (TAR) Review Process
- D. MPCP2014 - Continuity of Care
- E. MCUP3113 - Telehealth Services

II. IMPACTED DEPTS:

- A. Health Services
- B. Claims
- C. Member Services
- D. Provider Relations

III. DEFINITIONS:

- A. **Autism Spectrum Disorder (ASD)** is characterized by varying degrees of difficulty in social interaction, verbal and non-verbal communication, and manifestation of repetitive behavior and restricted interests. According to Diagnostic and Statistical Manual (DSM) V, a diagnosis of ASD includes several conditions including Autistic Disorder, Pervasive Developmental Disorder Not Otherwise Specified (PDD-NOS) and Asperger Syndrome.
- B. **Applied Behavioral Analysis (ABA)** is the design, implementation, and evaluation of environmental modifications to produce socially significant improvement in human behavior. ABA includes the use of direct observation, measurement, and functional analysis of the relations between environment and behavior. (BACB Certification Board Guidelines 2012)
- C. **Behavioral Health Treatment (BHT)** BHT is the design, implementation and evaluation of environmental modifications 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. BHT services are based on reliable evidence and are not experimental. BHT services include a variety of behavioral interventions that have been identified as evidenced-based by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence and are designed to be delivered primarily in the home and in other community settings.
- D. **Behavior Analyst Certification Board (BACB)** is a corporation established to meet professional credentialing needs identified by behavior analysts and government agencies. They have defined

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requirements for behavior provider certification. They are accredited by the National Commission for Certifying Agencies.

- E. **California Association for Behavioral Analysis (CalABA)** is the state association for professional behavior analysts in California. The association publishes guidelines and offers support and resources for behavior analysts. It has provided guidelines and recommendations to the Department of Developmental Services (DDS) and other entities toward ensuring appropriate, cost-effective behavior services, and utilization of qualified experts in the delivery of services.
- F. **Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Supplemental Services** is a federally mandated Medicaid/ Medi-Cal benefit for Medi-Cal Members under age 21 for medically necessary treatment services needed to correct or ameliorate a defect, physical illness, mental illness or a condition, even if the service or item is not otherwise included in the State's Medicaid Plan. (Source: Title 22, California Code of Regulations (CCR), Sections 51184; 51242; 51340; 51532)
- G. **IEP: Individualized Education Program**
- H. **IFSP: Individualized Family Service Plan**
- I. **IHSP: Individualized Health & Support Plan**
- J. **LEA: Local Educational Agency**
- K. **Medicaid:** A joint federal and state program that helps cover medical costs for some people with limited income and resources. Medi-Cal is California's Medicaid health care program, supported by federal and state taxes.
- L. **Medi-Cal Rx:** The program title established by the State of California Department of Health Care Services (DHCS) for the new system of administering Medi-Cal pharmacy benefits through the fee-for-service (FFS) delivery system effective January 1, 2022.
- M. **Parent Training - Service Type** refers to instruction, observation and/or modeling behavior techniques under the direct guidance/ supervision of the behavior therapy agency staff who developed the behavior treatment plan.
- N. **Release of Information (ROI) Consent Form** is a form valid one calendar year from the date of signature of the Member to allow the Regional Center and/or Regional Center Behavioral Health Treatment (BHT) provider to share the treatment information with the managed care plan.
- O. **Skills Training - Service Type** refers to treatment toward development of improvement of adaptive functioning. Domains of adaptive function may include communication (receptive/ expressive and pragmatic language); socialization; fine and gross motor development; self-help/ daily living skills-eating, toileting, dressing, hygiene; and social emotional functioning. (Source: Autism Spectrum Disorders- Best Practice Guidelines Screening, Diagnosis and Assessment, California Department of Developmental Services, pg 51-52.)
- P. **Therapeutic Behavior Service - Service Type** refers to treatment that seeks to identify the stimulus of challenging behaviors and then developing a plan that promotes the development of new skills while reducing the adverse behavior. Challenging behaviors may include tantrums, aggression, self-injury. (Source: [Autism Spectrum Disorders- Best Practice Guidelines Screening, Diagnosis and Assessment](#), California Department of Developmental Services, pg 64-65.)

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To define Partnership HealthPlan of California's responsibilities to provide Behavioral Health Treatment (BHT) services to Partnership Medi-Cal eligible Members under age 21 covered by the Early and Periodic Screening Diagnostic and Treatment (EPSDT) Supplemental Services benefit.

VI. POLICY / PROCEDURE:

A. Partnership is responsible for providing Early and Periodic Screening, Diagnostic and Treatment services

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for Members under the age of 21. Services include medically necessary Behavioral Health Treatment (BHT) services covered under Medicaid that are determined to be medically necessary to correct or ameliorate any physical or behavioral conditions, regardless of whether California’s Medi-Cal plan covers such services for adults.

- B. General Criteria for BHT Services Covered Under Medicaid
 In order to be eligible for BHT services, a Partnership Medi-Cal Member must meet all of the following coverage criteria. The recipient must:
1. Be under 21 years of age
 2. Have a recommendation from a licensed physician, surgeon or psychologist that states evidence-based BHT services are medically necessary and covered under Medicaid, regardless of diagnosis.
 3. Be medically stable and without a need for 24-hour medical/nursing monitoring or procedures provided in a hospital or intermediate care facility for persons with intellectual disabilities (ICF/ID)
 4. Appear to have persistent developmentally inappropriate behavior.
- C. Medical Necessity Criteria for BHT Services Covered Under Medicaid
1. Member exhibits the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities (including, but not limited to, aggression, self-injury, elopement, and/or social interaction, independent living, play and/or communication skills) requiring behavioral assessment and treatment.
 - a. Partnership utilizes current clinical criteria and guidelines when determining what BHT services covered under Medicaid are medically necessary and ensures appropriate independent review of Members’ medical needs for BHT services in accordance with EPSDT requirements and medically accepted standards of care.
 2. Some common diagnoses with evidence-based results reflecting this form of therapy to be highly beneficial include, but are not limited to, Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), bipolar and schizophrenia.
- D. Covered Services for Behavior Assessment and Behavioral Health Treatment (BHT)
1. A Treatment Authorization Request (TAR) will be required for all BHT services and should be faxed or electronically submitted from the provider to the Health Services Department for review based upon medical necessity criteria and procedures otherwise in compliance with Partnership policy MCUP3041 TAR Review Process.
 - a. The TAR must include the following documentation:
 - 1) Medical or mental health diagnosis
 - 2) Length and severity of the condition
 - 3) History and Physical exam including mental status, development status and/or any form of comprehensive diagnostic testing
 - 4) The Functional Behavioral assessment conducted by a Board Certified Behavior Analyst, which documents the severity of behavioral and speech issues, and the details of the BHT therapy services that are recommended to address these issues
 - b. If the above documentation is not available OR the information is beyond twelve months, Partnership may make a one-time allowance to approve a single visit in order to fulfill TAR requirements.
 2. A signed and dated Release of Information (ROI) consent form must be submitted with any BHT related clinical documentation or TAR. The ROI is valid for one calendar year from the date of signature and may be cancelled by the Member or legal guardian at any time. Failure to do so may result in a delay of service.
- E. Providers of Services
1. Medically necessary BHT services covered under Medicaid must be provided and supervised under a Partnership-approved treatment plan developed by a BHT service provider who meets the requirements contained in California’s Medicaid State Plan.¹

¹ Refer to California’s Medicaid State Plan, [Limitations on Attachment 3.1-A, 13c - Preventive Services](#),

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2. BHT services must be provided by a Qualified Autism Service Provider, Qualified Autism Service Professional, or Qualified Autism Service Paraprofessional who meets the requirements contained in California’s Medicaid State Plan.¹

F. Treatment Plan Criteria

1. BHT services covered under Medicaid must be provided, observed, and directed under a Partnership-approved behavioral treatment plan developed by a BHT Service Provider for the specific Member being treated.
2. The behavioral treatment plan must identify the medically necessary services to be provided in each community setting in which treatment is medically indicated, including on-site at school or during remote school sessions, during school hours and effective coordination with the Local Educational Agency (LEA).
3. Partnership permits and encourages (but does not require) the Member’s parent(s)/guardian(s) to be involved in the development, revision, and modification of the behavioral health treatment plan, in order to promote their participation in treatment.
4. The behavioral treatment plan must include a description of patient information, reason for referral, brief background information including:
 - a. Demographics
 - b. Living situation
 - c. Home/school/work information
 - d. Clinical review including recent assessment/reports, any assessment procedures and the results as well as the evidenced-based BHT services.
5. BHT interventions must utilize evidenced-based or science-based promising practice that minimize behavioral conditions and promote positive behavioral outcomes across a wide range of aberrant behaviors and/or ameliorate functional status concerns. The intervention(s) must include a treatment plan that meets Best Practice Treatment Plan guidelines. The intervention should be time-limited based on termination/discontinuation criteria that are clarified at the outset of treatment.
6. An intervention must be effective (evidenced-based or science-based promising practice), appropriate, and necessary as it relates to the diagnosis and/or identified behavioral concerns (determined need) and be provided with the goal to improve function.
7. The behavioral treatment plan must include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives.
8. Includes the Member’s current level of need (baseline, expected behaviors the parent/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, modified [include explanation]).
9. Identifies measurable long-, intermediate-, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation.
10. Clearly identifies the service type, number of hours of direct service(s), observation and direction, parent/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 BHT service provider responsible for delivering the services.
11. Includes care coordination involving the parent(s), legal guardian, or legally responsible person, and the school, state disability programs, and others as applicable
12. Considers the Member’s age, school attendance requirements, and other daily activities when determining the number of hours of medically necessary direct service and supervision.
 - a. Partnership must not limit BHT services on the basis of school attendance or other categorical

BHT, and Attachment 3.1-A, Supplement 6.

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exclusions. Blanket limitations or restrictions on benefits and services, such as caps on number of hours, are prohibited.

13. Delivers BHT services in a home or community-based setting, including clinics.
 - a. BHT services that are provided in school, in the home, or other community setting must be clinically indicated, medically necessary and delivered in the most appropriate setting for the direct benefit of the Member. BHT hours delivered across settings, including during school, must be proportionate to the Member's medical need for BHT services in each setting.
 14. Providers of BHT services must review, revise, and/or modify the behavioral treatment plan no less than once every six months.
 15. The behavioral treatment plan must include an exit plan/criteria to modify or discontinue services. Only a determination that services are no longer medically necessary under EPSDT standard can be used to reduce or eliminate services.
- G. Transition of Care When Member Turns 21
1. Treatment plan criteria require that the BHT provider indicates a transition plan for the Member. Members turning 21 will be referred to the providers, community agencies and/or Regional Center noted in the transition plan for continued therapy or services if indicated.
- H. BHT Service Limitations
1. Before initiating BHT interventions for a specific behavior, the possibility that the behavior is related to a particular mental health, medical, or skill deficit or sensory problem, should be evaluated. The deficit or sensory problem should be addressed via treatment (outside of BHT) that is best suited to that condition.
 2. The following services do not meet medical necessity criteria or qualify as Medi-Cal covered BHT services for reimbursement:
 - a. Services rendered when continued clinical benefit is not expected.
 - b. Provision or coordination of respite, day care, or educational services, or reimbursement of a parent, legal guardian, or legally responsible person for costs associated with participation under the behavioral treatment plan.
 - c. Treatment whose sole purpose is vocationally or recreationally based.
 - d. Custodial care. (As defined for purposes of BHT services, custodial care is provided primarily for maintaining the Member's or anyone else's safety. It could be provided by persons without professional skills or training.)
 - e. Services, supplies, or procedures, performed in a non-conventional setting, including, but not limited to, resorts, spas, and camps.
 - f. Services rendered by a parent, legal guardian, or legally responsible person.
 - g. Services that are not evidence-based or science-based promising practice behavioral interventions.
 3. Partnership is not contractually responsible for educationally necessary BHT services covered by a LEA and provided pursuant to a Member's IFSP, IEP, or IHSP. However, if medically necessary and covered under Medicaid, Partnership must provide supplementary BHT services, and must provide BHT services to address gaps in service caused when the LEA discontinues the provision of BHT services (e.g. during a Public Health Emergency [PHE]).
 - a. If medically necessary BHT services are otherwise still needed, but the need is not documented in an IEP or IFSP/IHSP, then Partnership may coordinate any needed BHT services in a school-linked setting.
 - b. When school is not in session, Partnership must cover medically necessary BHT services that were being provided by the LEA when school was in session.
- I. Coordination of Care
1. Partnership has primary responsibility for ensuring that EPSDT Members receive all medically necessary BHT services covered under Medicaid. Partnership must establish data and information sharing agreements as necessary to coordinate the provision of services with other entities that may

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have overlapping responsibility for the provision of BHT services, including but not limited to Regional Centers (RCs), LEAs, and County Mental Health Plans (MHPs). Refer to policy MCCP2022 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services.

- a. When another entity has overlapping responsibility to provide BHT services to a Member, Partnership must assess the medical needs of the Member for BHT services across community settings, according to the EPSDT standard and determine what BHT services (if any) are actively being provided by other entities.
 - b. Partnership will coordinate the provision of all services including durable medical equipment (DME) and medication with the other entities to ensure that Partnership and the other entities are not providing duplicative services.
 - c. Partnership will ensure that all of the Member's needs for BHT services covered under Medicaid are being met in a timely manner, regardless of payer, and based on the individual needs of the Member.
2. Medically necessary BHT must not be considered duplicative when Partnership has overlapping responsibility with another entity for the provision of BHT services unless the service provided by the other entity is currently being provided is the same type of service (e.g. ABA), addresses the same deficits, and is directed to equivalent goals.
 3. Partnership has the primary responsibility to provide all medically necessary BHT services. When services provided by a LEA or RC do not fulfill all of the Member's medical need for BHT services, Partnership must authorize any remaining medically necessary services. Partnership must not rely on LEA programs to be the primary Provider of medically necessary BHT services on-site at school or during remote school sessions. Furthermore, Partnership must not assume that BHT services included in a Member's IEP/IHSP/IFSP are actively being provided by the LEA. Partnership is responsible for determining whether such services continue to be provided by the LEA, and must provide any medically necessary BHT services that have been discontinued by the LEA, for example during a PHE. Refer to policy MPCP2006 Coordination of Services for Members with Special Health Care Needs (MSHCNs) and Persons with Developmental Disabilities.
 4. If a Member's IEP team concludes that Partnership-approved BHT services are necessary to the Member's education, the IEP team must determine that Partnership-approved BHT services must be included in the Member's IEP. Services in a Member's IEP must not be reduced or discontinued without formal amendment of the IEP. If the Partnership-contracted Provider determines that BHT services included in a Member's IEP are no longer medically necessary, Partnership is not authorized to use Medi-Cal funding to provide such services.
 - a. Partnership is solely financially responsible for providing, or coordinating with the LEA to provide any BHT services included in a Member's IEP until such time that the IEP is amended.
 - b. Partnership must coordinate with the LEA to ensure that BHT services that are determined to be no longer medically necessary are removed from the IEP as Partnership-provided services upon amendment of the IEP.
 5. In the event that BHT services are no longer medically necessary, Partnership will attempt to obtain written agreement from the LEA to oversee the provision of services included in the IEP.
 - a. Partnership may coordinate with the LEA to contract directly with a school-based BHT services practitioner, if the practitioner is enrolled in Medi-Cal and otherwise qualified as required by APL 23-010 *Revised*, to provide any medically necessary BHT services included in a Member's IEP.
 - b. Partnership may reimburse the LEA for the school-based Provider's services only to the extent the services continue to meet the EPSDT standard of medical necessity.
 6. While BHT does not specifically include prescription drug therapy, children with ABA are likely to have prescription drug therapy as part of their treatment regimen. Partnership is required to ensure Members have access to and support medication adherence for the prescription drug benefits carved-out to Medi-Cal Rx.

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7. Partnership is the primary Provider of medically necessary BHT services for Members eligible for EPSDT. Whenever Members are unable to receive BHT services from school-based Providers or other entities with overlapping responsibility for the provision of BHT services, Partnership is responsible for covering any gap in medically necessary services for the Member. Partnership is required to provide case management and coordination of care to ensure that Members can access medically necessary BHT services.

J. Continuity of Care

1. For Members under the age of 21 years of age transitioning BHT services from a Regional Center, Partnership will automatically generate a Continuity of Care Request.
2. Continuity of Care with an out-of-network BHT provider can be granted for up to 12 months when all of the following Department of Health Care Services (DHCS) criteria are met:
 - a. The Member has an existing relationship with a qualified provider of BHT services. An existing relationship means the Member has seen the out-of-network BHT provider at least one time during the six months prior to either the transition of services from the Regional Center (RC) to Partnership or the date of the Member’s initial enrollment with Partnership if enrollment occurred on or after July 1, 2018.
 - b. The provider and Partnership can agree to a rate, with the minimum rate offered by Partnership being the established Medi-Cal Fee for Service (FFS) rate for the applicable BHT service.
 - c. The provider does not have any documented quality of care concerns that would cause him/her to be excluded from the Partnership’s network.
 - d. The provider is a California State Plan approved provider
 - e. The BHT provider supplies Partnership with relevant treatment information for the purpose of determining medical necessity, as well as current treatment plan, as long as it is allowable under federal and state privacy laws and regulations.
3. For more information on Partnership’s Continuity of Care policy and BHT, please refer to policy MPCP2014 Continuity of Care.
4. Partnership will not provide continuity of care for services not covered by Medi-Cal.

K. Timely Access Standards

1. Partnership must provide BHT services in accordance with timely access standards, pursuant to WIC Section 14197 and the contract between DHCS and Partnership.

VI. REFERENCES:

- A. Medi-Cal Provider Manual/Guidelines: EPSDT ([epsdt](#)) section “Behavioral Health Treatment”
- B. Council of Autism Service Providers [CASP] (2024). *Applied behavior analysis practice guidelines for the treatment of Autism Spectrum Disorder: Guidance for healthcare funders, regulatory bodies, service providers, and consumers* [Clinical practice guidelines]. <https://www.casproviders.org/asd-guidelines>
- C. California Association for Behavior Analysis (CalABA): [Report of the Task Force of California Association for Behavior Analysis—Guidelines for Applied Behavior Analysis \(ABA\) Services and Recommendations for Best Practices for Regional Center Consumers](#) (March 2011)
- D. California Department of Developmental Services, [Autism Spectrum Disorders- Best Practice Guidelines Screening, Diagnosis and Assessment](#), (2002)
- E. Department of Health Care Services (DHCS) All Plan Letter ([APL 23-010 Revised: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21](#)) (11/22/2023)
- F. Diagnostic and Statistical Manual (DSM) V
- G. Title 22, California Code of Regulations (CCR), Sections [51184](#) (*EPSDT Program Definitions*); [51242](#) (*EPSDT Diagnosis and Treatment Provider and EPSDT Supplemental Services Provider*); [51340](#) (*EPSDT Services and EPSDT Supplemental Services*); [51532](#) (*EPSDT Services*)
- H. DHCS All Plan Letter ([APL 23-022 Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service on or after January 1, 2023](#)) (08/15/2023)
- I. DHCS State Plan Amendment ([SPA 14-026](#)) 01/21/2016

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- J. DHCS All Plan Letter ([APL 23-005: Requirements for Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21](#)) (03/16/2023)
- J. DHCS All Plan Letter ([APL 25-013 –Medi-Cal Rx Pharmacy Benefits and Cell and Gene Therapy Coverage](#)) (09/18/2025)

VII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

VIII. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

IX. REVISION DATES: 08/19/15 effective 09/15/14 per DHCS; 11/18/15; 09/21/16; 06/21/17; *06/13/18; 02/13/19; 02/12/20; 05/13/20; 05/12/21; 05/11/22; 06/14/23; 10/11/23; 04/10/24; 04/09/25; 04/08/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee’s meeting date.

PREVIOUSLY APPLIED TO:

N/A

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership’s authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.