

<b>SUBJECT: BHT for Pervasive Developmental Disorder or Autism</b>		
The following MemorialCare affiliates that have adopted this: <input checked="" type="checkbox"/> Policy & Procedure or <input type="checkbox"/> Policy (only) or <input type="checkbox"/> Procedure (only)	<input type="checkbox"/> MemorialCare <input type="checkbox"/> Community Medical Center Long Beach <input type="checkbox"/> Long Beach Medical Center <input type="checkbox"/> Miller Children’s & Women’s Hospital Long Beach <input type="checkbox"/> Orange Coast Medical Center <input type="checkbox"/> Saddleback Medical Center <input type="checkbox"/> MemorialCare Medical Foundation <input checked="" type="checkbox"/> MemorialCare Select Health Plan <input type="checkbox"/> Memorial Medical Center Foundation <input type="checkbox"/> Saddleback Memorial Foundation	<b>REFERENCE:</b> UM 1507 S
		<b>PAGE: 1 OF:</b> 5
		<b>EFFECTIVE:</b> 6/11/2018
<b>MANUAL:</b>	SHP Select Utilization Management/UM	
<b>OWNER:</b>	Utilization Management Department	

**I. POLICY**

- A. MemorialCare Select Health Plan provides coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child under the same terms and conditions applied to other medical conditions, including but not limited to:
  1. Maximum lifetime benefits
  2. Copayments
  3. Individual and family deductibles
  
- B. MemorialCare Select Health Plan maintains an adequate network through a contracted MBHO (Managed Behavioral Health Organization), delegated medical groups, contracted providers, vendors and facilities to provide behavioral healthcare benefits including:
  1. Outpatient Services
  2. Inpatient Hospitals Services
  3. Partial Hospital Services
  4. Prescription Drugs

- C. MemorialCare Select Health Plan provides Behavioral Health Treatment (BHT) for pervasive developmental disorder or autism and maintains an adequate network that includes qualified autism service providers who supervise and employ qualified autism service professionals or paraprofessionals who provide and administer behavioral health treatment.
- D. MemorialCare Select Health Plan's referral system provides members with timely access and ready referral, in a manner consistent with good professional practice, to mental health services including BHT for pervasive developmental disorders or autism, for the purpose of diagnosis and medically necessary treatment of mental health conditions and for related health care services as appropriate upon referral from a primary care physician, mental health provider or pediatrician.

## II. DEFINITIONS

- A. **Pervasive Developmental Disorders** include Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder Not Otherwise Specified (including Atypical Autism), in accordance with the Diagnostic and Statistical Manual for Mental Disorders IV Text Revision (June 2000)
- B. **Serious emotional disturbances of a child** are defined as a child who:
  - 1. Has one or more mental disorders as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that result in behavior inappropriate to the child's age according to expected developmental norms, and
  - 2. Meets the criteria in paragraph (2) of subdivision (a) of Section 5600.3 of the Welfare and Institutions Code.
- C. **Severe mental illnesses** include:
  - 1. Schizophrenia
  - 2. Schizoaffective disorder
  - 3. Bipolar disorder (manic-depressive illness)
  - 4. Major depressive disorders
  - 5. Panic disorder
  - 6. Obsessive-compulsive disorder
  - 7. Pervasive developmental disorder or autism
  - 8. Anorexia nervosa
  - 9. Bulimia nervosa
- D. A **Qualified Autism Service Provider** is either of the following:
  - 1. A person, entity, or group 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.

2. 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.
- E. A **Qualified Autism Service Professional** is an individual who meets all of the following criteria:
1. Provides behavioral health treatment
  2. Is employed and supervised by a qualified autism service provider
  3. Provides treatment pursuant to a treatment plan developed and approved by the qualified autism service provider
  4. 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
  5. 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
- F. A **Qualified Autism Service Paraprofessional** is an unlicensed and uncertified individual who meets all of the following criteria:
1. Is employed and supervised by a qualified autism service provider.
  2. Provides treatment and implements services pursuant to a treatment plan developed and approved by the qualified autism service provider
  3. Meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the Welfare and Institutions Code.
  4. Has adequate education, training, and experience, as certified by a qualified autism service provider.

### III. PROCEDURE

- A. MemorialCare Select Health Plan members are provided preventive health visits upon enrollment, annually and as needed by their Primary Care Physician. Members less than

twenty-one (21) years of age are screened at times specified by the most recent AAP periodicity schedule.

1. ASD specific screenings are required in all children during regular well-child visits at 9, 18, and 24 and 30 months
  2. MemorialCare Select Health Plan Primary Care Physicians provide health education and anticipatory guidance to members and their parents/guardians regarding availability of ASD services, access to resources, screening, treatment and medically necessary referrals without delay.
- B. Behavioral health treatments are professional services and treatment programs, including applied behavior analysis and evidence-based behavior intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism and that meet all of the following criteria:
1. The treatment is prescribed by a physician and surgeon licensed pursuant to Chapter 5 (commencing with Section 2000) of, or is developed by a psychologist licensed pursuant to Chapter 6.6 (commencing with Section 2900) of, Division 2 of the Business and Professions Code.
  2. The treatment is provided under a treatment plan prescribed by a qualified autism service provider and is administered by one of the following:
    - a) A qualified autism service provider
    - b) A qualified autism service professional supervised and employed by the qualified autism service provider
    - c) A qualified autism service paraprofessional supervised and employed by a qualified autism service provider
  3. The treatment plan has measurable goals over a specific timeline that is developed and approved by the qualified autism service provider for the specific member being treated. The treatment plan is reviewed no less than once every six months by the qualified autism service provider and modified whenever appropriate, and is consistent with Section 4686.2 of the Welfare and Institutions Code pursuant to which the qualified autism service provider does all of the following:
    - a) Describes the patient's behavioral health impairments or developmental challenges that are to be treated
    - b) Designs an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the treatment plan's goal and objectives, and the frequency at which the member's progress is evaluated and reported

- c) Provides intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism.
  - d) Discontinues intensive behavioral intervention services when the treatment goals and objectives are achieved or no longer appropriate
4. The treatment plan is not used for purposes of providing or for the reimbursement of respite, day care, or educational services and is not used to reimburse a parent for participating in the treatment program. The treatment plan shall be made available to MemorialCare Select Health Plan upon request.
- C. MemorialCare Select Health Plan monitors the continuity and coordination of care that members receive, and take action, when necessary, to assure continuity and coordination of care, in a manner consistent with professionally recognized evidence-based standards of practice, across their health care network. MemorialCare Select Health Plan monitors, as often as necessary, but not less frequently than once every year, the collaboration between medical and mental health providers including, but not limited to, the following:
- 1. Exchange of information
  - 2. Appropriate diagnosis, treatment and referral, and
  - 3. Access to treatment and follow-up for members with co-existing medical and mental health disorders

#### **IV. REFERENCES/AUTHORITY**

- A. 28 CCR 1300.74.72 , 1300.74.73.
- B. CA Health and Safety Codes 1374.72, 1374.73.
- C. Knox Keene Act §1374.73. (2018). Coverage for behavioral health treatment for pervasive developmental disorder or autism