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**Behavioral Health Treatment  
Frequently Asked Questions for Fee-for-Service Beneficiaries**

**What are Behavioral Health Treatment (BHT) services?**

BHT services consist of Applied Behavioral Analysis and other generally accepted evidence-based approaches that prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction and promote, to the maximum extent practicable, the functioning of a beneficiary, including those with or without autism spectrum disorder (ASD).

Examples of BHT services include behavioral interventions, cognitive behavioral intervention, comprehensive behavioral treatment, language training, modeling, natural teaching strategies, parent/guardian training, peer training, pivotal response training, schedules, scripting, self-management, social skills package, and story-based interventions.

**Who is eligible for BHT Services?**

Medi-Cal beneficiaries under 21 years of age, when determined medically necessary and based upon a recommendation from a physician or a psychologist.

**Who can prescribe BHT?**

A physician or a psychologist must recommend BHT services.

**How do children access BHT services?**

Fee-for-Service (FFS) beneficiaries who are eligible for regional center services receive BHT services coordinated through their local regional center.

Beneficiaries in a Medi-Cal managed care plan receive BHT services from their plan.

**How does a child meet medical necessity criteria for BHT if the child doesn't have an ASD diagnosis?**

A physician, or psychologist will make the determination of medical necessity based on whether BHT services will correct or ameliorate any physical and/or behavioral conditions the child may have.

**Who can provide BHT services?**

As defined in Health & Safety Code §1374.73, treatment services must be provided by a Qualified Autism Service (QAS) provider, QAS professional, or QAS paraprofessional. The QAS professional and QAS paraprofessional must be supervised and employed by the QAS provider.

**Is parent/guardian participation required?**

BHT services may include parent/guardian training for the direct benefit of the child when it is part of the treatment plan. A child enrolled in FFS Medi-Cal cannot be denied BHT services for lack of parent participation.

**Who is responsible for BHT services if the child has private insurance and Medi-Cal?**

Children with dual coverage would receive BHT services from their private insurance and Medi-Cal will wrap around those services that are not covered by the private insurance.

**What are the timelines for FFS Medi-Cal children to be assessed for BHT?**

There are not specified timelines for conducting an assessment for BHT services.

**Are children placed in foster care settings eligible for BHT?**

Foster children/youth and former foster youth have Medi-Cal eligibility and are able to receive BHT services.

**What are my rights if I do not agree with a denial or change of my services?**

- If you do not agree with a denial or change of services, you can: Ask for a State Hearing if you have FFS Medi-Cal.
- Appeal the decision to your managed care plan (MCP), if you have managed care Medi-Cal. You may request a State Hearing after you have completed the MCP's internal appeal process and receive a letter telling you that your health plan will not provide the service, or you did not receive a letter telling you of the decision and it has been more than 30 days.

**STATE HEARING**

To ask for a State Hearing, you can fill out the "State Hearing Request" form at [www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx](http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx) and send it to:

California Department of Social Services  
State Hearings Division  
P.O. Box 944243, MS 19-37  
Sacramento, CA 94244-2430

You may also call to ask for a State Hearing. The number can be very busy so you may get a message to call back later.

Toll free phone: 1-800-952-5253  
TTY: 1-800-952-8349

**What Are the Time Limits to Ask for a State Hearing?**

- You only have 90 days to ask for a hearing.
- The 90 days start the date of the denial letter.

### **Can I Still Get My Treatment and Ask for a State Hearing?**

To still get your treatment that the denial notice is stopping or changing, you must:

- Ask for a State Hearing within ten days from:
  - The date the notice is postmarked, or
  - The date the notice was given to you, or
  - Before the date the notice says your treatment will stop or change.
- Please say that you want to keep getting treatment during the hearing process.

It can take up to 90 days for your case to be decided and an answer sent to you.

### **Can I Ask for a Quick Hearing?**

Yes. This is called an “expedited” hearing. If you think waiting up to 90 days may be risky for you or your child’s health, ask your doctor for a letter. The letter must explain how waiting for up to 90 days could be risky for you or your child’s life or health. Then you can ask for an expedited hearing. You need to send the letter with your hearing request.

You do not have to attend the State Hearing alone. You may bring someone with you. You can bring a friend, a relative, a lawyer, or anyone you choose. You can speak for yourself or have someone else speak for you.

For more information about the State Hearing process, go to <http://www.dhcs.ca.gov/services/medi-cal/Pages/Medi-CalFairHearing.aspx>.