

Senate Bill 946 Amendment

In October 2011, Governor Jerry Brown signed a bill into law that requires California health plans to cover what the law defines as "behavioral health treatment" for pervasive developmental disorder or autism when the Services are Medically Necessary.

Kaiser Foundation Health Plan, Inc., Northern and Southern California Regions (Health Plan) is amending non-Medicare *Evidence of Coverage (EOC)* documents in your Group's *Group Agreement* effective July 1, 2012 in response to Senate Bill 946 by sending this "Senate Bill 946 Amendment" in accord with the "Amendment of *Agreement*" section of your Group's *Group Agreement*. All amendments are deemed accepted by your Group unless your Group gives Health Plan written notice of nonacceptance within 15 days after the date of this amendment notice.

In accord with "Member Information" in the "Miscellaneous Provisions" section of the *Group Agreement*, Group must inform Subscribers of this coverage change in its next regular communication to them, but in no event later than 30 days after Group receives the information.

Note: Some capitalized terms in this "Senate Bill 946 Amendment" have special meaning. Please see the "Definitions" section of an *EOC* in your Group's *Group Agreement* for terms you should know. In this document "non-Medicare *EOCs*" means all *EOCs* other than Senior Advantage or Medicare Cost *EOCs*.

Definitions

We have revised the definition of "Services" to include behavioral health treatment covered under "Behavioral Health Treatment for Pervasive Developmental Disorder or Autism" in the "Benefits and Cost Sharing" section:

Services: Health care services or items ("health care" includes both physical health care and mental health care) and behavioral health treatment covered under "Behavioral Health Treatment for Pervasive Developmental Disorder or Autism" in the "Benefits and Cost Sharing" section.

How to Obtain Services

We have revised the "Referrals to Plan Providers" section to indicate that a referral is required for behavioral health treatment covered under "Behavioral Health Treatment for Pervasive Developmental Disorder or Autism" in the "Benefits and Cost Sharing" section:

Referrals to Plan Providers

A Plan Physician must refer you before you can receive care from specialists, such as specialists in surgery, orthopedics, cardiology, oncology, urology, dermatology, and physical, occupational, and speech therapies. Also, a Plan Physician must refer you before you can get care from Qualified Autism Service Providers covered under "Behavioral Health Treatment for Pervasive Developmental Disorder or Autism" in the "Benefits and Cost Sharing" section. However, you do not need a referral or prior authorization to receive most care from any of the following Plan Providers:

- Your personal Plan Physician
- Generalists in internal medicine, pediatrics, and family practice
- Specialists in optometry, psychiatry, chemical dependency, and obstetrics/gynecology

Although a referral or prior authorization is not required to receive most care from these providers, a referral may be required in the following situations:

- The provider may have to get prior authorization for certain Services in accord with "Medical Group authorization procedure for certain referrals" in this "Getting a Referral" section
- The provider may have to refer you to a specialist who has a clinical background related to your illness or condition

Benefits and Cost Sharing

We have added the following description of coverage of behavioral health treatment to the "Benefits and Cost Sharing" section:

Behavioral Health Treatment for Pervasive Developmental Disorder or Autism

The following terms have special meaning when capitalized and used in this "Behavioral Health Treatment for Pervasive Developmental Disorder or Autism" section:

- "Qualified Autism Service Provider" means a provider who has the experience and competence to design, supervise, provide, or administer treatment for pervasive developmental disorder or autism and is either of the following:
 - ◆ 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
 - ◆ a person licensed in California as a physician, physical therapist, occupational therapist, psychologist, marriage and family therapist, educational psychologist, clinical social worker, professional clinical counselor, speech-language pathologist, or audiologist
- "Qualified Autism Service Professional" means a person who meets all of the following criteria:
 - ◆ provides behavioral health treatment
 - ◆ is employed and supervised by a Qualified Autism Service Provider
 - ◆ provides treatment pursuant to a treatment plan developed and approved by the Qualified Autism Service Provider
 - ◆ is a behavioral health treatment 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
 - ◆ 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
- "Qualified Autism Service Paraprofessional" means an unlicensed and uncertified individual who meets all of the following criteria:
 - ◆ is employed and supervised by a Qualified Autism Service Provider
 - ◆ provides treatment and implements Services pursuant to a treatment plan developed and approved by the Qualified Autism Service Provider
 - ◆ meets the criteria set forth in the regulations adopted pursuant to Section 4686.3 of the Welfare and Institutions Code
 - ◆ has adequate education, training, and experience, as certified by a Qualified Autism Service Provider

Starting on July 1, 2012, we cover behavioral health treatment for pervasive developmental disorder or autism (including applied behavior analysis and evidence-based behavior intervention programs) that develops or restores, to the maximum extent practicable, the functioning of a person with pervasive developmental disorder or autism and that meet all of the following criteria:

- The treatment is prescribed by a Plan Physician, or is developed by a Plan Provider who is a psychologist

- The treatment is provided under a treatment plan prescribed by a Plan Provider who is a Qualified Autism Service Provider
- The treatment is administered by a Plan Provider who is one of the following:
 - ◆ a Qualified Autism Service Provider
 - ◆ a Qualified Autism Service Professional supervised and employed by the Qualified Autism Service Provider
 - ◆ a Qualified Autism Service Paraprofessional supervised and employed by a Qualified Autism Service Provider
- The treatment plan has measurable goals over a specific timeline that is developed and approved by the Qualified Autism Service Provider for the 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
- The treatment plan requires the Qualified Autism Service Provider to do all of the following:
 - ◆ Describe the Member's behavioral health impairments to be treated
 - ◆ Design an intervention plan that includes the service type, number of hours, and parent participation needed to achieve the plan's goal and objectives, and the frequency at which the Member's progress is evaluated and reported
 - ◆ Provide intervention plans that utilize evidence-based practices, with demonstrated clinical efficacy in treating pervasive developmental disorder or autism
 - ◆ Discontinue intensive behavioral intervention Services when the treatment goals and objectives are achieved or no longer appropriate
- The treatment plan is not used for either of the following:
 - ◆ for purposes of providing (or for the reimbursement of) respite care, day care, or educational services
 - ◆ to reimburse a parent for participating in the treatment program

You pay the following for these covered Services:

- Individual visits: **The Cost Sharing that applies for individual visits under the "Mental Health Services" section**
- Group visits: **The Cost Sharing that applies for group visits under the "Mental Health Services" section**

Effective as of the date that federal proposed final rulemaking for essential health benefits is issued, we will cover Services under this "Behavioral Health Treatment for Pervasive Developmental Disorder or Autism" section only if they are included in the essential health benefits that all health plans will be required by federal regulations to provide under section 1302(b) of the federal Patient Protection and Affordable Care Act, as amended by the federal Health Care and Education Reconciliation Act.

We have added "Behavioral health treatment for pervasive developmental disorder or autism" to the list of inpatient Services that are covered under the "Hospital Inpatient Care" and "Skilled Nursing Facility Care" sections.

Also, we have revised the "Annual out-of-pocket maximum" section to indicate that Cost Sharing for behavioral health treatment applies to the maximum.

Exclusions, Limitations, Coordination of Benefits, and Reductions

We have revised the following exclusions for clarity:

Items and services that are not health care items and services

For example, we do not cover:

- Teaching manners and etiquette

- Teaching and support services to develop planning skills such as daily activity planning and project or task planning
- Items and services for the purpose of increasing academic knowledge or skills
- Teaching and support services to increase intelligence
- Academic coaching or tutoring for skills such as grammar, math, and time management
- Teaching you how to read, whether or not you have dyslexia
- Educational testing
- Teaching art, dance, horse riding, music, play or swimming, except that this exclusion for "teaching play" does not apply to Services that are part of a behavioral health therapy treatment plan and covered under "Behavioral Health Treatment for Pervasive Developmental Disorder or Autism" in the "Benefits and Cost Sharing" section
- Teaching skills for employment or vocational purposes
- Vocational training or teaching vocational skills
- Professional growth courses
- Training for a specific job or employment counseling
- Aquatic therapy and other water therapy, except that this exclusion for aquatic therapy and other water therapy does not apply to therapy Services that are part of a physical therapy treatment plan and covered under "Hospital Inpatient Care," "Outpatient Care," "Home Health Care, "Hospice Services," or "Skilled Nursing Facility Care" in the "Benefits and Cost Sharing" section

Massage therapy

Massage therapy, except that this exclusion does not apply to therapy Services that are part of a physical therapy treatment plan and covered under "Hospital Inpatient Care," "Outpatient Care," "Home Health Care, "Hospice Services," or "Skilled Nursing Facility Care" in the "Benefits and Cost Sharing" section.

Services performed by unlicensed people

Services that are performed safely and effectively by people who do not require licenses or certificates by the state to provide health care services and where the Member's condition does not require that the services be provided by a licensed health care provider.

This exclusion does not apply to Services covered under "Behavioral Health Treatment for Pervasive Developmental Disorder or Autism" in the "Benefits and Cost Sharing" section.