



Policy: GG.1548  
Title: **Authorization and Monitoring of Behavioral Health Treatment (BHT) Services**  
Department: Medical Management  
Section: Behavioral Health Integration

CEO Approval: /s/ Michael Hunn 02/28/2024

Effective Date: 01/01/2018

Revised Date: 02/01/2024

Applicable to: ☒ Medi-Cal  
☐ OneCare  
☐ PACE  
☐ Administrative

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## I. PURPOSE

This policy outlines the process by which CalOptima Health Members may obtain Medically Necessary Behavioral Health Treatment (BHT) Services and describes how CalOptima Health shall monitor the provision of BHT Services.

## II. POLICY

- A. CalOptima Health shall provide and cover or arrange, as appropriate, all Medically Necessary Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services, including BHT Services, to eligible Members under twenty-one (21) years of age when they are covered under Medi-Cal, regardless of whether California's Medicaid State Plan covers such services for adults, in accordance with CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services, and in compliance with applicable regulatory and contractual guidance, as well as Department of Health Care Services (DHCS) guidance.
- B. BHT services include applied behavioral analysis and a variety of other behavioral interventions that have been identified as evidence-based approaches that prevent or minimize the adverse effects of behaviors that interfere with learning and social interaction. The goal is to promote, to the maximum extent practicable, the functioning of a beneficiary, including those with or without 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.
- C. A Member shall be eligible to receive BHT Services, if all the following criteria are met:
  - 1. Be under twenty-one (21) years of age;
  - 2. Have a recommendation from a licensed physician, surgeon or a licensed psychologist that Evidence-Based BHT Services are Medically Necessary;
  - 3. Be medically stable; and

4. Be without a need for twenty-four (24)-hour medical/nursing monitoring or procedures provided in a hospital or Intermediate Care Facility (ICF) for persons with Intellectual Disabilities (ID).
- D. The determination of whether a BHT Service is Medically Necessary for an individual child shall be made on a case-by-case basis, taking into account the particular needs of the child.
- E. CalOptima Health shall comply with mental health parity requirements when providing BHT Services. Treatment limitations for BHT Services may not be more restrictive than the predominant treatment limitations applied to medical or surgical benefits.
- F. Covered BHT Services for Autism Spectrum Disorder (ASD), or where there is suspicion of ASD that is not yet diagnosed must be:
  1. Medically Necessary as defined for the EPSDT population;
  2. Provided and supervised in accordance with a CalOptima Health behavioral treatment plan developed by a contracted, CalOptima Health credentialed BHT Service Provider who meets the requirements in California's Medicaid State Plan; and
  3. Provided by a qualified BHT provider who meets the requirements contained in California's Medicaid State Plan or licensed provider acting within the scope of their licensure.
- G. Covered BHT Services for Members without an ASD diagnosis must be:
  1. Medically Necessary, as defined for the EPSDT population;
  2. Provided in accordance with a CalOptima Health approved behavioral treatment plan; and
  3. Provided by a licensed provider acting within the scope of their licensure.
- H. A BHT Service Provider shall provide and request authorization for BHT Services in accordance with this policy and CalOptima Health Policies GG.1113: Specialty Practitioner Responsibilities, GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers, and GG.1508: Authorization and Processing of Referrals.
- I. A BHT Service Provider will document services provided during each visit or encounter pursuant to CalOptima Health Policy GG.1603: Medical Records Maintenance.
- J. The behavioral treatment plan may be modified or discontinued only if it is determined that the services are no longer Medically Necessary under the EPSDT. Decreasing the amount and duration of services is prohibited if the therapies are Medically Necessary.
- K. CalOptima Health does not cover the following as BHT Services under the EPSDT benefit:
  1. Services rendered when continued clinical benefit is not expected, unless the services are determined to be Medically Necessary;
  2. Providing or coordinating 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;

3. Treatment whose sole purpose is vocationally or recreationally-based;
  4. Custodial care. For purposes of BHT Services, custodial care;
    - a. Is provided primarily for maintaining the Member's or anyone else's safety; and
    - b. Could be provided by persons without professional skills or training.
  5. Services, supplies, or procedures performed in a non-conventional setting including, but not limited to, resorts, spas, and camps.
  6. Services rendered by a parent, legal guardian, or legally responsible person; and
  7. Services that are not Evidence-Based behavioral intervention practices.
- L. CalOptima Health shall offer Members continued access to out-of-network providers of BHT Services (continuity of care) for up to twelve (12) months, in accordance with existing contract requirements, DHCS All Plan Letter (APL) 22-032: Continuity of care for Medi-Cal Beneficiaries who newly enroll in Medi-Cal Managed Care from Medi-Cal Fee-for-Service, and for Medi-Cal members who transition into a new Medi-Cal Managed Care Health Plan on or after January 1, 2023, and CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services.
- M. CalOptima Health shall provide BHT Services in accordance with timely access standards, pursuant to Welfare and Institutions Code section 14197, and CalOptima Health Policy GG.1600: Access and Availability Standards.
- N. A Member shall be entitled to appeals and grievance procedures in accordance with CalOptima Health Policies GG.1510: Member Appeal Process, HH.1102: Member Grievance, and HH.1108: State Hearing Process and Procedures.
- O. CalOptima Health shall be responsible for coordinating the provision of BHT Services with the other entities including but not limited to Regional Center, Department of Developmental Services, and Local Education Agency (LEA), to ensure CalOptima Health and the other entities are not providing duplicative services.
- P. CalOptima Health shall monitor and ensure BHT Service Providers are providing BHT Services based upon an approved treatment plan that includes providing direct services as authorized in accordance with Section III of this policy.

### **III. PROCEDURE**

#### **A. Prior Authorization**

1. Prior Authorization requests for the Functional Behavior Assessment (FBA) shall be submitted as described in CalOptima Health Policies GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers, and GG.1508: Authorization and Processing of Referrals.
  - a. Submit a completed Behavioral Health Treatment -Authorization Request Form (BHT-ARF);
  - b. Include the following per the referring licensed physician/ surgeon or licensed clinical

psychologist:

- i. Member diagnosis;
  - ii. Recommendation for evidenced-based BHT Services; and
  - iii. Signature and date.
2. Prior Authorization request for BHT treatment shall be submitted as described in CalOptima Health Policies GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers, and GG.1508: Authorization and Processing of Referrals.
- a. Submit a completed Behavioral Health Treatment -Authorization Request Form (BHT-ARF).
  - b. Include Medical Necessity from referring licensed physician/ surgeon or licensed clinical psychologist:
    - i. Member diagnosis.
    - ii. Recommendation for evidenced-based BHT Services.
  - c. A Member-specific behavioral treatment plan using the CalOptima Health template.
    - i. All behavioral health treatment plans must have one (1) of the following:
      - a) Wet signature with date; or
      - b) Electronic signature with date/time stamp.
  - d. The behavioral treatment plan must be reviewed, revised, and/or modified no less than once every six (6) months by the provider of BHT services.

**B. The Behavioral Treatment Plan**

1. The behavioral treatment plan may be modified or discontinued only if it is determined that the services are no longer Medically Necessary under the EPSDT Medical Necessity standard.
2. Decreasing the amount and duration of services is prohibited if the therapies are Medically Necessary.
3. CalOptima Health must permit the Member's parent/guardian to be involved in the development, revision, and modification of the behavioral treatment plan.
4. BHT provider shall document in the behavioral treatment plan the standardized cognitive and adaptive testing tools (e.g., Vineland, Adaptive Behavior Assessment System-ABAS, Developmental Assessment of Young Children-DAYC) to assess the Member's age-specific impairments.
5. The approved behavioral treatment plan must also meet the following criteria per DHCS APL

23-010: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21, including, but not limited to:

- a. Include a description of patient information, reason for referral, brief background information (e.g., demographics, living situation, or home/school/work information), clinical interview, review of recent assessments/reports, assessment procedures and results, and evidence-based BHT services;
  - b. Delineate both the frequency of baseline behaviors and the treatment planned to address the behaviors;
  - c. Identify measurable long-, intermediate-, and short-term goals and objectives that are specific, behaviorally defined, developmentally appropriate, socially significant, and based upon clinical observation;
  - d. Include outcome measurement assessment criteria that will be used to measure achievement of behavior objectives;
  - e. Include the Member's current level of need (baseline, behavior parent/guardian is expected to demonstrate, including condition under which it must be demonstrated and mastery criteria [the objective goal]), date of introduction, estimated date of mastery, specify plan for generalization and report goal as met, not met, modified (include explanation);
  - f. Utilize evidence-based BHT services with demonstrated clinical efficacy tailored to the member;
  - g. Clearly identify 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 provider who is responsible for delivering services;
  - h. Include care coordination that involves the parents or caregiver(s), school, state disability programs, and other programs and institutions, as applicable;
  - i. Consider the Member's age, school attendance requirements, and other daily activities when determining the number of hours of Medically Necessary direct service and supervision;
  - j. Deliver BHT services in a home or community-based setting, including clinics. Any portion of Medically Necessary BHT services that are provided in school must be clinically indicated as well as proportioned to the total BHT services received at home and in the community; and
  - k. Include an exit plan/criteria. However, only a determination that services are no longer Medically Necessary under the EPSDT standard can be used to reduce or eliminate services.
5. Behavioral Treatment Plan should also include:
- a. Caregivers continued participation in the treatment and demonstration of the ability to apply those skills in naturalized settings;
  - b. Documentation of behavioral improvements that cannot be maintained if care was reduced;

- c. Behavior issues are not exacerbated and have not become dependent on prompts by the treatment process;
- d. The Member has the required cognitive capacity to benefit from the care provided and retain treatment gains;
- e. The percentage of recommended and approved services used within this reporting period and the reason(s) if under-utilization has occurred.

#### C. Coordination of Care

1. CalOptima Health shall have primary responsibility for ensuring that EPSDT Members receive all Medically Necessary BHT services.
2. CalOptima Health shall establish data and information sharing agreements as necessary to coordinate the provision of services with other entities that may have overlapping responsibility for the provision of BHT services, including but not limited to Regional Center of Orange County (RCOC), LEAs, and Orange County Mental Health Plan (OCMHP) managed by the Orange County Health Care Agency (OCHCA) Mental Health and Recovery Services (MHRS).
3. When another entity has overlapping responsibility to provide BHT services to the Member, CalOptima Health shall:
  - a. Assess the medical needs of the Member for BHT services across community settings, according to the EPSDT standard;
  - b. Determine BHT services actively being provided by other entities;
  - c. Coordinate the provision of all services including Durable Medical Equipment (DME) and medication with the other entities to ensure that CalOptima Health and the other entities are not providing duplicative services;
  - d. Ensure that all of the Member's medical needs for BHT services are being met in a timely manner, regardless of payer, and based on the individual needs of the Member; and
  - e. Not consider a Medically Necessary BHT service duplicative unless it is the same type of service, addressing the same deficits, and is directed to equivalent goals.
4. CalOptima Health shall document any coordination of care and communication with the Member's other medical and behavioral providers, as applicable.
  - a. Document ongoing coordination of care and communication with the Member's other medical and behavioral providers.

#### D. LEAs and BHT Services

1. CalOptima Health shall be the primary provider of Medically Necessary BHT Services on-site at school or during remote school sessions, and shall make best efforts to ensure Medically Necessary BHT Services included in a Member's Individualized Education Plan (IEP), Individualized Health and Support Plan (IHSP), or Individual Family Service Plan (IFSP) are actively being provided by the LEA.

2. CalOptima Health shall determine 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.
  - a. The Member's IEP team must include CalOptima Health-approved Medically Necessary BHT Services in the Member's IEP if the team concludes that these services are necessary to the Member's education.
    - i. If a Medically Necessary BHT Service is still needed but, not documented in an IEP or IHSP/IFSP, CalOptima Health may coordinate with LEAs to provide the service in a school-linked setting.
  - b. CalOptima Health shall be 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 formally amended.
  - c. CalOptima Health shall not use Medi-Cal funding to provide BHT Services included in a Member's IEP that a contracted Provider has determined are no longer Medically Necessary.
3. CalOptima Health shall:
  - a. Coordinate with the LEA to ensure that BHT Services that are determined to be no longer Medically Necessary are removed from the IEP as CalOptima Health-provided services upon amendment of the IEP.
  - b. Attempt to obtain written agreement from the LEA to timely take over the provision of any CalOptima Health-approved BHT Services included in the IEP upon a determination that the services are no longer Medically Necessary.
  - c. Ensure Members have access to and support medication adherence for the carved-out prescription drug benefit.
  - d. Provide case management and coordination of care to ensure that Members can access Medically Necessary BHT Services including but not limited to when school is not in session, CalOptima Health must cover Medically Necessary BHT Services that were being provided by the LEA when school was in session.
  - e. Cover any gap in Medically Necessary services for the Member they are unable to receive BHT Services from school-based Providers or other entities with overlapping responsibility for the provision of BHT Services.
  - f. Coordinate with the LEA to contract directly with a school-based BHT Services Provider to minimize the disruption of educational IEP services in the event the services are determined no longer Medically Necessary. The Provider must be enrolled in Medi-Cal and otherwise qualified as required, in accordance with DHCS APL 23-010: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 to provide any Medically Necessary BHT Services included in a Member's IEP.
  - g. 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.

#### E. Monitoring and Oversight

1. BHT treatment plans are reviewed during the utilization management process. When a BHT Service Provider's behavioral treatment plan is not complete resulting in a denial, the Behavioral Health Integration (BHI) Department may refer the BHT Service Provider to the Quality Improvement Department, in accordance with CalOptima Health Policy GG.1611: Potential Quality Issue, Review Process.
2. CalOptima Health's Behavioral Health Integration (BHI) and Delegation Oversight Departments performs monthly monitoring to ensure compliance with regulation, in accordance with CalOptima Health Policies GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization, GG.1600: Access and Availability Standards, and GG.1900: Behavioral Health Services.
3. The BHI department reports BHT over and underutilization trends to explore and identify any further action or analysis needed to the CalOptima Health Utilization Management Committee (UMC) and Quality Improvement Health Equity Committee (QIHEC).

#### IV. ATTACHMENT(S)

- A. Behavioral Health Treatment - Authorization Request Form (BHT-ARF)

#### V. REFERENCE(S)

- A. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision, Washington, DC, American Psychiatric Association, 2022
- B. California State Plan Amendment (SPA) 14-026
- C. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
- D. CalOptima Health Policy GG.1113: Specialty Practitioner Responsibilities
- E. CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services
- F. CalOptima Health Policy GG.1603: Medical Records Maintenance
- G. CalOptima Health Policy GG.1304: Continuity of Care During Health Network or Provider Termination
- H. CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services
- I. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
- J. CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization
- K. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals
- L. CalOptima Health Policy GG.1510: Member Appeal Process
- M. CalOptima Health Policy GG.1535: Utilization Review Criteria and Guidelines
- N. CalOptima Health Policy GG.1600: Access and Availability Standards
- O. CalOptima Health Policy GG.1611: Potential Quality Issue Review Process
- P. CalOptima Health Policy GG.1900: Behavioral Health Services
- Q. CalOptima Health Policy HH.1102: Member Grievance
- R. CalOptima Health Policy HH.1108: State Hearing Process and Procedures
- S. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-032: Continuity of Care for Medi-Cal Beneficiaries who newly enroll in Medi-Cal Managed Care from Medi-Cal Fee-for-Service, and for Medi-Cal members who transition into a new Medi-Cal Managed Care Health Plan on or after January 1, 2023



- T. Department of Health Care Services (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 (Supersedes APL 19-010)
- U. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-010: Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21 (Supersedes APL 19-014)
- V. Health & Safety Code, § 1374.73
- W. Welfare and Institution Code § 14197
- X. Social Security Act (SSA), §§1905(a) and 1905(r)
- Y. Title 22, California Code of Regulations (CCR), § 51340

#### **VI. REGULATORY AGENCY APPROVAL(S)**

<b>Date</b>	<b>Regulatory Agency</b>	<b>Response</b>
01/31/2018	Department of Health Care Services (DHCS)	Approved as Submitted
02/28/2020	Department of Health Care Services (DHCS)	Approved as Submitted
03/23/2022	Department of Health Care Services (DHCS)	File and Use
05/02/2023	Department of Health Care Services (DHCS)	Approved as Submitted
09/01/2023	Department of Health Care Services (DHCS)	Approved as Submitted
12/15/2023	Department of Health Care Services (DHCS)	File and Use
02/21/2024	Department of Health Care Services (DHCS)	Approved as Submitted

#### **VII. BOARD ACTION(S)**

<b>Date</b>	<b>Meeting</b>
12/07/2017	Regular Meeting of the CalOptima Board of Directors
09/06/2018	Regular Meeting of the CalOptima Board of Directors

#### **VIII. REVISION HISTORY**

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Effective	01/01/2018	GG.1548	Authorization for Applied Behavioral Analysis for Autism Spectrum Disorder	Medi-Cal
Revised	09/06/2018	GG.1548	Authorization for Behavioral Health Treatment (BHT) Services	Medi-Cal
Revised	12/01/2019	GG.1548	Authorization and Monitoring of Behavioral Health Treatment (BHT) Services	Medi-Cal
Revised	02/01/2020	GG.1548	Authorization and Monitoring of Behavioral Health Treatment (BHT) Services	Medi-Cal
Revised	03/01/2022	GG.1548	Authorization and Monitoring of Behavioral Health Treatment (BHT) Services	Medi-Cal
Revised	04/01/2023	GG.1548	Authorization and Monitoring of Behavioral Health Treatment (BHT) Services	Medi-Cal
Revised	08/01/2023	GG.1548	Authorization and Monitoring of Behavioral Health Treatment (BHT) Services	Medi-Cal

<b>Action</b>	<b>Date</b>	<b>Policy</b>	<b>Policy Title</b>	<b>Program(s)</b>
Revised	11/1/2023	GG.1548	Authorization and Monitoring of Behavioral Health Treatment (BHT) Services	Medi-Cal
Revised	02/01/2024	GG.1548	Authorization and Monitoring of Behavioral Health Treatment (BHT) Services	Medi-Cal

## IX. GLOSSARY

Term	Definition
Authorized Representative	A person who has the authority under applicable law to make health care decisions on behalf of adults or emancipated minors, as well as parents, guardians or other persons acting <i>in loco parentis</i> who have the authority under applicable law to make health care decisions on behalf of unemancipated minors.
Autism Spectrum Disorder (ASD)	A developmental disability originating in the early development period and affecting social communication and behavior, which has been diagnosed in accordance with the Diagnostic and Statistical Manual, 5th Edition (DSM-5). ASD also includes diagnoses of Autistic Disorder, Pervasive Developmental Disorder Not Otherwise Specific (PDD-NOS), and Asperger Disorder that were made using DSM-IV criteria.
Behavioral Health Treatment (BHT)	Services approved in the State Plan such as Applied Behavior Analysis (ABA) and other evidence-based behavioral interventions to prevent or minimize the adverse effects of ASD and promote, to the maximum extent practicable, the functioning of a Member. These services are interventions designed to treat ASD, and include a variety of evidence-based behavioral interventions identified by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence that are designed to be delivered primarily in the home and in other community settings.
Behavioral Health Treatment (BHT) Assessment	By gathering data and conducting experiments that evaluated the effects of environmental variables on the behavior, evaluators decipher the meaning of the behaviors (i.e., what emotion or message was being communicated through the actions), determine why they were occurring, and develop behavior change programs to help the disabled individual display more appropriate behavior in meeting his or her needs.
Behavioral Health Treatment (BHT) Services	Professional services and treatment programs, including but not limited to Applied Behavior Analysis (ABA) and other evidence-based behavior intervention programs that develop and restore, to the maximum extent practicable, the functioning of an individual with Autism Spectrum Disorder. BHT is the design, implementation, and evaluation of environmental modification using behavioral stimuli and consequences to produce socially significant improvement in human behavior.
Behavioral Health Treatment (BHT) Service Provider	Providers that are State Plan-approved to render Behavioral Health Treatment services, including Qualified Autism Service Providers, Qualified Autism Service Professionals and Qualified Autism Service Paraprofessionals.
Durable Medical Equipment (DME)	Medically Necessary medical equipment that is prescribed for the Member by Provider and is used in the Member's home, in the community or in an institution that is used as a home. DME: <ol style="list-style-type: none"> <li>1. Can withstand repeated use;</li> <li>2. Is used to serve a medical purpose;</li> <li>3. Is not useful to an individual in the absence of an illness, injury, functional impairment, or congenital anomaly; and</li> <li>4. Is appropriate for use in or out of the patient's home.</li> </ol>

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	A comprehensive and preventive child health program for individuals under the age of twenty-one (21) years. EPSDT is defined by law in the Federal Omnibus Budget Reconciliation Act of 1989 and includes periodic screening, vision, dental, and hearing services. In addition, section 1905(r)(5) of the Federal Social Security Act (the Act) requires that any Medically Necessary health care service listed in section 1905(a) of the Act be provided to an EPSDT recipient even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population.
Evidence-Based	A document or recommendation created using unbiased and transparent process of systematically reviewing, appraising, and using the best clinical research findings of the highest value to aid in the delivery of optimum clinical care to patients.
Individual Family Service Plan (IFSP)	A written plan for providing early intervention services to a child eligible under the Individual with Disability Education Act (IDEA) and the child's family. The IFSP enables the family and service provider(s) to work together as equal partners in determining the early intervention services that are required for the child with disabilities and the family.
Individualized Education Plan (IEP)	A written document for an individual with exceptional needs that is developed, reviewed, and revised in a meeting in accordance with Sections 300.320 to 300.328, inclusive of Title 34 of the Code of Federal Regulations and California Education Code, Title 2, Division 4, Part 30. It also means "individualized family service plan" as described in Section 1436 of Title 20 of the United States Code if the individualized education program pertains to an individual with exceptional needs younger than three (3) years of age.
Intellectual Disability (ID)	A condition manifested before the person reaches age twenty-two (22) and results in impairment of general intellectual functioning or adaptive behavior and significant limitations in at least three (3) or more of the following areas: communication, self-care, home living, social skills, use of community resources, self-direction, understanding and use of language, learning, mobility, capacity for independent living.
Intermediate Care Facility (ICF)	A health facility that is licensed as such by the Department of Health Care Services (DHCS) or is a hospital or SNF that meets the standards specified in Title 22, California Code of Regulations, Section 51212, and has been certified by DHCS for participation in the Medi-Cal program.
Local Education Agency (LEA)	The governing body of any school district or community college district, county office of education, a charter school, a state special school, a California State University campus, or a University of California campus.

Medically Necessary or Medical Necessity	<p>Reasonable and necessary Covered Services to protect life, to prevent significant illness or significant disability, or alleviate severe pain through the diagnosis or treatment of disease, illness, or injury, as required under W&amp;I Code 14059.5(a) and Title 22 CCR Section 51303(a). Medically Necessary services shall include Covered Services necessary to achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity.</p> <p>For Members under 21 years of age, a service is Medically Necessary if it meets the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standard of medical necessity set forth in Section 1396d(r)(5) of Title 42 of the United States Code, as required by W&amp;I Code 14059.5(b) and W&amp;I Code Section 14132(v). Without limitation, Medically Necessary services for Members under 21 years of age include Covered Services necessary to achieve or maintain age-appropriate growth and development, attain, regain or maintain functional capacity, or improve, support or maintain the Member's current health condition. CalOptima Health shall determine Medical Necessity on a case-by-case basis, taking into account the individual needs of the child.</p>
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Prior Authorization	A formal process requiring a health care Provider to obtain advance approval of Medically Necessary Covered Services, including the amount, duration and scope of services, except in the case of an emergency.
Provider	A physician, nurse, nurse mid-wife, nurse practitioner, medical technician, physician assistant, hospital, laboratory, ancillary provider, or other person or institution that furnishes Covered Services.