

## Network Provider Update

To: Medi-Cal network participants

July 2023

From: David W. Bond, LCSW  
Director, Behavioral Health

Subject: **All Plan Letter 23-010: Responsibilities for Behavioral Health Treatment Coverage for Members under the Age of 21**

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The Department of Health Care Services (DHCS) recently issued [All Plan Letter \(APL\) 23-010](#), "Responsibilities for Behavioral Health Treatment Coverage for Members under the Age of 21." We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

APL 23-010 discusses the responsibility of managed care plans (MCPs) such as Blue Shield of California Promise Health Plan for medically necessary behavioral health treatment services for members under 21 across all environments, including on-site at school or during virtual school sessions.

### APL summary

- Behavioral health treatment (BHT) services are considered medically necessary for members under the age of 21 if they correct or ameliorate defects and physical and/or mental illnesses and conditions. A BHT service need not cure a condition to be covered.
- Determination of medical necessity for BHT services for members under 21 is made on a case-by-case basis, following current clinical criteria.
- Covered BHT services are:
  - Medically necessary
  - Provided in accordance with an MCP-approved behavioral treatment plan by a BHT provider who meets California's Medicaid State Plan
  - Provided by a qualified autism provider who meets California's Medicaid State Plan or a licensed provider acting within the scope of their licensure
- The APL explains which services are not covered, including respite, day care, or custodial services, vocational or recreational services, custodial care, services provided in a non-conventional setting (resort, spa, camp, etc.), services rendered by a parent or legal custodian, services that are not evidence-based intervention practices, and any non-medically necessary services rendered when continued clinical benefit is not expected.
- The APL discusses how MCPs are not responsible for educational BHT services covered by a local educational agency, but MCPs are advised to provide supplemental BHT services and address any gaps in service if the agency discontinues any medically necessary BHT services (such as during a public health emergency). The MCP is the primary provider of medically necessary BHT services.
- The APL includes extensive criteria for behavioral health treatment plans, which must be coordinated with the local educational agency and reviewed every six months.

- MCPs are responsible for coordination of care, including data and information sharing across entities.
- Members under the age of 21 should have access to prescription drug therapy if it is part of their treatment plan.
- The APL includes requirements supporting continuity of care and timely access standards.

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements, including the criteria for BHT plans.

The full text of APL 23-010 may be found at this URL:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-010.pdf>  
(Links to the DHCS.ca.gov website will take you off of the Blue Shield Promise website.)

If you have questions about providing BHT services to Blue Shield Promise members under the age of 21, please contact Provider Services via Live Chat after logging in at [blueshieldca.com/provider](https://blueshieldca.com/provider) or call (800) 468-9935 from 6 a.m. to 6:30 p.m., Monday through Friday.