Policy:	GG.1548
Title:	**Authorization and Monitoring of Behavioral Health Treatment (BHT) Services**
Department:	Behavioral Health Integration
Section:	Not Applicable
CEO Approval:	*/s/ Michael Hunn 06/04/2026*
Effective Date:	01/01/2018
Revised Date:	05/01/2026
Applicable to:	☐ Administrative ☐ Covered California ☒ Medi-Cal ☐ OneCare ☐ PACE

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. All new and currently contracted Qualified Autism Service (QAS) provider organizations and individuals and Community-Based Organizations (CBOs) providing or billing for BHT services must apply for enrollment in the Medi-Cal program through Department of Health Care Services (DHCS) Provider Application and Validations for Enrollment (PAVE) online enrollment portal.

B. 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 DHCS guidance.

C. 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 a diagnosis of 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.

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. Criteria for BHT Services for Members under the age of twenty-one (21):

1. Have a recommendation from a licensed physician, surgeon or a licensed psychologist that Evidence-Based BHT Services are Medically Necessary and covered under Medi-Cal

2. Be medically stable; and

3. 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).

G. Covered BHT Services must be:

1. Medically Necessary and covered under Medi-Cal;

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 Autism Service Provider, Qualified Autism Service Professional, or Qualified Autism Service Paraprofessional who meets the requirements contained in California's Medicaid State Plan.

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. 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. Provision or coordination of respite, day care, recreational services, 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 where the 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 or legal custodian.

7. Services that are not Evidence-Based behavioral intervention practices.

K. 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) 23-022: Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023, or any superseding APL and CalOptima Health Policy GG.1325: Continuity of Care for Members Transitioning into CalOptima Health Services.

L. 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.

M. 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.

N. 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) and Orange County Behavioral Health Plan (OCBHP), managed by Orange County Health Care Agency (OCHCA) to ensure CalOptima Health and the other entities are not providing duplicative services.

O. 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. A completed Behavioral Health Treatment-Authorization Request Form (BHT-ARF) is required except in cases where a BHT provider submits through CalOptima Health's provider portal;

   b. Include the following information related to the recommendation from the referring licensed physician/surgeon or licensed clinical psychologist:

      i. Full name and credentials of a licensed physician, surgeon, or licensed clinical psychologist who is making the recommendation;

         a) Professional making recommendations cannot be an educational psychologist or master's level clinician/practitioner (Licensed Marriage and Family Therapist

(LMFT), Licensed Clinical Social Workers (LCSW), Licensed Professional Clinical Counselor (LPCC), Physician Assistant (PA), Nurse Practitioner (NP), etc.);

b) The recommendation and diagnosis information must be from the same physician/surgeon/clinical psychologist and all within the same document; and

c) A Medical Doctor's (MD) full name, credentials and signature are only required when a recommendation is written by a NP or PA, and in cases where there are multiple names on the document and/or unclear who made the recommendation;

ii. Recommendation on company letterhead, prescription pad, psychological testing evaluation report or Medical Record (example, Electronic Health Record (EHR));

iii. Accepted wording for the recommendation for evidenced-based BHT services: Applied Behavior Analysis (ABA), Behavioral Health Treatment (BHT), ABA therapy, ABA treatment, ABA or BHT, Behavior or Behavioral Therapy and Behavioral Analysis ABA evaluation wording is acceptable only for FBA request;

iv. Date;

v. Second Identifier of Member (e.g., date of birth, address, etc.); and

vi. Signatures that can be accepted include wet, electronic, digital, or scanned.

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. A completed Behavioral Health Treatment-Authorization Request Form (BHT-ARF) is required expect in cases where a BHT provider submits through CalOptima Health's provider portal; as listed in Section III.A.1.a.

B. The Behavioral Treatment Plan

1. 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.

2. The behavioral treatment plan must be person-centered and individualized

3. ABA treatment plans must be signed and dated by a Board Certified Behavior Analyst (BCBA) or a licensed practitioner in accordance with California's Medicaid State Plan which confirms that they developed, supervised, and approved the plan.

a. Signatures that can be accepted include: wet, electronic, digital, scanned

4. The behavioral treatment plan must be modified or discontinued only if it is determined that the services are no longer Medically Necessary under the EPSDT Medical Necessity standard.

5. Decreasing the amount and duration of services is prohibited if the therapies are Medically Necessary.

6. CalOptima Health must permit and promote the Member's parent/guardian(s) to be involved in the development, revision, and modification of the behavioral treatment plan.

7. The BHT provider shall document in the behavioral treatment plan the standardized cognitive and adaptive testing tools.

    a. The Vineland-3 Adaptive Behavior Scale is required.

    b. Providers can also include other supplemental assessments including but not limited to: Adaptive Behavior Assessment System – ABAS, Developmental Assessment of Young Children-DAYC, Verbal Behavior Milestones Assessment and Placement Program-VB-MAPP, Assessment of Basic Language and Learning Skills-ABLLS) to assess the Member's age-specific impairments.

8. 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 expected behaviors parent/guardian will 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, BHT intervention services provided in schools, in the home, or other community settings, must be clinically indicated, Medically Necessary and delivered in the most appropriate setting for the direct benefit of the Member. BHT service hours delivered across settings, including during school, must be proportionate to the Member's medical need for BHT services in each setting; 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.

C. Coordination of Care

1. CalOptima Health shall have primary responsibility for ensuring that EPSDT Members receive all Medically Necessary BHT services covered under Medi-Cal.

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 Behavioral Health Plan (OCBHP) managed by the Orange County Health Care Agency (OCHCA) Behavioral Health Services (BHS), Adult and Older Adult (AOA) and Children and Youth (CYS).

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 what BHT services (if any) are 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 covered under Medi-Cal 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)

Not Applicable

V. REFERENCE(S)

A. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition Text Revision, Washington, DC, American Psychiatric Association, September 2025
B. Behavioral Health Treatment - Authorization Request Form (BHT-ARF)
C. California State Plan Amendment (SPA) 14-026
D. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
E. CalOptima Health Policy GG.1113: Specialty Practitioner Responsibilities
F. CalOptima Health Policy GG.1121: Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services
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.1603: Medical Records Maintenance
P. CalOptima Health Policy GG.1611: Potential Quality Issue, Review Process
Q. CalOptima Health Policy GG.1900: Behavioral Health Services
R. CalOptima Health Policy HH.1102: Member Grievance
S. CalOptima Health Policy HH.1108: State Hearing Process and Procedures

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) (Revised 11/22/2023)
V. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-022: Continuity of Care for Medi-Cal Beneficiaries Who Newly Enroll in Medi-Cal Managed Care from Medi-Cal Fee-For-Service, on or After January 1, 2023 (Supersedes APL 22-032)
W. Health & Safety Code, §1374.73
X. Welfare and Institution Code §14197
Y. Social Security Act (SSA), §§1905(a) and 1905(r)
Z. Title 22, California Code of Regulations (CCR), §51340

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
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
12/08/2025	Department of Health Care Services (DHCS)	File and Use
05/26/2026	Department of Health Care Services (DHCS)	File and Use

VII. BOARD ACTION(S)

Date	Meeting
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

Action	Date	Policy	Policy Title	Program(s)
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

Action	Date	Policy	Policy Title	Program(s)
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
Revised	11/01/2025	GG.1548	Authorization and Monitoring of Behavioral Health Treatment (BHT) Services	Medi-Cal
Revised	05/01/2026	GG.1548	Authorization and Monitoring of Behavioral Health Treatment (BHT) Services	Medi-Cal

IX. GLOSSARY

Term	Definition
Authorized Representative	Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member.
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 and treatment programs for the treatment of Autism Spectrum Disorder (ASD), as specified in the California Medicaid State Plan, including applied behavioral analysis and other evidence-based intervention programs that develop or restore, to the maximum extent practicable, the functioning of a Member less than twenty-one (21) years of age who has been diagnosed with ASD, or for whom a licensed physician, surgeon, or psychologist has determined BHT is Medically Necessary.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 or without 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 as defined by 22 CCR section 51160 that a Provider prescribes for a Member that the Member uses in the home, in the community, or in a facility that is used as a home.
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	The provision of Medically Necessary comprehensive and preventive health care services provided to Members less than twenty-one (21) years of age in accordance with requirements in 42 USC section 1396a(a)(43), section 1396d(a)(4)(B) and (r), and 42 CFR section 441.50 et seq., as required by W&I Code sections 14059.5(b) and 14132(v). Such services may also be Medically Necessary to correct or ameliorate defects and physical or behavioral health conditions.
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.

Term	Definition
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 residential facility certified and licensed by the State to provide medical services at a lower level of care than is provided at Skilled Nursing Facilities (SNFs), and meets the standards specified in 22 CCR section 51212. An Intermediate Care Facility for the Developmentally Disabled (ICF/DD) includes the following types: 1. ICF/DD – Habilitative as defined in Health and Safety Code (H&S) section 1250(e); 2. ICF/DD – Nursing as defined in H&S section 1250(h); and 3. ICF/DD as defined in H&S section 1250(g) and does not include the ICF/DD Continuous Nursing Care Program.
Local Education Agency (LEA)	A school district, county office of education, charter school, community college district, California State University or University of California campus.
Medically Necessary or Medical Necessity	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&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. 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&I Code 14059.5(b) and W&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.

Term	Definition
Medical Record	The record of a Member's medical information including but not limited to, medical history, care or treatments received, test results, diagnoses, and prescribed medications.
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 Provider to obtain advance approval for the amount, duration, and scope of non-emergent Covered Services.
Provider	Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.