

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
TITLE 28, CALIFORNIA CODE OF REGULATIONS
DIVISION 1. THE DEPARTMENT OF MANAGED HEALTH CARE
CHAPTER 2. HEALTH CARE SERVICE PLANS
ARTICLE 5.6. POINT OF SERVICE HEALTH CARE SERVICE PLANS

Control Number: 2012-3681

Add new section 1300.74.73 as follows:

Section 1300.74.73. Pervasive Developmental Disorder and Autism Coverage

Health plans subject to Section 1374.73 of the Act shall comply with this section.

(a) Requirements

1. For health plans that provide hospital, medical, surgical, mental health or behavioral health coverage under contract with the Healthy Families Program or the Board of Administration of the California Public Employees' Retirement System, Section 1374.73 of the Act does not affect, reduce or limit the obligation to provide coverage for the diagnosis and medically necessary treatment of PDD and autism, including behavioral health treatment, pursuant to other provisions of the Act, including, but not limited to, Sections 1345(b), 1367(i) and 1374.72, and Title 28 sections 1300.67, 1300.67.2 and 1300.74.72.
2. Each health plan that provides hospital, medical, surgical, mental health or behavioral health coverage shall submit a report to the Department no later than December 31, 2012, demonstrating that the health plan has an adequate network of qualified autism service providers, qualified autism service professionals and/or qualified autism service paraprofessionals. The required report shall include the following information:
 - A. The name of each qualified autism service provider entity or organization/group, listed by county and zip code. For each identified qualified autism service provider entity or organization/group, state the following information:

- i. The number of individual qualified autism service providers available to the entity or organization/group;
 - ii. The number of qualified autism service professionals available to the entity or organization/group; and,
 - iii. The number of qualified autism service paraprofessionals available to the entity or organization/group.
- B. The number of the health plan's individual qualified autism service providers, listed by county and zip code. For each qualified autism service provider identified, state the following information:
 - i. The number of qualified autism service professionals available to the qualified autism service provider pursuant to Section 1374.73(c)(4)(B); and,
 - ii. The number of qualified autism service paraprofessionals available to the qualified autism service provider pursuant to Section 1374.73(c)(5)(A).
- C. A description of how the health plan is determining provider network adequacy, including how geographic accessibility and timely access for health plan enrollees to medically necessary PDD and autism health care services is being met. This information should include:
 - i. Data describing the adequacy of the health plan's provider network for each region or service area, including utilization data and information on the health plan's enrollee population, such as age, gender and other relevant factors used by the health plan; and,
 - ii. A description of the health plan's system for monitoring and evaluating provider network adequacy in each region or service area.
- D. Upon request, the health plan shall submit within 30 calendar days any additional information the Director may request to

determine the adequacy of the plan's network to ensure that health plan enrollees are receiving medically necessary PDD and autism health care services, including timely screening, diagnosis, evaluation and treatment.

Note: Authority Cited: Section 1344, Health and Safety Code. Reference: Sections 1345, 1367, 1374.72 and 1374.73, Health and Safety Code.