
SENATE COMMITTEE ON HEALTH

Senator Dr. Akilah Weber Pierson, Chair

BILL NO: SB 874
AUTHOR: Weber Pierson
VERSION: March 17, 2026
HEARING DATE: April 15, 2026
CONSULTANT: Jen Flory

SUBJECT: Medi-Cal: behavioral health treatment workgroup

SUMMARY: Requires Department of Health Care Services to ensure unlicensed providers of behavioral health treatment (BHT) services are fingerprinted; convene a stakeholder workgroup to review the implementation of BHT services in the Medi-Cal program in 2027 and 2028; release and maintain clinical guidance on the provision of the BHT services; and, submit a report to the Legislature on the provision of BHT services by January 1, 2029.

Existing law:

- 1) Establishes the Medi-Cal program, administered by the Department of Health Care Services (DHCS), and under which qualified low-income individuals receive health care services. [WIC §14000, et seq.]
- 2) Establishes a schedule of benefits under the Medi-Cal program, which includes benefits required under federal law and benefits provided at the state's option, both of which are funded with federal and state dollars. The scope of benefits includes the application of fluoride, or other appropriate fluoride treatment, as defined by DHCS, for children under age 17. [WIC §14132]
- 3) Requires, under federal law, coverage for individuals under age 21 of all necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan, known as the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, and codifies this benefit in state law. [42 USC §1396d and WIC §14059.5]
- 4) Further specifies that EPSDT services also include all age-specific assessments and services listed under the most current periodicity schedule by the American Academy of Pediatrics and Bright Futures, and any other medically necessary assessments and services that exceed those listed. [WIC §14149.95]
- 5) Requires BHT to be a Medi-Cal covered service for individuals under 21 years of age only to the extent required by the federal government. [WIC §14132.56]
- 6) Defines BHT as professional services and treatment programs, including applied behavior analysis (ABA) and evidence-based intervention programs, that develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism, and are administered by DHCS as described in the approved state plan. [WIC §14132.56]

- 7) Requires DHCS to develop and define eligibility criteria, provider participation criteria, utilization controls, and delivery system structure for services under this section, subject to limitations allowable under federal law, in consultation with stakeholders. [WIC §14132.56]

This bill:

- 1) Requires DHCS to ensure that any individual providing BHT services paid for by Medi-Cal, who does not hold a current and valid license issued by a California state licensing board requiring a fingerprint-based background check, to undergo a background check conducted by the Department of Justice by July 1, 2027.
- 2) Requires DHCS to convene a stakeholder workgroup, in the first quarter of 2027, made up of: BHT providers; providers of other services to children with autism, including speech and hearing specialists, occupational therapists, psychiatrists, and vision specialists; managed care plans; consumers with autism; and, consumer advocates for organizations led by individuals with autism.
- 3) Requires the stakeholder workgroup to review the implementation of BHT services in Medi-Cal, including ABA and other evidence-based interventions. Requires the workgroup to advise the DHCS on:
 - a) Clinical guidelines for the provision of BHT services, including independent clinician assessment for treatment and reauthorization requirements;
 - b) Treatment plan requirements, including the number of hours in a treatment plan, documentation of an individual's needs, and how treatment outcomes specific to the individual and the effectiveness of treatment are reviewed;
 - c) Supervision of unlicensed professionals, including the number of hours of supervision required, location of the supervisor, and number of unlicensed professionals a licensed or board certified professional may supervise;
 - d) Standardization of Medi-Cal managed care plan requirements including credentialing; and,
 - e) Best practices in prioritizing quality care in contracting with BHT services providers.
- 4) Requires the stakeholder workgroup to meet quarterly in 2027 and 2028 and for meetings to be open to the public and to allow for public participation via comment or in writing.
- 5) Requires DHCS to release and maintain clear clinical guidance for the provision of the BHT benefit consistent with federal recommendations on BHT services and EPSDT services for individuals under age 21 and including any modifications based on input from the stakeholder workgroup on or before April 1, 2028.
- 6) Requires DHCS to report to the Legislature, and post on its website, an analysis of the utilization of BHT services since 2014, a synopsis of changes made as a result of the stakeholder workgroup, and recommendations for statutory, regulatory, or administrative actions necessary to ensure Medi-Cal reimbursement practices align with federal Medicaid program integrity requirements by January 1, 2029. Requires DHCS to consider the following in creating this report:
 - a) Whether BHT services reimbursed under the Medi-Cal program meet federal Medicaid requirements governing rehabilitative services and EPSDT services;
 - b) Whether DHCS and the Medi-Cal plans utilize uniform, publicly accessible, evidence-based clinical standards for determining medical necessity and treatment intensity;

- c) Whether reimbursed services include documented functional impairments, measurable treatment goals, and periodic assessment of clinical progress sufficient to demonstrate that services constitute therapeutic interventions covered under the Medicaid program; and,
 - d) Whether the supervision standards for BHT services are equivalent to, or greater than, the supervision, observation, documentation, and clinical oversight requirements imposed on comparable health services in other allied health professions regulated under the Business and Professions Code.
- 7) Authorizes DHCS to implement this bill via guidance rather than regulation.

FISCAL EFFECT: This bill has not been analyzed by a fiscal committee.

COMMENTS:

- 1) *Author's statement.* According to the author, this bill strengthens oversight and standardization of BHT services in the Medi-Cal program. In recent years, utilization of these services has grown significantly, both in California and around the country, bringing greater federal scrutiny to the provision of these services through the Medicaid program. Some of this growth is by design, as California enacted several bills to reduce barriers to these services. This bill is a measured attempt to evaluate whether we have landed in the right place to ensure that families can access the services they need while at the same time protecting the program from potential waste or abuse. This bill requires background checks for certain providers, establishes a stakeholder workgroup to review service delivery, and directs DHCS to issue clinical guidance and report to the Legislature on utilization and program integrity.
- 2) *Background on autism.* According to the California Health Benefits Review Program (CHBRP) analysis of SB 562 (Portantino of 2022), autism spectrum disorder is a developmental disability characterized by deficits in social interactions and communication, sensory processing, stereotypic (repetitive) behaviors or interests, and sometimes cognitive function. Symptoms fall along a continuum, ranging from mild impairment to profound disability. Reliable diagnoses can be made by age two, though the median age is 51 months, with black children being diagnosed later than white children. The causes remain unknown though research into genetic etiology and environmental factors continues to be explored.
- 3) *BHT.* According to CHBRP, BHT aims to modify the behavior of individuals with autism spectrum disorder and improve their cognitive, language and social functioning by assessing environmental stimuli and reinforcing appropriate responses. Some treatment modalities are based primarily on behavioral theory (e.g. ABA), while others are based primarily on developmental theory or on a hybrid of behavioral and developmental theory. In its analysis for SB 562, CHBRP found evidence for the medical effectiveness of all of these modalities, though there were significant variations in how effective each modality was for particular outcomes. For example, some forms of BHT seemed better suited to improving language than others, while other forms seemed to improve adaptive behavior. It should be noted that BHT, in particular ABA, is not universally welcome in the autistic community. The Autistic Self Advocacy Network, for example, critiques ABA for the use of rewards and punishments to train autistic people to act non-autistic and stresses that any therapy should help the individuals get what they want and need, not what others think they need.

- 4) *Medi-Cal coverage of BHT.* According to the Centers for Medicare and Medicaid Services (CMS), the EPSDT benefit is more robust than the Medicaid benefit for adults, and the goal is to ensure that individual children get the health care they need when they need it—the right care to the right child at the right time in the right setting. All Medi-Cal plans must provide EPSDT preventive services, including screenings, designed to identify health and developmental issues as early as possible. In 2014, CMS stated in a FAQ that it does not endorse or require any particular treatment modality in reference to ABA services; however, states must adhere to long-standing EPSDT obligations, including providing medically necessary services available for the treatment of autism spectrum disorder. (A previous 2014 CMS informational bulletin laid out how ABA and other services could be covered by Medicaid.)

According to the Medi-Cal provider manual, Medi-Cal covers all medically necessary BHT services for Medi-Cal members with an autism spectrum disorder diagnosis or for members for whom a physician or psychologist determines BHT services are medically necessary regardless of diagnosis. BHT services are medically necessary if they will correct or ameliorate defects and physical and mental illnesses and conditions discovered through screening, as is required by the federal EPSDT standard. The manual also clarifies that BHT services that will maintain or improve a member's current health condition, prevent a condition from worsening, or prevent the development of additional health problems are medically necessary services. These services include, but are not limited to, behavioral interventions, cognitive behavioral intervention, comprehensive behavioral treatment, language training, modeling, teaching natural strategies, parent training, peer training, pivotal response training, schedules, scripting, self-management, social skills package, and story-based interventions. The manual does exclude certain benefits such as respite, day care, recreational services, educational services, treatment that is solely vocational and or recreational, custodial care, services rendered by a parent, or services that are not evidence-based behavioral intervention practices. Compared to many other Medi-Cal services described in the provider manual, the scope of services covered under BHT is broad and the authorization requirements are minimal. However, once treatment begins, there are specific documentation requirements required for billing. Most BHT services are now provided through Medi-Cal managed care plans, as BHT services are a plan benefit and most children are now enrolled in plans. DHCS does have procedures for services provided through the fee-for-service system.

According to California's state Medicaid plan, BHT services may be provided by three different levels of providers, ranging from licensed practitioners and board-certified behavior analysts to paraprofessionals with high school diplomas and competency training or certification. While at least master's level professionals do all assessments, and only licensed or board-certified professionals do treatment plans, paraprofessionals provide many of the services themselves, under the supervision of the other professionals.

- 5) *Recent federal scrutiny of ABA/BHT services.* Starting in 2022, the Office of the Inspector General began a series of audits on Medicaid claims for ABA services following reports by federal and state agencies of questionable billing patterns by some ABA providers. To date, audits have been completed in Indiana, Wisconsin, Maine, and Colorado. In each case, all 100 of the sampled enrollee-months included payments for one or more claims that were improper or potentially improper, resulting in federal refund requests ranging from \$12.2 million to \$42.6 million. These audits focused largely on compliance issues such as documentation requirements, session notes, and billing for nontherapy time. At the same

time, the Trump administration has begun intensely focusing on fraud in the Medicaid program. In a January 27, 2026 letter from CMS to Governor Newsom, CMS identified “early intensive developmental and behavioral intervention” services, among 13 other services, as a “high-risk” service that has been the focus of fraud investigations in Minnesota and questioned what activities California has undertaken related to these services. DHCS responded in a February 17, 2026 letter highlighting fraud investigations it had conducted tied to some of the other services highlighted and pointing to their national leadership in identifying fraud networks and copious efforts in program integrity, concluding that California’s primary focus areas for fraud are not necessarily the same as those found in other states.

- 6) *Double referral.* This bill is double referred. Should it pass out of this committee, it will be referred to the Senate Committee on Public Safety.
- 7) *Related legislation.* AB 277 (Alanis) requires persons who provides BHT services to undergo a background check if they do not hold a current and valid license issued by a California state licensing board that requires a fingerprint-based background check. *AB 277 is in the Senate Rules Committee.*

AB 2233 (Ta) prohibits health care plans (except Medi-Cal plans) from imposing hours limitations within an existing treatment plan’s six-month authorization period. *AB 2233 is pending in the Assembly Appropriations Committee.*

- 8) *Support.* The Local Health Plans of California write that this bill takes meaningful steps to strengthen program integrity by requiring DHCS to convene a stakeholder workgroup to inform important clarifying guidance with regards to the delivery of BHT services. The bill also bolsters patient safety by ensuring children with autism receive high-quality, safe, and accountable care. The California Association of Health Plans writes that in recent years they have seen an alarming trend of bad actors exploiting the system resulting in inappropriate utilization and increased health care spending and states that this bill represents a thoughtful and measured response to national trends to ensure that Medi-Cal coverage of ABA therapy is clinically appropriate. The California Association for Behavior Analysis writes this bill represents an important step toward improving access to and accountability within Medi-Cal BHT services by strengthening oversight, standardizing expectations, and promoting evidence-based, high-quality care.
- 9) *Support if amended.* The Autism Business Association writes that they strongly support the provisions of this bill requiring background checks and the efforts to increase accountability and program integrity within the system, in particular the establishment of a stakeholder workgroup as such collaboration is the most effective way to develop clinical guidance. They maintain a “support if amended” requesting that they and other organizations be named to the workgroup, require specific utilization management standards, and increase the paraprofessional training requirement.
- 10) *Oppose unless amended.* The Doogri Institute, an autistic-led activism organization, writes in opposition because the makeup of the stakeholder committee includes the BHT providers. They believe the stakeholder committee should be made up of independent, licensed allied health professionals with no connection to the industry being evaluated. They also state that including consumers with autism or consumer advocates from organizations led by individuals with autism in the stakeholder workgroup reduces autistic individuals to

tokenized roles. They include in their letter other requests for audits and investigations and many suggested policy changes to the provision of ABA services and other services for autistic individuals.

- 11) *Amendments.* The committee and author have agreed to the following amendments to address minor, technical issues raised by providers and plans that will be taken in the Senate Public Safety Committee:
- a) Clarifying language specifying DHCS as the holder of information regarding fingerprint-based background checks;
 - b) Language authorizing the inclusion of trade associations and licensing or certifying bodies and including organizations serving families of autistic children in the stakeholder workgroup;
 - c) Conforming language regarding the supervision of unlicensed and uncertified professionals as a workgroup topic;
 - d) Language authorizing more frequent meetings of the stakeholder workgroup; and,
 - e) Language requiring the initial clinical guidance to be due no later than January 1, 2028.

SUPPORT AND OPPOSITION:

Support: California Association for Behavior Analysis
California Association of Health Plans
Local Health Plans of California

Oppose: Doogri Institute (unless amended)

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