Medical Necessity Criteria

Behavioral Health Services for Children and Adolescents (BHCA)
In-Home Behavioral Services (IHBS)
Commercial Members Only

Behavior Management Therapy: This service includes a behavioral assessment (including observing the youth's behavior, antecedents of behaviors, and identification of motivators), development of a highly specific behavior plan; supervision and coordination of interventions; and training other interveners to address specific behavioral objectives or performance goals. This service is designed to treat challenging behaviors that interfere with the youth's successful functioning. The behavior management therapist develops specific behavioral objectives and interventions that are designed to diminish, extinguish, or improve specific behaviors related to the youth's behavioral health condition(s) and which are incorporated into the behavior plan and the risk management/safety plan.

Behavior Management Monitoring: This service includes implementation of the behavior plan, monitoring the youth's behavior, reinforcing implementation of the behavior plan by the parent(s)/guardian(s)/caregiver(s), and reporting to the behavior management therapist on implementation of the behavior plan and progress toward behavioral objectives or performance goals. Phone contact and consultation may be provided as part of the intervention.

This service is not hub-dependent, however, for youth engaged in Intensive Care Coordination (ICC), the behavior plan is designed to achieve a goal(s) identified in the youth's Individual Care Plan (ICP). The Care Planning Team (CPT) works closely with the youth, parent/guardian/caregiver, and/or other individual(s) identified by the family to support adherence to the behavior plan and to sustain the gains made.

Criteria

Admission Criteria
All *of the following criteria are necessary for participation in this level of care*:
1. The member is a youth, younger than 19 years of age, living with a parent/guardian/caregiver.
2. The member has a DSM-5-TR or corresponding ICD diagnosis.
3. A comprehensive behavioral health assessment, inclusive of a Functional Behavioral Assessment and Observations, indicates that the youth's clinical condition warrants this service in order to diminish, extinguish, or improve specific behaviors related to the youth's behavioral health condition(s).
4. Clinical evaluation suggests the member's condition, level of functioning, and intensity of need require the establishment of a specific, structured, positive behavioral plan to be applied consistently to successfully support the member in the home and community. The member does not meet acute inpatient or CBAT levels of care.

And at least one *of the following criteria are necessary for participation in this level of care:*
1. The member's symptoms are so severe that the member is putting the family unit at risk/threatens the routine functioning or the family (e.g., aggression, self-harming behavior, refusing to leave the house, etc.).
2. The member exhibits a potential for repeat admissions to inpatient, partial hospital program, or CBAT, either by a history or by the length and intensity of the current treatment episode. OR

3. The member is being discharged from an inpatient or partial hospital program or CBAT facility to a safe and stable home environment (as determined by referral source or IHBS provider) with parent/guardian/care giver.

Psychosocial, Occupational, and Cultural and Linguistic Factors
These factors may change the risk assessment and should be considered when making level-of-care decisions.

Exclusion Criteria
Any one *of the following criteria is sufficient for exclusion from this level of care*:
1. The member may not receive IHBS and ABA treatment concurrently.
2. The member has medical conditions or impairments that would prevent beneficial utilization of services.
3. Introduction of this service would be duplicative of services that are already in place.
4. The parent/guardian/caregiver does not consent for treatment and does not agree to work with the IHBS provider.
5. The member is at imminent risk to harm self or others, or sufficiently impaired that a more-intensive level of care (LOC) is appropriate.

Continued Stay Criteria
All *of the following criteria are required for continuing treatment at this level of care*:
1. The member continues to meet admission criteria.
2. Another less-intensive level of care would not be adequate to administer care.
3. The member is making progress but has not improved to the degree that service is no longer required, and if services end, the member could be at risk for higher levels of care.
4. Treatment is still necessary to reduce symptoms and improve functioning so the member may be treated in a less-intensive level of care.
5. There is evidence of progress towards resolution of the symptoms causing a barrier to continuation of treatment in a less-intensive level of care.
6. The parent/guardian/caregiver is participating in treatment.
7. Coordination of care and active discharge planning are ongoing, with the goal of transitioning the member to a less-intensive level of care.

Discharge Criteria
Any one *of the following criteria is sufficient for discharge from this level of care*:
1. The member no longer meets admission criteria and/or meets criteria for another level of care, either more- or less-intensive.
2. The member's behavior plan goals and objectives have been substantially met, and continuation of this service is not necessary to prevent the member's behavior from worsening.
3. The member and/or parent/guardian/caregiver are not engaged in treatment to such a degree that this treatment becomes ineffective or unsafe, despite multiple, documented attempts to address engagement issues.
4. The member is not making progress toward goals and objectives in the behavior plan, and there is no reasonable expectation of progress at this level of care, nor is it required to maintain the current level of functioning.
5. The parent/guardian withdraws consent for treatment.