

LEVEL OF CARE GUIDELINES: COMMUNITY-BASED BEHAVIOR INTERVENTION – UNITED HEALTHCARE PLAN OF THE RIVER VALLEY, INC.

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Table of Contents

	Page
INTRODUCTION	1
COMMUNITY-BASED BEHAVIOR INTERVENTION	1
REFERENCES	2
HISTORY/REVISION INFORMATION	2

Relevant Services

- Iowa Community-Based Behavior Intervention

Related Behavioral Clinical Policies & Guidelines:

- Optum Level of Care Guidelines

INTRODUCTION

The *Level of Care Guidelines* is a set of objective and evidence-based behavioral health criteria used to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing¹ for behavioral health benefit plans that are managed by UnitedHealthcare Plan of the River Valley.

The *Level of Care Guidelines* is derived from generally accepted standards of behavioral health practice. These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources such as CMS' National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). The *Level of Care Guidelines* is also derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators.

For more information on guiding principles for the *Level of Care Guidelines* and their development, approval, dissemination, and use, please see the *Introduction to the Level of Care Guidelines*, available at: www.providerexpress.com > Clinical Resources > Level of Care Guidelines.

Before using this guideline, please check the member's specific benefit plan requirements and any federal or state mandates, if applicable.

COMMUNITY-BASED BEHAVIOR INTERVENTION

COMMUNITY-BASED BEHAVIOR INTERVENTION Behavioral Health Intervention Services (BHIS)

Community-based behavioral health intervention is available to Medicaid members living in a community-based environment and the primary goal is to assist the member and the member's family to learn age-appropriate skills to

¹ The terms "recovery" and resiliency" are used throughout the Psychological and Neuropsychological Testing Guidelines. SAMHSA defines "recovery" as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA defines "resilience" as the ability to adapt well over time to life-changing situations and stressful conditions. The American Society of Addiction Medicine defines "recovery" as a process of overcoming both physical and psychological dependence on a psychoactive substance, with a commitment to sobriety, and also refers to the overall goal of helping a patient to achieve overall health and well-being.

manage behavior and regain or retain self-control. Community-Based Behavioral Health Intervention is provided in a location appropriate for skill identification, teaching, and development. Intervention may be provided in an individual, family, or group format as appropriate to meet the member's needs. Depending on the member's age and diagnosis, specific services may include:

- Behavioral Intervention – Behavior intervention is covered only for Medicaid members aged 20 or under. Behavior intervention includes services designed to modify the psychological, behavioral, emotional, cognitive, and social factors affecting a member's functioning.
- Crisis Intervention – Crisis intervention is covered only for Medicaid members aged 20 or under. Crisis intervention services shall provide a focused intervention and rapid stabilization of acute symptoms of mental illness or emotional distress. The intervention shall be designed to de-escalate situations in which a risk to self, others, or property exists. Services shall assist a member to regain self-control and reestablish effective management of behavioral symptoms associated with a psychological disorder in an age-appropriate manner.
- Family Training – Family training is covered only for Medicaid members aged 20 or under. Family training services shall:
 - Enhance the family's ability to effectively interact with the child and support the child's functioning in the home and community, and
 - Teach parents to identify and implement strategies to reduce target behaviors and reinforce the appropriate skills.
 - Training provided must:
 - Be for the direct benefit of the member.
 - Be based on a curriculum with a training manual.
- Skill Training and Development – Skill training and development is covered only for Medicaid members who are aged 18 and older. Skill training and development includes interventions to enhance independent living, social and communication skills that minimize or eliminate psychological barriers to a member's ability to manage symptoms associated with a psychological disorder effectively and maximize the member's ability to live and participate in the community.

Interventions may address the following skills for effective functioning with family, peers, and community in an age-appropriate manner:

- Cognitive flexibility skills
- Communication skills
- Conflict resolution skills
- Emotional regulation skills
- Executive skills
- Interpersonal relationship skills
- Problem-solving skills
- Social skills
- Daily living skills.

1. Admission Criteria

- see "*Common Criteria and Best Practices for All Levels of Care*":
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
- AND
- Behavior Intervention is medically necessary¹.
- AND
- Services address mental and functional disabilities that negatively affect the member's integration and stability in the community and quality of life, and reduce or manage the behaviors that interfere with the member's ability to function.
- AND
- Services are designed to reduce or eliminate the symptoms or behaviors resulting from the member's condition that prevent the member from functioning at his/her best functional level.
- AND
- The focus of the interventions is to improve the member's health and well-being using cognitive, behavioral, or social interventions designed to ameliorate specific diagnosis-related problems.
- AND
- Services include only direct teaching or development of skills and not general recreation, non-skill-based activities, mentoring, or interruption of school.
- AND
- The services must be directed toward the child with the exception of skill training and development.

2. Continued Service Criteria

- see "Common Criteria and Best Practices for All Levels of Care":
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
3. Discharge Criteria
- see "Common Criteria and Best Practices for All Levels of Care":
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
4. Clinical Best Practices
- see "Common Criteria and Best Practices for All Levels of Care":
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

REFERENCES*

1. Iowa Administrative Code. 441—24.4(225C) Standards for services.
2. Iowa Administrative Code. 441—78.12 (249A). Behavioral Health Intervention Services.
10. Iowa Department of Human Services. (June, 2014). Behavioral Health Intervention Services Manual.

*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines and in the related Behavioral Clinical Policy

HISTORY/REVISION INFORMATION

Date	Action/Description
March, 2016	• Version 1
March, 2017	• Version 2

¹ To be payable by Medicaid as a behavioral health intervention service, a service must be:

- Consistent with the diagnosis and treatment of the member's condition and specific to a daily impairment caused by a mental health disorder.
- Rehabilitative in nature and not habilitative.
- Designed to promote a member's integration and stability in the community and quality of life
- Consistent with professionally accepted guidelines and standards of best practice for the service being provided.
- Designed to promote a member's ability to obtain or retain employment or to function in non-work settings.
- Designed to address mental and functional disabilities and behaviors resulting from a psychological disorder that interferes with an individual's ability to live and participate in the community.
- Furnished in the most appropriate and least restrictive available setting in which the service can be safely provided, consistent with the member's goals identified in the treatment plan and defined in the member's implementation plan.
- Required to meet the medical needs of the member and is needed for reasons other than the convenience of the member or the member's caregiver.
- In accordance with the standards of evidence-based medical practice. The standards of practice for each field of medical and remedial care covered by the Iowa Medicaid program are those standards of practice identified by:
 - Knowledgeable Iowa clinicians practicing or teaching in the field, and
 - The professional literature regarding evidence-based practices in the field.