



Florida Medicaid

Behavioral Health Intervention Services Coverage Policy

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1.0 Introduction

Florida Medicaid provides behavioral health intervention services to enable recipients to function successfully in the community in the least restrictive environment and to restore or enhance ability for personal, social, and prevocational life management services.

1.1 Florida Medicaid Policies

This policy is intended for use by providers that render behavioral health day treatment or therapeutic behavioral on-site services (TBOS) to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the behavioral health day treatment and therapeutic behavioral health on-site service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with a Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

1.3 Legal Authority

Florida Medicaid behavioral intervention services are authorized by the following:

- Title XIX of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), section 440.130(d)
- Section 409.906, Florida Statutes (F.S.)

1.4 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

1.4.1 Behavioral Health Day Treatment Services

Behavioral health day services are to stabilize the symptoms of behavioral health disorders to provide transitional treatment after an acute episode or to reduce or eliminate the need for more intensive levels of care.

1.4.2 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

1.4.3 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

1.4.4 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

1.4.5 Individualized Treatment Teams

Teams that coordinate and direct the delivery of therapeutic behavioral on-site services and consist of the recipient, recipient's family members (including guardian and caregivers, individuals providing family support, and providers that deliver services.

1.4.6 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

1.4.7 Provider

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

1.4.8 Recipient

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

1.4.9 Therapeutic Behavioral On-site Services

Intensive, individualized, one-to-one services coordinated through treatment teams and an individual's family, designed to prevent an individual from requiring placement in more intensive and restrictive behavioral health settings through therapy, behavior management, and therapeutic support services.

1.4.10 Treating Practitioner

A licensed practitioner who directs the course of treatment for recipients.

2.0 Eligible Recipient

2.1 General Criteria

An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

2.2 Who Can Receive

Florida Medicaid recipients requiring medically necessary behavioral intervention services. If a service is limited to recipients within a particular age group, it is specified below.

Some services may be subject to additional coverage criteria as specified in section 4.0.

2.2.1 Behavioral Health Day Services

Covered for recipients ages two to five years requiring medically necessary behavioral health day services, and who score in the moderate impairment range (at a minimum) on a nationally recognized and clinically appropriate behavior and functional rating scale developed for this age group.

2.2.2 Therapeutic Behavioral On-site Services

Covered for recipients under the age of 21 years requiring medically necessary therapeutic behavioral on-site services (TBOS), and who meet one of the following:

- Enrolled in a special education program for the seriously emotionally disturbed (SED) or the emotionally handicapped
- Scored 60 or below on the Axis V Children's Global Assessment of Functioning Scale within the last 6 months
- There is evidence to indicate that the recipient is at risk for a more intensive, restrictive, and costly behavioral health placement
- There is evidence to indicate that the recipient's condition and functional level cannot be improved with a less intensive service such as individual or family therapy or group therapy

The members of a recipient's treatment team must document that the recipient continues to meet the eligibility criteria stated above within six months of the original determination of eligibility for services, and every six months thereafter.

Therapeutic behavioral on-site services may be authorized for less than six months.

Providers must develop a discharge plan with each recipient and his or her family, which contains specific discharge criteria within 45 days of admission to TBOS. The discharge plan must be placed in the recipient's clinical record.

Florida Medicaid will not cover TBOs if, at any time during the course of treatment, the recipient is found to no longer meet eligibility criteria.

2.3 Coinsurance and Copayments

There is no coinsurance or copayment for this service in accordance with section 409.9081, F.S. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's Copayment and Coinsurance Policy.

3.0 Eligible Provider

3.1 General Criteria

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid behavioral intervention services.

3.2 Who Can Provide

Services must be rendered by Florida Medicaid enrolled community behavioral health agencies that employ or contract with one of the following providers, as applicable to the service provided:

3.2.1 Behavioral Health Day Services

The following providers may render behavioral health day services:

- Practitioners licensed in accordance with Chapters 458, 459, 464, 490, or 491, F.S.
- Master's level certified addiction professionals
- Behavior Analyst Certification Board® certified lead or assistant behavior analysts
- Certified behavioral health technicians
- Practitioners with the appropriate education and training who perform services under a treating practitioner, including:
 - Certified recovery peer specialists
 - Certified recovery support specialists
 - Certified psychiatric rehabilitation practitioners
- Practitioners with a bachelor's or master's degree from an accredited college in a human services-related field

3.2.2 Therapeutic Behavioral On-site Services

The following providers may render behavior management, support, and therapy services:

- Practitioners licensed in accordance with Chapters 490 or 491, F.S.

The following providers may render therapy and support services:

- Practitioners licensed in accordance with Chapters 458, 459, or 464, F.S.
- Master's level certified addiction professionals
- Practitioners with a bachelor's or master's degree from an accredited college in a human services-related field

The following providers may deliver behavior management and support services:

- Behavior Analyst Certification Board™ certified lead or assistant behavior analysts

The following providers may only deliver support services:

- Certified behavioral health technicians
- Practitioners with the appropriate education and training who perform services under a treating practitioner, including:
 - Certified recovery peer specialists

- Certified recovery support specialists
- Certified psychiatric rehabilitation practitioners

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

4.2 Specific Criteria

Florida Medicaid covers behavioral health intervention services in accordance with the applicable Florida Medicaid fee schedule(s), or as specified in this policy:

4.2.1 Behavioral Health Day Services

Behavioral health day services provide treatment across a broad range of therapeutic services interwoven with a recipient's scheduled activities to stabilize behavioral health disorders that affect social and daily functioning. Services are intended to strengthen individual and family functioning, prevent more restrictive placement of the recipient, and provide integrated sets of interventions to promote behavioral and emotional adjustments.

Services must be individualized and directly related to the treatment plan goals and the long-term goal of returning the recipient to daycare, preschool, or the least restrictive environment possible.

Behavioral health day services must consist of the following:

- Individual and family therapy that includes the provision of insight-oriented, cognitive behavioral, or supportive therapy
- Group therapy that includes the provision of cognitive behavioral supportive therapy; counseling to recipients and their families; education; sharing of clinical information; and guidance on how to assist the recipient

Providers of behavioral health day services must meet the following requirements:

- Deliver services for a minimum of two hours up to four hours, per day
 - Hours do not need to run consecutively but must consist of therapeutic activities listed in the treatment plan.
- Have at least one face-to-face encounter with the recipient's parent or caregiver
 - Telephone contact may be substituted when a face-to-face encounter is not feasible, but providers must provide written justification and cannot seek reimbursement as part of behavioral health day services.
- Group size must not exceed 10 participants
- Staff to recipient ratio must not exceed 1:5
 - Infant mental health aides may be counted to meet staffing requirements.
- Services must focus on the recipient

Providers must complete written discharge criteria within 45 days of a recipient's admission to behavioral health day services. To continue to receive behavioral health day services, the recipient's treatment team must provide written documentation once every six months verifying that the recipient meets the eligibility criteria as stated in section 2.2.1. Florida Medicaid will cease covering behavioral health day treatment services if a reassessment determines that the recipient no longer meets the eligibility criteria.

In-home services delivered to the recipient's parent or guardian are covered under behavioral health day services. In-home services may be covered as individual or

family therapy or TBOS on days when no behavioral health day services are delivered.

4.2.2 Therapeutic Behavioral On-site Services

Florida Medicaid covers TBOS (including documentation, education, and referrals) in accordance with the applicable Florida Medicaid fee schedule or as specified in this policy. Therapeutic behavioral on-site services must focus on maintaining a recipient in his or her home to avoid placement in more restrictive settings.

Recipients must undergo an assessment indicating a need for TBOS and have a treatment plan based on the assessment and input from the recipient and his or her family that identifies needs, strengths, and desired outcomes. The treatment plan must also identify and provide justification for services delivered in a group setting.

Individualized treatment teams must coordinate the delivery of TBOS. Therapeutic behavioral on-site services, including those delivered to the family, must focus on the recipient. Florida Medicaid does not cover services that are independent of meeting the recipient's needs.

Providers must deliver TBOS in community settings, including the home and school.

Therapeutic behavioral on-site services consist of behavior management, support, and therapy services, as follows:

- Up to nine hours of behavior management services per month, per recipient that consist of all of the following:
 - Continuous monitoring and assessment of interactions that motivate, maintain, or improve recipient behavior and the skill deficits and assets of the recipient and recipient's family
 - Development of an individual behavior plan with measurable goals that must be integrated into the treatment plan
 - Training the recipient's family, caregivers, and other individuals involved in implementing the treatment plan
 - Measuring the recipient's progress toward meeting the goals listed on the treatment plan
 - Coordinating services listed on the treatment plan
- Up to 32 hours of therapeutic support services per month, per recipient that consist of all of the following:
 - One-to-one supervision and intervention with the recipient during therapeutic activities in accordance with the treatment plan
 - Providing skills training in accordance with the recipient's treatment plan to improve the recipient's functioning and restore basic living and social skills
 - Assistance to the recipient and his or her family with implementing the treatment plan through family counseling and treatment plan development
- Up to nine hours of therapy services per month, per recipient that consist of all of the following:
 - Clinical, strength-based assessment to evaluate, define, and determine treatment needs
 - Individual and family therapy
 - Assessment and engagement of the recipient and his or her family's natural support system to assist with implementing the treatment plan
 - Collaborative development of the formal aftercare plan

Providers must complete a formal aftercare plan within 45 days of admission to TBOS. The aftercare plan must include community resources, activities, services, and supports that will sustain the gains achieved by the recipient during treatment.

Once every six months following the original determination of eligibility for TBOS, the individualized treatment team must document whether the recipient continues to meet the criteria to receive TBOS. If the recipient receives a reassessment determining that he or she is no longer eligible, Florida Medicaid will cease covering TBOS.

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's Authorization Requirements Policy.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

5.2 Specific Non-Covered Criteria

Florida Medicaid does not cover the following as part of this service benefit:

- Case management services
- Partial hospitalization
- Personal care services
- Psychological testing, neuropsychology, psychotherapy, cognitive behavioral therapy, sex therapy, psychoanalysis, hypnotherapy, or long-term counseling
- Services funded under section 110 of the Rehabilitation Act of 1973
- Services furnished by relatives as defined in section 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient
- Services not listed on the Community Behavioral Health fee schedule
- Services provided to a recipient on the date of admission into the Statewide Inpatient Psychiatric Program
- Therapeutic behavioral on-site services delivered in an inpatient setting
- Therapeutic behavioral on-site services on the same day as behavioral health day treatment, behavior analysis services, therapy services, group therapy, psychosocial rehabilitation, therapeutic foster care, therapeutic group care, or behavioral health overlay services
- Therapeutic behavioral on-site therapy and behavior management services delivered in a group setting
- Travel time
- Tutoring and academic support

6.0 Documentation

6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's Recordkeeping and Documentation Requirements Policy.

6.2 Specific Criteria

Providers must maintain appropriate documentation in the recipient's file applicable to the specific service delivered, as follows:

6.2.1 Behavioral Health Day Services

Providers must maintain the following in the recipient's file:

- Written certification from a physician or licensed provider that specifies the following:
 - o The recipient is eligible for day services
 - o The recipient's condition is not expected to improve in a less restrictive level of care
 - o The services can be expected to improve the recipient's condition and functional level
- Weekly summary notes signed by a master's level practitioner or higher that lists specific therapeutic activities delivered to the recipient

6.2.2 Therapeutic Behavioral On-site Services

Providers must maintain the following in the recipient's file:

- Aftercare plan that consists of the following:
 - o Community resources
 - o Activities
 - o Services and supports
- Assessment that identifies a need for TBOS
- Individualized treatment plan that includes the following:
 - o Schedule for treatment plan review
 - o Providers who are not part of the individualized treatment plan that deliver TBOS must have their names listed on the treatment plan.
- Determination of eligibility (one per six month period)
- Progress notes

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's Authorization Requirements Policy.

7.2 Specific Criteria

There are no specific authorization criteria for this service.

8.0 Reimbursement

8.1 General Criteria

The reimbursement information below is applicable to the fee-for-service delivery system.

8.2 Claim Type

Professional (837P/CMS-1500)

8.3 Billing Code, Modifier, and Billing Unit

Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, incorporated by reference in Rule 59G-4.002, F.A.C.

8.4 Diagnosis Code

Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

8.5 Rate

For a schedule of rates, incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.