



# LEVEL OF CARE GUIDELINES: HOME BASED TREATMENT SERVICES – RHODE ISLAND MEDICAID

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<b>Relevant Services</b>
<ul style="list-style-type: none"> <li>Home Based Treatment Services – Rhode Island Medicaid Contract</li> </ul>

<b>Related Behavioral Clinical Policies &amp; Guidelines</b>
<ul style="list-style-type: none"> <li>Optum Level of Care Guidelines</li> </ul>

## INSTRUCTIONS FOR USE

This guideline is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum®<sup>1</sup>. When deciding coverage, the member’s specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in *Clinical Criteria*.

This guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Optum may develop clinical criteria or adopt externally-developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

## HOME BASED TREATMENT SERVICES

**HOME BASED TREATMENT SERVICES (HBTS)** is an intensive home or community-based service for children and youth. It consists of pre-treatment consultation, specialized treatment (which may be ABA discrete trial interventions through approved ABA provider agencies), treatment support, and post-treatment consultation.

The goals of HBTS include increased ability of the caregiver to meet the needs of their child, increased language and communication skills, improved attention to tasks, enhanced imitation, generalized social behaviors, development of independence skills, decreased aggression or other maladaptive behaviors, improved learning and problem solving skills.

HBTS is not intended to replace or substitute necessary behavioral health or educational services, or be a form of respite or childcare. It may not be provided when Child and Adolescent Intensive Treatment Services (CAITS), Child and Family Intensive Treatment (CFIT), or enhanced Outpatient Services (EOS) are being used.

<sup>1</sup> Optum is a brand used by United Behavioral Health and its affiliates.

## 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

- The member meets the following eligibility criteria:
  - Member is aged birth to 21, and is Medicaid eligible.
  - Member is eligible for Medical Assistance through SSI, Katie Beckett (through age 18), Adoption Subsidy, rite care, or rite Share.
  - Member has a potentially chronic (12 months or longer) and moderate to severe cognitive, developmental, medical/neurological, and/or psychiatric condition whose level of functioning is significantly compromised.

AND

- The member has impairments in one or more of the following areas:
  - Cognitive functioning
  - Problem solving
  - Adaptive skills
  - Regulation of mood
  - Medical/neurological conditions

AND

- A formal diagnosis was made within the last 3 years by a licensed health care professional with competence in child psychology, child psychiatry, or child development. The member’s symptoms and behaviors are consistent with a diagnosis from the current version of the DSM/ICD, and on the basis of best available clinical and evidence-based practice standards can be expected to respond to HBTS.

AND

- The member presents with medical and/or psychiatric conditions that require intensive therapeutic intervention.

AND

- Outpatient services provided at an intensified level have not been sufficient due to the member’s special healthcare needs. This does not preclude from consideration family therapy or other supports for a family seeking HBTS.

AND

- There is evidence that the member requires a comprehensive and integrated program of medical and psychosocial services to support improved functioning at the least restrictive level of care.

AND

- The member and their family require support in order to remain stable outside of an inpatient environment, or to transition to independent living from a more restrictive setting.

AND

- The member and their parent/caregiver/guardian are willing to accept and cooperate with HBTS including the degree of parent/caregiver/guardian participation outlined in the HBTS treatment plan.

AND

- The member’s home environment does not present safety risks to HBTS staff. Risks include, but are not limited to sexual harassment, threats of violence or assault, alcohol or illegal drug use, firearms, and health risks.

AND

- Services are medically necessary

- “Medically necessary services” refers to medical, surgical, or other services required for prevention, diagnosis, cure, or treatment of a health-related condition, including such services necessary to prevent a detrimental change in either medical or mental health status. Medically necessary services must be provided in the most cost effective and appropriate setting and shall not be provided solely for the convenience of the member or service provider.

#### Additional Criteria for Treatment Support

- There is indication that:
  - The frequency and intensity of Specialized Treatment may be too taxing for the member.  
AND
  - The structure, guidance, supervision, and redirection provided in Treatment Support may benefit the member.

#### 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>  
AND
- The severity of the member’s condition and resulting impairment continue to require this level of treatment.  
AND
- Treatment planning is individualized to the member and their family’s changing condition; realistic and specific goals and objectives are stated. The mode, intensity and frequency of treatment are consistent with best known clinical and/or evidence-based practice.  
AND
- Active treatment is occurring and continued progress toward goals is expected. Progress in relation to goals is clearly evident, measurable and described in observable terms. If treatment objectives have not yet been achieved; documentation support continued interventions.

#### 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>
- see also the Behavioral Clinical Policy, “Intensive Behavioral Therapy / Applied Behavior Analysis for Autism Spectrum Disorder”:  
[https://ubhweb.uhc.com/ubh/clinical\\_policy\\_standards/gls/BehavioralClinicalPolicies.html](https://ubhweb.uhc.com/ubh/clinical_policy_standards/gls/BehavioralClinicalPolicies.html)
- An evaluation of the member by a licensed mental health professional must have taken place within 2 years prior as part of demonstrating the need for HBTS.
- The provider utilizes all referral and collateral information (i.e., IEP, IFSP, contact with providers/teachers, review relevant medical or behavioral health evaluations/records), and maintains ongoing communication with the parent/guardian.
- The provider identifies and prioritizes individualized treatment goals and objectives that are clearly written, specific and measurable. Interventions used to achieve treatment goals and objectives are defined. The expected level of parent/caregiver/guardian participation is clear and consistent. The parent/caregiver/guardian signs all proposed treatment plans.
- Upon referral, the provider assesses current treatment needs and determines the intensity of treatment up to 20 hours per week (excluding ABA programs). Treatment intensity takes the following into account:

- The child’s age
- The child and family’s ability to engage in sustained treatment and expectations for progress
- Type, nature and course of presenting conditions and diagnosis
- Severity of presenting behaviors
- Other treatment or educational services being received
- Impact on family functioning
- Presence of co-existing conditions
- Presence of biological or neurological abnormalities
- The child’s current functional capacities
- Family factors (e.g., parenting skills, living environment, and psychosocial problems)
- Interaction with other agencies and providers
- The treatment plan addresses how HBTS is coordinated with referral sources, the member’s medical home and other providers of care. Coordination of care involves consistent communication with involved parties about treatment and recommendations, as well as receiving input from others and ongoing coordination during transitions of care.
- The provider in conjunction with the member/member’s parent/caregiver/guardian conducts a formal review of the treatment plan at least every 6 months.

#### REFERENCES\*

State of Rhode Island, Executive Office of Health and Human Services. (July, 2016). Certification standards for providers of home-based therapeutic services.

State of Rhode Island and Providence Plantations, Executive Office of Health and Human Services. (2017). UHC 2017-00 Contract Between State of Rhode Island and Providence Plantations, Executive Office of Health and Human Services and UnitedHealthcare of New England for Medicaid Managed Care Services, March 1, 2017.

\*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
January, 2016	• Version 1
July, 2016	• Version 2
January, 2017	• Version 3
February, 2018	• Version 4