
Behavioral Health Services for Children and Adolescents (BHCA)

Service Descriptions and Clinical Criteria



In Home Behavioral Services - IHBS

Procedure Code: H2014

Two Types of Services Included:

- **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.

In Home Behavioral Services – IHBS Clinical Criteria

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> Member is a youth, less than 19 years of age, living with a parent/guardian/caregiver. Member has a DSM or corresponding ICD diagnosis. 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). Clinical evaluation suggests 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 member in the home and community. Member does not meet acute inpatient or CBAT levels of care. <p>AND at least one (1) of the following from items 5-7:</p> <ol style="list-style-type: none"> Member's symptoms are so severe that the member is putting the family unit at risk/threatens the routine functioning of the family (ex: aggression, self-harming behavior, refusing to leave the house, etc). OR 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 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; <p>Exclusion Criteria</p> <ol style="list-style-type: none"> Member may not receive IHBS and ABA treatment concurrently. Member has medical conditions or impairments that would prevent beneficial utilization of services. Introduction of this service would be duplicative of services that are already in place. Parent/guardian/caregiver does not consent for treatment and does not agree to work with the IHBS provider. Member is at imminent risk to harm self or others, or sufficiently impaired that a more intensive level of care (LOC) is appropriate. 	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none"> Member continues to meet admission criteria. Another less intensive LOC would not be adequate to administer care. Member is making progress but has not improved to the degree that service is no longer required and if services end, member could be at risk for higher levels of care. Treatment is still necessary to reduce symptoms and improve functioning so member may be treated in a less intensive LOC. There is evidence of progress towards resolution of the symptoms causing a barrier to continuation of treatment in a less intensive LOC. Parent/guardian/caregiver is participating in treatment. Coordination of care and active discharge planning are ongoing, with goal of transitioning the member to a less intensive LOC. 	<p>Any one of the following criteria must be met:</p> <ol style="list-style-type: none"> Member no longer meets admission criteria and/or meets criteria for another LOC, either more or less intensive. Member's behavior plan goals and objectives have been substantially met and continuation of this service is not necessary to prevent member's behavior from worsening. 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. Member is not making progress toward goals and objectives in the behavior plan, and there is no reasonable expectation of progress at this LOC, nor is it required to maintain the current level of functioning. Parent/guardian withdraws consent for treatment.

Intensive Care Coordination- ICC

Procedure Code: H0023

- **Intensive Care Coordination (ICC)** is a service that facilitates care planning and coordination of services and supports, driven by the needs of the youth and family. ICC is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote patient safety, and quality of care developed through a "wraparound" planning process, consistent with the *Systems of Care* philosophy. Services include a comprehensive assessment, a risk/safety plan, family education, advocacy, support, referrals, and linkages to the continuum of care. An individual care plan (ICP) is developed in collaboration with the family and collaterals, such as a PCP or school personnel, through a care planning team (CPT).
- The individuals' impairment is not solely the result of autism, developmental delay, intellectual impairment, hearing impairment, vision impairment, deaf-blind impairment, specific learning disability, traumatic brain injury, speech or language impairment, health impairment or a combination thereof. Psychosocial, occupational, cultural and linguistic factors may change the risk assessment and should be considered when making level of care (LOC)/ medical necessity decisions. (See continuation of level of care/ medical necessity criteria, next page.)

Intensive Care Coordination– ICC Clinical Criteria

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p>Criteria #1 -6 must all be met:</p> <ol style="list-style-type: none">1. Member is a youth, less than 19 years of age.2. Member meets the criteria for a DSM or corresponding ICD diagnosis.3. Member receives multiple services across different provider disciplines and/or state agencies, whose treatment goals are not consistently aligned and needs a care planning team to coordinate the necessary services from all providers, state agencies, and/or special education.4. The parent/guardian consents and voluntarily agrees to participate in ICC.5. If the member is in a hospital, skilled nursing facility, psychiatric residential treatment facility or other residential treatment setting, discharge is expected within 180 days or less.6. The member is not receiving ICC or similar services, including care coordination through a state agency.	<p>All of the following criteria must be met:</p> <ol style="list-style-type: none">1. Member's clinical condition(s) continues to warrant ICC services in order to coordinate involvement with state agencies, special education and/or multiple service providers.2. Progress toward ICP identified goals:<ol style="list-style-type: none">a. has been made and documented (based on defined objectives for each goal), but goals have not yet been substantially achieved; orb. has not been made, and the CPT has identified and implemented changes and revisions to the ICP to better support the goals.	<p>Any one of the following criteria must be met:</p> <ol style="list-style-type: none">1. Member no longer meets admission criteria.2. CPT determines that the member's documented ICP goals and objectives have been substantially met and continued services are not necessary.3. Parent/guardian withdraws consent for treatment.4. Parent/caregiver is not engaged in the service to such a degree that this service is ineffective or unsafe, despite multiple, documented attempts to address engagement issues.5. Member is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility or other residential treatment setting and is unable to return to a family home environment or a community setting.6. Member becomes 19 years of age.

Mobile Crisis - MCI

Procedure Code: H2011

- **Mobile Crisis (MCI)** provides onsite mobile assessment and crisis intervention to members in an active state of crisis. The purpose of Mobile Crisis is to provide rapid response, assessment, and early intervention for adults, children/adolescents and families in crisis. This service is provided 24 hours a day, 7 days a week, and should include a crisis assessment and the development of a risk management/safety plan.
- Referrals and coordination of services are provided to link members and their families to other service providers and community supports to assist with maintaining the member's functioning and treatment in the least restrictive, appropriate setting along the behavioral health continuum of care. Mobile Crisis will coordinate with the member's community providers, primary care physician, behavioral health providers, and any other care management program providing services to the youth or adult throughout the course of the service being provided. Member's inability to participate in the assessment may result in referral/admission to a higher level of care.

Mobile Crisis – MCI Clinical Criteria

Admission Criteria	Discharge Criteria
<p>All of the following criteria must be met:</p> <ol style="list-style-type: none">1. Member must be in an active state of crisis that has not been able to be resolved by phone or other community interventions.2. Member must be able to vocalize and participate in planning.3. Immediate intervention is necessary to attempt to stabilize member's condition safely.4. Situation does not require an immediate public safety response.5. The intervention is expected to improve the member's condition/stabilize the member in the community.6. The member demonstrates at least one of the following:<ol style="list-style-type: none">a. Suicidal/ assaultive/destructive ideas, threats, plans or actions that represent a risk to self or others; orb. Impairment in mood/thought/behavior disruptive to home, school, or the community;c. Behavior is escalating to the extent that a higher intensity of services will likely be required without intervention.	<p>One of the below criteria must be met:</p> <ol style="list-style-type: none">1. Crisis assessment and other relevant information indicate that member meets another level of care, either more or less intensive, and that level of care is sufficiently available.2. The Individual is released or transferred to an appropriate treatment setting based on crisis screening, evaluation, and resolution.3. Member's physical condition necessitates transfer to an inpatient medical facility and the provider has communicated member risk management/safety plan to the receiving provider.4. Consent for treatment is withdrawn.

Therapeutic Mentoring - TM

Procedure Code: T1027

- **Therapeutic Mentoring Services (TM)** are provided to youth (under the age of 19) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings, such as, child care centers, respite settings, and other culturally and linguistically appropriate community settings. Therapeutic Mentoring offers structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs. Therapeutic Mentoring services include supporting, coaching, and training the youth in age-appropriate behaviors, interpersonal communication, functional skill-building, problem-solving and conflict resolution, and relating appropriately to other youth, and adults in recreational and social activities. Therapeutic Mentoring services must be pursuant to a behavioral health treatment plan, indicating a behavioral health diagnosis, developed by an outpatient, or FST/In-Home Therapy provider, in concert with the family and youth whenever possible, or Individual Care Plan (ICP) for youth in ICC.
- These services help to ensure the youth's success in navigating various social contexts, learning new skills, and making functional progress. The Therapeutic Mentor offers supervision of these interactions, and engages the youth in discussions about strategies for effective handling of community interactions. Therapeutic Mentoring is delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician.
- Therapeutic Mentoring services must be necessary to achieve a goal(s) established in an existing behavioral health treatment plan for outpatient or In-home Therapy or in an ICP for youth in ICC. Progress toward meeting the identified goal(s) must be documented and reported weekly to the youth's current treater(s). If there is no significant progress, appropriate changes to the treatment plan must be documented. Services are designed to support age-appropriate social functioning or ameliorate deficits in the youth's age-appropriate social functioning.

Therapeutic Mentoring– TM Clinical Criteria

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p>All of the following are necessary for admission to this level of care:</p> <ol style="list-style-type: none"> 1. A comprehensive behavioral health assessment indicates that the youth's clinical condition warrants this service in order to support age-appropriate social functioning, or to ameliorate deficits in the youth's age-appropriate social functioning. 2. Member is a youth, less than 19 years of age, living with a parent/guardian/caregiver in the community. 3. The youth requires education, support, coaching, and guidance in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to others. These services are needed to address daily living, social, and communication needs, and to support the youth in a home, foster home, or community setting. 4. The member displays such risk behaviors as to warrant a level of care beyond the formal Outpatient suite of services, or naturally occurring services in the youth's family or available social network. These behaviors have caused impairments in functioning at home, school or in the community. 5. Required consent is obtained. 6. The youth is currently engaged in outpatient services, In-Home Therapy, or ICC, and the provider tx plan or ICC CPT determines that Therapeutic Mentoring Services can facilitate the attainment of a specific, measurable goal or objective identified in the treatment plan or ICP. The goal or objective pertains to the development of communication skills, social skills and peer relationships. This goal is specified at the time of initial referral and is updated throughout treatment. 	<p>All the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The youth's clinical condition continues to warrant Therapeutic Mentoring Services in order to continue progress toward treatment plan goals. 2. The youth's treatment does not require a more intensive level of care. 3. No less intensive level of care would be appropriate. 4. Care is rendered in a clinically appropriate manner and focused on the youth's behavioral and functional outcomes as described in the treatment plan/ICP. 5. Progress in relation to specific behavior, symptoms, or impairments is evident and can be described in objective terms. If goals have not yet been achieved, adjustments in the treatment plan/ICP to address lack of progress are evident. 6. The youth is actively participating in the plan of care to the extent possible consistent with his/her condition. 7. Where applicable, the parent/guardian/caregiver and/or natural supports are actively involved, as required by the treatment plan/ICP. treatment does not require a more intensive level of care. 	<p>Any one of the following criteria is sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. The youth no longer meets admission criteria for this level of care or meets criteria for a less or more intensive level of care. 2. The treatment plan/ICP goals and objectives have been substantially met, and continued services are not necessary to prevent worsening of the youth's behavioral health condition. 3. The youth and parent/guardian/caregiver are not engaged in treatment. Despite multiple, documented attempts to address engagement, the lack of engagement is of such a degree that it implies withdrawn consent, or treatment at this level of care becomes ineffective or unsafe. 4. Required consent for treatment is withdrawn. 5. The youth is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care. Also, this service is not required in order to maintain the current level of functioning. 6. The youth is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting, and is not ready for discharge to a family home environment or to a community setting with community-based supports. 7. The youth displays a pattern of behavior that may pose an imminent risk to harm self or others, or sufficient impairment exists that requires a more intensive service beyond community-based intervention. 8. The youth has medical conditions or impairments that would prevent beneficial utilization of services. 9. Therapeutic Mentoring services are not needed to achieve an identified treatment goal, or the treatment goal is not age –appropriate, or the treatment goal is inappropriate for the youth's baseline level of functioning. 10. The youth's primary need is only for observation or for management during sport/physical activity, school, after-school activities, or recreation, or for parental respite. 11. The service needs identified in the treatment plan/ICP are being fully met by similar services. 12. The youth is placed in a residential treatment setting with no plans for return to the home setting within approximately 3 weeks.

Family Partner – FST / FP

Procedure Code: H0038

- **Family Partner (FP)** is a service provided to the parent/caregiver of a youth (under the age of 19) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings. FP is a service that aims to create a structured, one-to-one, strength-based relationship between a Family Partner and a parent/caregiver. The purpose of this service is to resolve or ameliorate the youth's emotional and behavioral needs by improving the capacity of the parent/caregiver to parent the youth. The intent of this service is to improve the youth's functioning, as identified in the outpatient or In-Home Therapy treatment plan, or Individual Care Plan (ICP) for youth enrolled in Intensive Care Coordination (ICC), and to support the youth in the community, or to assist the youth in returning to the community. Services may include education, assistance in navigating the child serving systems (DCF, education, mental health, juvenile justice, etc.); fostering empowerment, including linkages to peer/parent support and self-help groups; assistance in identifying formal and community resources (e.g., after-school programs, food assistance, summer camps, etc.); and support, coaching, and training for the parent/caregiver.
- FP is delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician. FP services must work towards a goal(s) established in an existing behavioral health treatment plan/care plan for outpatient or In-Home Therapy, or an Individual Care Plan, for youth enrolled in ICC. Services are designed to improve the parent/caregiver's capacity to ameliorate or resolve the youth's emotional or behavioral needs, and to strengthen their own capacity to parent.
- Delivery of appropriate ICC services may require care coordinators to collaborate with Family Partners. In ICC, the care coordinator and Family Partner work together with youth with SED, and their families while maintaining their discrete functions. The Family Partner works one-on-one and maintains regular frequent contact with the parent(s)/caregiver(s), in order to provide education and support throughout the care planning process. The Family Partner attends CPT meetings, and may assist the parent(s)/caregiver(s) in articulating the youth's strengths, needs, and goals for ICC to the care coordinator and CPT. The Family Partner educates parents/caregivers about how to effectively navigate the child-serving systems for themselves, about the existence of informal/community resources available to them and facilitates the parent's/caregiver's access to these resources.

Family Partner – FST / FP Clinical Criteria

Admission Criteria	Continued Stay Criteria	Discharge Criteria
<p>ALL criteria must be met:</p> <ol style="list-style-type: none"> 1. A comprehensive behavioral health assessment, showing a diagnosed behavioral health condition, indicates that the youth's clinical condition warrants this service in order to improve the abilities of the parent/caregiver to alleviate youth functional impairment. 2. The parent/caregiver requires education, support, coaching, and guidance to improve their capacity to parent, in order to ameliorate or resolve the youth's emotional or behavioral needs. The intent of these services is to support the youth in the community, and to improve the youth's functioning, as identified specifically in the outpatient or In-Home Therapy treatment plan/ICP, for those youth enrolled in ICC. 3. Outpatient services, and available community based natural and formal supports, alone are not sufficient to meet the parent/caregiver's needs for coaching, support, and education. 4. The parent/caregiver gives consent and agrees to participate. 5. A specific, measurable goal is identified in the youth's outpatient or In-Home Therapy treatment plan, or ICP for those enrolled in ICC, that pertains to the development of the parent/caregiver capacity to parent the youth in the home or community. 6. The youth resides with or has a current plan to return to the identified parent/caregiver. 7. The member displays such risk behaviors as to warrant a level of care beyond the formal Outpatient suite of services, or naturally occurring services in the youth's family or available social network. These behaviors have caused impairments in functioning at home, school or in the 	<p>All the following criteria must be met:</p> <ol style="list-style-type: none"> 1. The parent/caregiver continues to need support to improve his/her capacity to support the youth in the community, and to ameliorate or resolve the youth's emotional or behavioral needs, as identified in the outpatient or In-Home Therapy treatment plan/ICP, for those youth enrolled in ICC. 2. Care is rendered in a clinically appropriate manner and is focused on the parent/caregiver's need for support, guidance, and coaching. 3. All services and supports are structured to achieve goals in the most time-efficient manner possible. 4. For youth in ICC, with required consent, informal and formal supports of the parent/caregiver are actively involved on the youth's team. 5. With required consent, there is evidence of active coordination of care with the youth's care coordinator (if involved in ICC) and/or other services and state agencies. 6. Progress in relation to specific behavior, symptoms, or impairments is evident and can be described in objective terms, but goals have not yet been achieved, or adjustments in the treatment plan/ICP to address lack of progress are evident. 	<p>Any one of the following criteria is sufficient for discharge from this level of care:</p> <ol style="list-style-type: none"> 1. The parent/caregiver no longer needs this level of one-to-one support and is actively utilizing other formal and/or informal support networks. 2. The youth's treatment plan/ICP indicates the goals and objectives for Family Partner have been substantially met. 3. The parent/caregiver is not engaged in the service. The lack of engagement is of such a degree that this type of support becomes ineffective or unsafe, despite multiple documented attempts to address engagement issues. 4. The parent/guardian/caregiver withdraws consent for treatment. 5. There is impairment with no reasonable expectation of progress toward identified treatment goals for this service. 6. There is no indication of need for this service to ameliorate or resolve the youth's emotional needs, or to support the youth in the community. 7. The environment in which the service takes place presents a serious safety risk to the Family Partner making visits. Alternative community settings are not likely to ameliorate the risk and no other safe venue is available or appropriate for this service. 8. The youth is placed in a residential treatment setting with no current plans to return to the home setting. 9. The youth is in an independent living situation and is not in the family's home or returning to a family setting. The service needs identified in the treatment plan/ICP are being fully met by similar services from the same or any other agency.