# LEVEL OF CARE GUIDELINES: BEHAVIOR MODIFICATION AND CONSULTATION– OPTUM IDAHO MEDICAID

**Guideline Number**:

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## INTRODUCTION

*Behavioral Clinical Policies* are a set of objective and evidence-based behavioral health criteria used by medical necessity and non-medical necessity plans to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum®1.
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. 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. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this guideline and the member's specific benefit, the member's specific benefit supersedes 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

## BEHAVIOR MODIFICATION AND CONSULTATION – CHILDREN AND ADOLESCENTS

**Behavior Modification and Consultation– Children and Adolescents**: Behavior modification and consultation (BMC) is the design, implementation, and evaluation of social and other environmental modifications to produce meaningful changes in human behavior. These interventions are based on scientific research and the use of direct observation, measurement, and functional analysis. Behavioral strategies are used to teach the Member alternative skills to manage targeted behaviors across various environments. Behavior modification providers may provide this service at any time and any setting appropriate to meet the Member's needs, including home, school, and community. For successful outcomes, modified behaviors must be reinforced by the child/adolescent's parents, family, and other natural supports. All treatment, care and support services must be provided in a context that is child centered, family-focused, strengths based, culturally competent and responsive to each child's psychosocial, developmental, and treatment care needs.


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**Behavior Modification and Consultation– Children and Adolescents Admission Criteria**

- see "*Common Criteria and Best Practices for All Levels of Care*":

  AND
- A Member that is diagnosed with a serious emotional disturbance (SED).
  - A person is identified as having SED if they have both a DSM diagnosis and a functional impairment as identified by the Child and Adolescent Needs and Strengths (CANS) tool.[i]

  AND
- The results of the Member's standardized adaptive or functional behavioral assessment indicate maladaptive behaviors and functional limitations that significantly impact the member's ability to function successfully in home, community and/or school settings

  AND

  The family is engaged with treatment planning and willing to actively participate in the Member's behavior modification and consultation treatment.

  AND
- The Member is not actively engaged in Skills Building/Community Based Rehabilitative Services (CBRS).[ii]

  AND
- Services that are otherwise covered under the Individuals with Disabilities Education Act (IDEA) are not covered (e.g., a 1:1 aid in the school setting). BMC services do allow for coordination of services and would cover services such as, teacher training, meetings with school personnel, and observations in the school setting.

  AND
- BMC services are the least restrictive and most appropriate services for the Member. If there are other less restrictive or more appropriate options available those should be utilized, i.e. cognitive behavior therapy, dialectical behavior therapy, etc.

  AND
- The Member is not receiving duplicate services

  AND

  The Member must have the following documents submitted as a part of the prior authorization process:
  - A completed comprehensive diagnostic assessment (CDA) indicating medical necessity which has been completed by a psychiatrist, psychician, psychologist, independently licensed clinician or master's level clinician under supervisory protocol
  - Justification/rational for referral/non-referral for an functional behavioral assessment and possible BMC services
- The documentation should include:
- − A thorough clinical history with the informed parent/caregiver, inclusive of developmental and psychosocial history;
- − Direct observation of the Member, including but not limited to, assessment of current functioning in the areas of social and communicative behaviors, adaptive skills, cognitive skills, and play or peer interactive behaviors;
- If there is any lack of clarity about the primary diagnosis, comorbid conditions or the medical necessity of services requested, the following categories of assessment as appropriate to the individual Member should be included with the CDA
  - Autism specific assessments;
  - Assessment of general psychopathology;
  - Cognitive assessment;
  - Assessment of adaptive behavior.
- When providers of multiple disciplines are involved in assessment (e.g., occupational therapy, physical therapy), coordination among the various professionals is required
- − A valid Diagnostic and Statistical Manual of Mental Disorders, (DSM) V (or current edition) diagnosis;
- − Recommendations for an additional treatment, care or services, specialty medical or behavioral referrals, specialty consultations, and/or additional recommended standardized measures, labs or other diagnostic evaluations considered clinically appropriate and/or medically necessary.

**Once approved for an BMC assessment the provider must submit the below for BMC treatment review:**

- A treatment plan based on behavior and/or skills based assessments, further detailed in the treatment planning section.
- The results of the behavior and/or skills based assessments rendered by the qualified supervisor (see provider qualifications)

**Treatment planning**

- A standardized functional behavior assessment is used to maximize the effectiveness and efficiency of behavioral support interventions (Myers and Johnson, reaffirmed 2014). The assessment may incorporate


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information such as interviews with caregivers, structured rating scales, direct observ ation data, and attention to coexisting medical conditions (Behavior Analyst Certification Board, 2014)

- The type of standardized functional behavior assessment used is determined by Member's needs and consent, environmental parameters, and other contextual variables. (This is not the Child and Adolescents Needs and Strengths (CANS) assessment)
- When an individual displays maladaptive behaviors it is recommended the credentialed provider complete a functional behavior assessment to better inform treatment planning. (See provider qualifications)
- Targets include areas such as the following:
    - Social communication skills
    - Social language skills
    - Social interaction skills
    - Restricted, repetitive patterns of behavior, interests, or activities
    - Self-injurious, violent, destructive or other maladaptive behavior
- A credentialed provider is identified to provide treatment. (See provider qualifications)
- ☐Outcome-oriented interventions targeting specific baseline behaviors are identified in a treatment plan describing the frequency, intensity, duration and progress that will be continuously updated.
    - o Treatment planning should occur as appropriate per Member's given symptoms and following best practice guidelines.
    - o The treatment plan must address how the parents/guardians will be trained in management skills that can be generalized to the home.
        - ☐☐Parent/guardian training is an expectation. In the rare circumstance that parent/guardian is unable to participate in training; the documentation must reflect the reason and identify an alternate plan to provide management skills in the home.

The treatment goals and objectives must be comprehensive and clearly stated.

- The treatment plan is in sync with the child's person-centered service plan and or Individualized Education Plan (IEP) if applicable.
- All components of the Member's care are tracked and updated throughout the duration of services

- **Treatment**
- BMC intervention must include the following elements:

- ☐☐Target specific needs related to imitation, attention, motivation, compliance and initiation of interaction, and the specific behaviors that are to be incrementally taught and positively reinforced tie to objective and quantifiable treatment goals that have baseline data, measurable progress, and projected timeframes for completion. Include the child's parents in parent training and the acquisition of skills in behavior modification to promote management of skills within the home
- ☐☐Train family members and other caregivers to manage problem behavior and interact with the child in a therapeutic manner
- ☐ As indicated, include psychotherapy (e.g., cognitive behavioral therapy) for higher functioning Members to treat conditions such as anxiety and anger management
- ☐ Have an appropriate level of intensity and duration driven by factors such as:
- o Treatment goals that relate to and include how skills will be generalized and maintained across people and environments
- o Changes in the targeted behavior(s) / response to treatment
- o The demonstration and maintenance of management skills by the parents and caregivers;
- o Whether specific issues are being treated in a less intensive group format (e.g., social skills groups)
- o The Member's ability to participate in BMC given attendance at school, daycare or other treatment settings
- o The impact of co-occurring behavioral or medical conditions on skill attainment
- The Member's overall symptom severity; and
- o The Member's progress in treatment related to treatment duration.
- Parent/Caregiver support is expected to be a component of BMC services, as they will need to provide additional hours of behavioral interventions. Parents or caregivers must be involved and engaged in the training and follow through on treatment recommendations beyond that provided by licensed or certified practitioners. Parent support groups are considered not medically necessary.
- Services are intensive and may be provided daily, but ordinarily will not exceed 8 hours per day or 40 hours per week inclusive of other interventions. These hours of service also take into account other non-behavioral services such as school, speech, and occupational therapies, generally covered by other entities.
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**Coordination of Care**

If applicable, documentation of communication and coordination with other service providers and agencies, (i.e. day care, preschool, school, early intervention services providers) and/or other care providers (i.e. occupational therapy,


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speech therapy, physical therapy and any other applicable providers) to reduce the likelihood of unnecessary duplication of services. Documentation should include the following:
☐ Types of therapy provided
☐ Number of therapies per week
☐ Behaviors/needs targeted
☐ Progress related to the treatment/services being provided
☐ Measureable criteria for completing treatment with projected plan for continued care after discharge from BMC services
Total number of days per week and hours per day of direct services to child and parents or caregivers to include duration and location of requested BMC services
☐ Dates of service requested
☐ Licensure, certification and credentials of the professionals providing BMC services to the child
☐ Evidence that parents and/or caregivers have remained engaged in the treatment plan, following all appropriate treatment recommendations
o Detailed description of interventions with the parent(s) or caregiver(s), including:
☐☐Parental or caregiver education, training, coaching and support
☐☐Overall parent or caregiver goals including a brief summary of progress. As part of the summary of progress the information should also include percentage of planned sessions attended
☐☐Plan for transitioning BMC services identified for the member to the parents or caregivers

**Continued treatment**

With each medical necessity review for continued BMC services, an updated treatment plan and progress reports will be required for review, including all of the following documentation:
☐ There is a reasonable expectation on the part of the treating clinician that the member's behavior and skill needs will continue to improve to a clinically meaningful extent, in at least two settings (home, school, community) with BMC services
Therapy is not making the symptoms or behaviors persistently worse
☐☐Progress is assessed and documented for each targeted symptom and behavior, including progress toward defined goals, and including the same modes of measurement that were utilized for baseline measurements of specific symptoms and behaviors.
☐ The treatment plan and progress report should reflect improvement from baseline in skill needs and problematic behaviors using validated assessments of adaptive functioning.
☐ Parent/Caregivers are involved and making progress in their own development of behavioral interventions
☐ The treatment plan should reflect a plan to transition services in intensity over time.
☐ When there has been inadequate progress with targeted symptoms or behaviors, or no demonstrable progress within a six month period, or specific goals have not been achieved within the estimated timeframes, there should be an assessment of the reasons for inadequate progress or not meeting the goals, and treatment interventions should be modified or changed in order to attempt to achieve adequate progress. Documentation of such an assessment and subsequent treatment plan change(s) must include:
o Increased time and/or frequency working on targets
o Change in treatment techniques
o Increased parent/caregiver training
o Identification and resolution of barriers to treatment effectiveness
o Any newly identified co-existing disorder (e.g., anxiety, psychotic disorder, mood disorder)
o Goals reconsidered (e.g., modified or removed)
When goals have been achieved, either new goals should be identified that are based on targeted symptoms and behaviors that are preventing the child from adequately participating in age-appropriate home, school or community activities, or that are presenting a safety risk to self, others, or property; or, the treatment plan should be revised to include a transition to less intensive interventions.

**Discharge**

When any of the following criteria are met the child will be considered discharged and any further BMC services will be considered not medically necessary
☐☐Documentation that the child demonstrates improvement from baseline in targeted skill needs and behaviors to the extent that goals are achieved or maximum benefit has been reached
☐ Documentation that there has been no clinically significant progress or measurable improvement for a period of at least 3 months in the child's behaviors or skill needs in any of the following measures:
o Adaptive functioning
o Communication skills
o Language skills
o Social skills
☐ The treatment is making the skill needs and/or behaviors persistently worse
☐ The child is unlikely to continue to benefit or maintain long term gains from continued BMC services


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☐ Parents and/or caregivers have refused treatment recommendations or are unable to participate in the treatment program and/or do not follow through on treatment recommendations to an extent that compromises the effectiveness of the services.

**Documentation Requirements**

BMC providers are required to have a separate record for each member that contains the following documentation:

☐ Comprehensive diagnostic assessment
☐ All necessary demographic information
☐ Complete developmental history and educational assessment
☐ Functional behavioral assessment including assessment of targeted risk behaviors
☐ Behavioral/medical health treatment history including but not limited to:
o known conditions
o dates and providers of previous treatment
o current treating clinicians
o current therapeutic interventions and responses
☐ Individualized BMC treatment plan and all revisions to the BMC treatment plan, including objective and measurable goals, as well as parent training
☐ Daily progress notes including:
o place of service
o start and stop time
o who rendered the service
o the specific service (e.g., parenting training, supervision, direct service)
o who attended the session
o interventions that occurred during the session
o barriers to progress
o response to interventions
All documentation must be legible
All documentation related to coordination of care
All documentation related to supervision of paraprofessionals
If applicable, a copy of the child's Individualized Education Plan (IEP)
If applicable, progress notes related to Early Intervention Plan or Pre-school/Special Education Program or allied health services
Certification and credentials of the professionals providing the BMC services

**Behavior Modification and Cosultation- Provider Qualifications**

- A Master- or Doctoral-level provider that is a Board Certified Behavior Analyst (BCBA)
- An independently licensed master's level or higher behavioral health clinician who has attested to having sufficient expertise with additional training in applied behavior analysis (ABA)/intensive behavior therapy six (6) months of supervised experience or training in the treatment of applied behavior analysis (ABA)/intensive behavior therapies

- A Licensed Psychologist provided that the services provided are within the boundaries of the Licensed Psychologist's education, training, and competence and who has attested to having sufficient expertise with additional training in applied behavior analysis (ABA)/intensive behavior therapy and six (6) months of supervised experience or training in the treatment of applied behavior analysis (ABA)/intensive behavior therapies

- A bachelor level or higher provider credentialed as a Board Certified Assistant Behavior Analyst (BCaBA) under the direct supervision of a BCBA or an independently licensed behavioral clinician who has attested to having sufficient expertise with additional training in applied behavior analysis (ABA)/intensive behavior therapy.

- Behavior technician provider must be at least 18 years of age, have a high school diploma or equivalent, current registration as a Registered Behavior Technician (RBT) from the national Behavior Analyst Certification Board, or alternative national board certification, and receive appropriate training and supervision by BCBAs, BCaBA or an independently licensed behavioral health clinician who has attested to having sufficient expertise with additional training in applied behavior analysis (ABA)/intensive behavior therapy. Paraprofessional interventions must be directly supervised with the child present at least 1 hour per month ordinarily not to exceed 1 hour for every 10 hours of direct care provided

- A master's level or higher provider who is a service extender registered with the Idaho Bureau of Occupational licenses to be working with a specified psychologist. A service extender delivers psychological services under


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the direct supervision of a licensed psychologist provided that the services provided are within the boundaries of the Licensed Psychologist's education, training, and competence.

**Behavior Modification – Children and Adolescents 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*

* 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

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