



# EPSDT Behavioral Therapy Overview

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# EPSDT Behavioral Therapy Definition

- A behavioral modification strategy (such as applied behavior analysis) that employs systematic interventions typically provided in the individual's home.
- Services should increase communication skills and decrease maladaptive patterns of behavior.
- The family is trained to manage the individual's behavior in the home using behavioral modification strategies.



## Behavioral Therapy Target Population

- Behavioral therapy may be provided to persons with developmental delays such as autism and intellectual disabilities.
- Children must exhibit intensive behavioral challenges to be authorized for services.
  - The individual must have a medical need for behavioral modification services.



## EPSDT or Community Mental Health Services?

- Children who meet the eligibility requirements to receive Community Mental Health Rehabilitation services are not eligible for EPSDT Behavioral Therapy.
  - EPSDT eligible cases usually lack the reciprocal communicative abilities to benefit from verbal based therapies
  - The two programs (EPSDT and CMHR) are mutually exclusive



## Examples

- Children diagnosed with conditions such as ADHD without an accompanying Developmental Delay are not eligible for EPSDT Behavioral Therapy
- A 3 or 4 year old child with DD conditions is not appropriate for Community Mental Health services due to their lack of reciprocal social abilities and understanding of the treatment program provided through IIH



# EPSDT Behavioral Services Eligibility

Covered groups:

- Medicaid/MCO FAMIS Plus/Medallion enrollees under 21 years of age; and
- “Fee For Service FAMIS” enrollees under the age of 19.
- Behavioral Services are “carved out” from Managed Care
  - The services are available to MCO members through DMAS enrolled providers



## Provider Types

- Providers must be an agency
- Behavioral Therapy providers must be licensed through the Department of Behavioral Health and Developmental Services (DBHDS).
- The following licenses are allowed to provide Behavioral Therapy:
  - Intensive In-Home Services;
  - Outpatient Programs – Applied Behavioral Analysis



# Covered Services and Limitations



## Service Coordination

- Therapy must be coordinated with other medical services to effectively increase adaptive functioning.
- Services such as speech therapy, occupational therapy or psychiatric care must be integrated and coordinated with the behavioral therapy plan.



## Case Management

- Targeted case management (including TFC) may be reimbursed while an individual is authorized for EPSDT Behavioral Therapy.



# Case Coordination Documentation

- If the individual is receiving case management, there must be documentation regarding the types of coordination with the case management provider on a monthly basis;
- Referral activity and direct contacts to coordinate various medical assessments and progress reports must be documented in the client record;



## Behavioral Therapy and the Family

- Family training and counseling related to the implementation of the behavioral therapy is included as part of the service.
- The service goal is to ensure that the member's family is trained to successfully manage clinically designed behavioral modification strategies in the home setting.



# Home and the Natural Environment

- ▶ EPSDT Behavioral Therapy is available to individuals who reside in their family home.
- ▶ Home is defined as the family residence and includes a child living with natural and adoptive parents, relatives, or a guardian, or the family residence of the child's permanent or temporary foster care or pre-adoption placement.



## Transition-Related Services

- Services may be used to facilitate transition to the home from an out-of home placement when required for the transition to be successful.
  - The child and responsible parent or guardian must be available and must agree to participate in the therapy.
- Services may also be provided at a lower “consultative” intensity to facilitate discharge from services and to extend the clinical supervision when medically necessary



# Medical Necessity Criteria



## **MEDICAL NECESSITY CRITERIA**

- It must be medically necessary to have a clinician involved with the family to provide the necessary clinical training and supervision to the family and caregivers because the family and caregivers have not been able to effectively manage the behaviors in the home environment using a less intensive level of services.



# Medical Necessity Requirements

- Individuals must have a current, valid “DSM defined” diagnosis and be clinically stable to benefit from treatment at this level of care.
- Individuals must meet the criteria under:
  - Clinical Indications (ONE),
  - Symptoms and Behavior (TWO)
  - Support System (BOTH)



# Clinical Indications

A minimum of ***one*** indicator within the clinical indications below is required:

- The individual is expected to demonstrate improvement in behavioral symptoms and/or demonstrate successful generalization of increased adaptive functioning outside of the usual treatment setting.
- The individual must be medically or clinically stable so that treatment benefits are maintained and improvements are not lost due to deteriorating psychiatric conditions or inpatient acute care is not necessary to stabilize behaviors.



# Symptoms and Behavior

A minimum of **two indicators** are required:

- Non-verbal or limited functional communication and pragmatic language, unintelligible or echolalia speech, impairment in receptive and/or expressive language.
- Severe impairment in social interaction /social reasoning /social reciprocity/ and interpersonal relatedness.



## Symptoms and Behaviors, cont'd.

- Frequent / intense behavioral outbursts and tantrums
  - self injurious behavior – head butting, biting, scratching, etc. and aggression towards others (kicks, bites, scratches, hits, etc).
- Disruptive behaviors: obsessive, repetitive, or ritualized behaviors.
- Difficulty with sensory integration.



# Support System

**Both indicators are required.**

- ▶ Individual is willing and medically stable to participate in services.
- ▶ Family or caregiver agrees to participate in services, receive behavioral management training, and implement behavioral strategies to maintain the child's progress during and after treatment.



## Discharge Criteria: A

One of the (A-D) criteria must be met to satisfy the criteria for discharge.

### **A.**

No \*meaningful or measurable improvement has been documented in the individual's behavior(s) despite services after receiving services according to the treatment plan and;

- ▶ There is reasonable expectation that family and /or caregiver are adequately trained and able to manage child's behavior and;
- ▶ Termination of the current level of services would not result in further deterioration or the recurrence of the signs and symptoms that necessitated treatment.



## FA. \*Meaningful, Defined\*

- They should be durable and extend beyond the end of the actual treatment session, and treatment results must be documented to indicate a generalization of behaviors across different settings to maintain the targeted functioning outside of the treatment setting in the patient's residence and the larger community within which the individual resides.



## A. \*Meaningful, cont'd.

- Measurable variables include but are not limited to:
  - Increased social- communicative behavior;
  - Increased ability to make requests; increased verbal or nonverbal initiations, interactions;
  - Decreased disruptive behavior; increased functional play; and decreased aggressive behavior.



## Discharge Criteria: B-D

- B. Treatment is making the symptoms persistently worse;
- C. The patient has achieved adequate stabilization of the challenging behavior and less intensive modes of therapy are appropriate; or
- D. The patient demonstrates an inability to maintain long-term gains from the proposed plan of treatment.



## Specific Non-Covered Services

- ▶ Educational (Ex: learning to read or write etc.);
- ▶ Supportive services in a school setting;
- ▶ Vocational training services;
- ▶ Therapeutic Consultation services using the ID and DD waivers;
- ▶ Direct care services provided simultaneously while an individual is also being supported by a Medicaid waiver service *is allowed*;
- ▶ Services not listed in the ISP and approved for reimbursement by DMAS;



# Member Activity

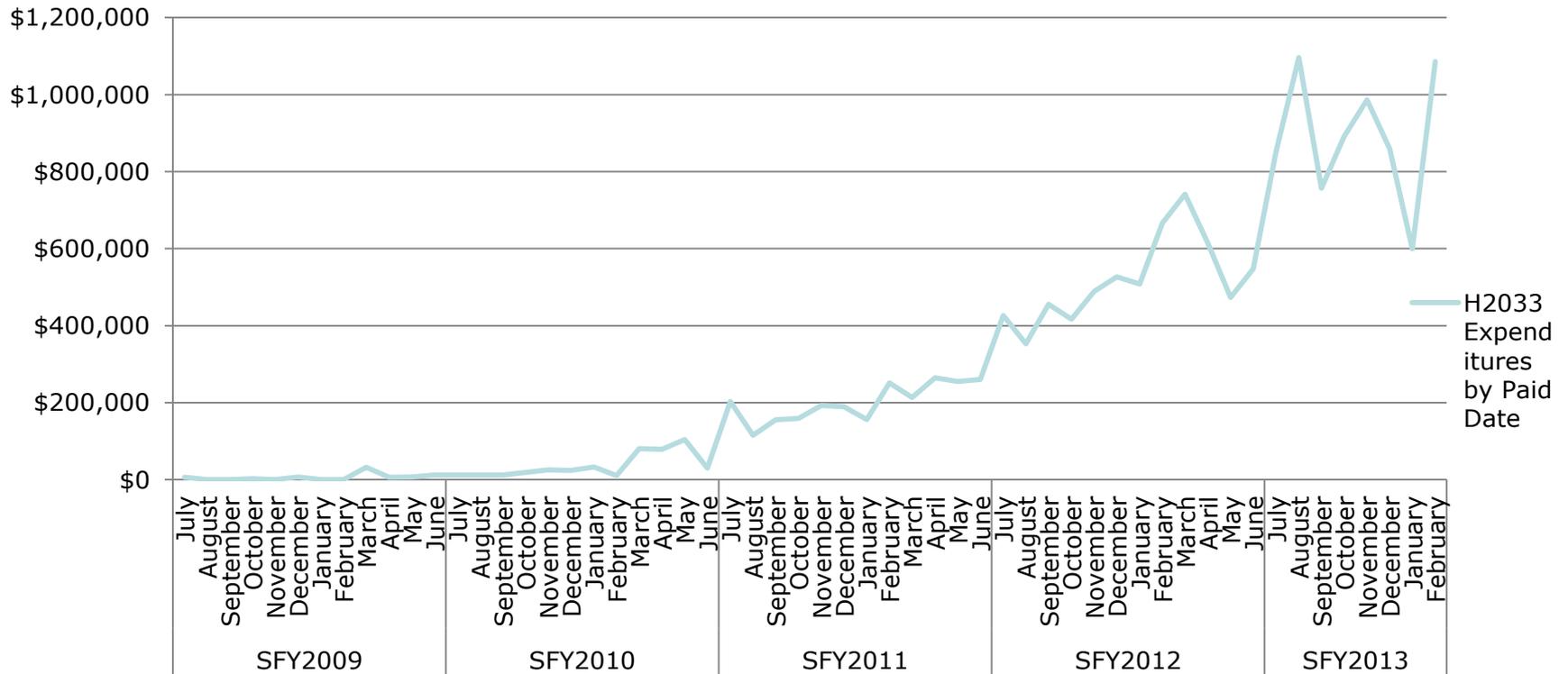
## H2033 Recipients by Paid Date





# Reimbursement History

## H2033 Expenditures by Paid Date





# Program Manual

- Behavioral Therapy Program Manual  
Posted March, 2012

<https://www.viriniamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>



**Thank you**

Brian Campbell,  
Virginia EPSDT Services Supervisor  
(804) 786-0342  
[brian.campbell@dmas.virginia.gov](mailto:brian.campbell@dmas.virginia.gov)