



IEHP UM Subcommittee Approved Authorization Guideline			
<b>Guideline</b>	Behavioral Health Home Based Services	<b>Guideline #</b>	UM_BH 07
		<b>Original Effective Date</b>	2/12/2020
<b>Section</b>	Behavioral Health	<b>Revision Date</b>	2/9/2022

### COVERAGE POLICY

- I. In order to receive Behavioral Health Home Based Services, a Member must have pre-approved authorization. IEHP considers Behavioral Health Based Services medically necessary for Members that meet all of the following criteria:
  - A. A referral from Member’s treating physician (PCP or specialist) or a positive screening on the IEHP Behavioral Health Home Based Screening Form (Appendix A) will direct initial treatment services.
  - B. Member **must** have a diagnosis of at least 1 of the following:
    1. Quadriplegia; or
    2. Morbid Obesity (weight of 500 lbs. or more); or
    3. Schizophrenia; or
    4. Schizoaffective Disorder; or
    5. Bipolar Disorder; or
    6. Agoraphobia; or
    7. Severe Mental Health Diagnoses:
      - a. Obsessive Compulsive Disorder; or
      - b. Panic Disorder
      - c. Anxiety Disorder (such as PTSD, etc.); or
      - d. Treatment Resistant Major Depression Disorder; and
  - C. For requests related to homebased Behavioral Health therapy, Member must be able to cognitively engage in treatment and adhere to treatment plan goals
  - D. If a Member presents with no Behavioral Health diagnosis; a Behavioral Health home-based screening will be conducted to determine if Member is eligible for an initial home-based clinical assessment
  - E. In addition, Members must have 1 or more of the following:
    1. Member presents with a persistent self-management problem and/or lack of treatment compliance where traditional interventions such as home care, disease management and/or case management programs have not been successful to achieve the desired behavioral change or treatment objectives; or
    2. Permanent bed-bound status that requires ongoing management of persistent co-morbidities or complications; or
    3. Declining functional capacity or impairment of ability to complete ADLs that complicate the Member’s capacity for self-management and compliance with treatment plan where the caregiver needs timely access to an ER alternative; or
    4. Underlying anxiety issues or altered coping skills that complicate self-management and problem-solving capability and contribute to a propensity for avoidable acute care utilization; or

5. Multiple medications with poor compliance and adherence history or a history of side effects or adverse effects contributing to a propensity for avoidable acute care utilization. All other cases require Medical Director approval.

## II. Initial Treatment

- A. Initial treatment services include a thorough clinical assessment by a Licensed Clinician (LCSW, LMFT, PhD, PsyD) and/or Licensed Practitioner (DO, MD, NP, PA).
- B. Initial services are authorized for up to ninety (90) days; Members may be discharged prior to the ninetieth day.
- C. Members requesting additional assistance beyond ninety (90) days will require submission of a detailed treatment plan which includes **all** of the following:
  1. Member's primary Behavioral Health Diagnosis and significant associated impairments
  2. Member's previous behavioral health history
  3. Specific therapeutic goals to be achieved, along with the anticipated timeframe for achievement of those goals
  4. A description of the home situation to include but not be limited to:
    - a. Social and economic stressors
    - b. Caregiving support (both inside & outside of the home)
    - c. Identify and address any safety concerns

## III. Behavioral Health Home Based Services provide a range of services, included but not limited to (Sharif et al, 2012):

- A. Biopsychosocial assessments of the patient, including a screening for medical physical needs
- B. Development and coordination of a treatment plan
- C. Prescription of medications and dosing adjustments
- D. Education for both the Member and supportive persons/family about the Member's diagnosis, appropriate use of medications (if prescribed), and the treatment plan
- E. Development of an individualized crisis plan.

## **COVERAGE LIMITATIONS AND EXCLUSIONS**

### I. Exclusion Criteria for Behavioral Health Home Based Services

- A. Member is temporarily homebound (less than 6 months) due to a temporary medical ailment (such as a fracture, etc.)
- B. Member actively engaged in treatment with either the Riverside or San Bernardino County Behavioral Health program is not eligible for IEHP Behavioral Health Home Based Services beyond those provided by the respective Behavioral Health County Provider.
- C. Member diagnosed with significant mental retardation who does not have the mental capacity to benefit from individual therapy services
- D. Member is experiencing severe organic conditions (such as Traumatic Brain Injury) that would impact the Member's cognitive abilities
- E. Member is already on hospice either at the time of the program effective date or upon initial request for services
- F. Member is under the age of 18

- G. Member does not reside in the target service area (San Bernardino or Riverside Counties)
- H. Member is excluded from receiving home based BH services if condition meets eligibility for CCS or other services that provide home based Behavioral Health treatment
- I. Member is excluded from receiving home based BH services if condition is able to be treated via telehealth modalities

### **ADDITIONAL INFORMATION**

According to the National Institute of Mental Illness, nearly 1 in 5 U.S. adults live with a mental illness (NIMH, 2020). Of those with mental illnesses, there are varying degrees of severity, including symptoms that range from mild to severe.

In the development of the IEHP Behavioral Health Home Based Services program, our primary goals are:

1. Provide in-home Behavioral Health Services for Members who are homebound.
2. Provide access to Behavioral Health Medication Management Services.
3. Promote Behavioral Health Coordination of Care among Members who are receiving Behavioral Health Home Based Services.

### **CLINICAL/REGULATORY RESOURCE**

See references.

### **DEFINITION OF TERMS**

1. DO- Doctor of Osteopathy
2. LCSW- Licensed Clinical Social Worker
3. LMFT- Licensed Marriage & Family Therapist
4. MD- Doctor of Medicine
5. PsyD- Doctor of Psychology
6. NP- Nurse Practitioner
7. PA- Physician Assistant
8. IEHP Behavioral Health Home Based Screening Form- This screening tool will be utilized to screen those IEHP Members that call in to the Health plan and self-request Behavioral Health Home Based Services.

Upon review of the request, the Behavioral Health Team Member will conduct a phone screening with Member. If the Member screens positive, then IEHP would refer the Member for Behavioral Health Home Based Services. If the Member does not meet the screening criteria, then Member's request will be reviewed based on these UM Subcommittee guidelines for Behavioral Health Home Based Services.

## DELIVERY OF BEHAVIORAL HEALTH HOME BASED SERVICES

Licensed Clinician (LCSW/LMFT) Services:

CPT Code	Outpatient Services
90791	Psychiatric Diagnosis Evaluation (no medical services)
90832	Psychotherapy (30 minutes)
90834	Psychotherapy (45-50 minutes)
90846	Family psychotherapy without patient present (45-50 minutes)
90847	Family psychotherapy with patient (45-50 minutes)

Medication Management (Nurse Practitioner) Services:

CPT Code	Outpatient Services
99345	Home visit for the evaluation and management of a new patient
99350	Home visit for the evaluation and management of an established patient
90832	Psychotherapy (30 minute)
90834	Psychotherapy (45-50 minutes)

## REFERENCES

1. California Department of Health Care Services (DHCS). September 2020. Provider Manual: Part 2- Home Health Agencies/Home & Community-Based Services (HOM). Retrieved from <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/home.pdf>
2. Centers for Medicare & Medicaid Services (CMS). 2019. Medicare Benefit Policy Manual, Chapter 15: Covered-Medical and Other Health Service –60.4 and 60.4.1 (Rev.10880, 08-06-21) Retrieved from <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/bp102c15.pdf>.
3. National Institute of Mental Health February 2022. Mental Health Information: Statistics. Retrieved from <https://www.nimh.nih.gov/health/statistics/mental->
4. Sharif V., Tehrandioost M., Yunesian, M., Amini H., Mohammadi M., Roudsari M., 2012. Effectiveness of a Low-Intensity Home-Based Aftercare for Patients with Severe Mental Disorders: A 12-month randomized controlled study. Community Mental Health Journal, Vol 48, pages 766-770.

**DISCLAIMER**

IEHP Clinical Authorization Guidelines (CAG) are developed to assist in administering plan benefits, they do not constitute a description of plan benefits. The Clinical Authorization Guidelines (CAG) express IEHP's determination of whether certain services or supplies are medically necessary, experimental and investigational, or cosmetic. IEHP has reached these conclusions based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). IEHP makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in the Clinical Authorization Guidelines (CAG). IEHP expressly and solely reserves the right to revise the Clinical Authorization Guidelines (CAG), as clinical information changes.

**Appendix A**  
**BEHAVIORAL HEALTH**  
**HOME BASED SERVICE**  
**SCREENING TOOL**

	<b>QUESTIONS</b>	<b>Yes</b>	<b>No</b>
1.	Have you left your home in the last 6 months?	0	1
2.	Have you seen your treatment provider in the healthcare setting in the last six months?	0	1
3.	Are you able to go to an office near your home for Behavioral Health Services?	0	1
4.	Are you currently receiving treatment from a medical provider who prescribes medication?	0	1
5.	Do you have trouble with getting your basic needs such as obtaining food or clothing?	1	0

<b>SCORING METRIC</b>	<b>POINTS</b>
Highest Score Total	5 Points
A score of 3 or more would qualify for Behavioral Health Home Based Services.	3+ points
A score of less than 3 indicates that Member may not qualify for Behavioral Health Home Based Services.	Less than 3 points

2/6/20