

MEDICAID STATE PLAN 1915 (B)

SERVICE NAME/AUTHORIZATION LEVEL:

Behavioral Management Review/Level 1 Service

SERVICE DESCRIPTION: A comprehensive multidisciplinary evaluation, where the committee must consist of at least three people, including a Psychologist AND a Licensed Physician OR Psychiatrist. This service does NOT have to be face to face with the beneficiary. According to the 1997 Federal Balanced Budget Act, this service assures that beneficiaries will “be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation, as specified in other Federal regulations on the use of restraints or seclusion” [42 CFR 438.100 (b)(2)(V)] Therefore, this coverage is intended to review and approve (or deny) any behavior management plan or treatment plan that proposes aversive, restrictive or intrusive techniques, or psycho-active medications for behavior control purposes and where the target behavior is not due to an active substantiated psychotic process. This coverage also includes the monitoring of the behavior management plan, by the committee (or its designee), which shall be indicated in the individual plan of service.

STANDARD PROCEDURE CODE: H2000

UNIT OF MEASURE: Encounter (one per beneficiary per day)

ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:

1. Beneficiary is experiencing a severe mental illness, severe emotional disturbance, or a developmental disability as defined in the Practice Guidelines/Eligibility Chapter for specific population within this manual.
2. This service has been determined to meet Medical Necessity Criteria (see section on “Medical Necessity” for specific criteria, as defined in the Thumb Alliance Guiding Principles).
3. Any beneficiary whose behavior management plan or treatment plan proposes aversive, restrictive, or intrusive techniques, or psycho-active medications for behavior control and where the target behavior is not due to an active substantiated psychotic process.
4. General guidelines for a “Behavioral Management Review”:
 - a) The approved behavioral plan shall be based on a comprehensive assessment of the behavioral needs of the beneficiary
 - b) Review and approval (or denial) of such treatment plans shall be done in light of current research and prevailing standards of practice as found in current peer-reviewed psychological/psychiatric literature

- c) Any proposed aversive, intrusive, or restrictive technique not supported in current peer-reviewed psychological/psychiatric literature must be reviewed and approved by MDCH prior to implementing
- d) Behavioral management reviews shall be completed **Prior** to the beneficiary's signing and implementation of the plan and as expeditiously as possible.

PROVIDER QUALIFICATIONS:

- 1. Three individuals or more on the review committee, including:
 - a) Licensed physician or psychiatrist and,
 - b) Full or limited licensed psychologist with formal training or experience in applied behavioral analysis
- 2. ***The physician or **psychiatrist MUST** be Present during review and approval process.
- 3. At least one of the committee members Can Not be the developer or implementer of the behavior management plan.
- 4. Staff implementing the individual's behavior management plan must be trained in how to implement the plan.

TYPICAL SERVICE UTILIZATION PATTERN:

- 1. Typical service utilization shall not exceed more than two (2) encounters in one month per beneficiary

ASSOCIATED OUTCOMES:

- 1. Reduction in maladaptive behaviors
- 2. Maximized behavioral self-control
- 3. Restored previous psychological functioning, reality orientation, and emotional adjustment
- 4. Increased ability to function adaptively in interpersonal and social relationships, within a safe and healthy environment