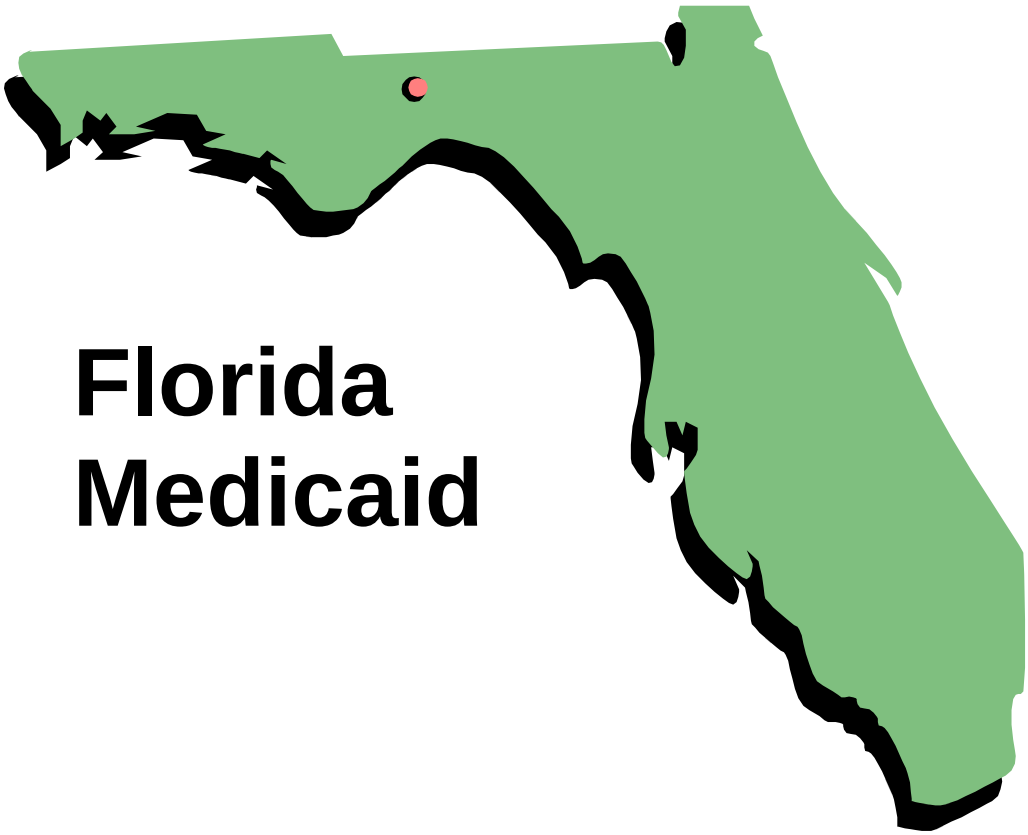

Florida Medicaid

Behavioral Health Day and Therapeutic Behavioral On-site Services Coverage Policy

Agency for Health Care Administration

[Month YYYY]

Draft Rule

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1.0 Introduction

Florida Medicaid provides behavioral health day and therapeutic behavioral on-site (TBOS) services to recipients with complex behavioral health needs to promote recovery from behavioral health disorders or cognitive symptoms and strengthen or regain skills necessary to live in a community setting.

1.1 Florida Medicaid Policies

This policy is intended for use by providers that render behavioral health day and TBOS services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid's General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration's (AHCA) Web site at http://ahca.myflorida.com/Medicaid/review/index.shtml.

1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

1.3 Legal Authority

Florida Medicaid behavioral health day and TBOS services are authorized by the following:

- Title XIX of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), section 440.130(d)
- Section 409.906, Florida Statutes (F.S.)

1.4 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

1.4.1 Behavioral Health Day Services

Intensive therapeutic treatment approaches utilized to stabilize the symptoms of a behavioral health disorder as a transition from an acute episode or to prevent the need for a more intensive level of care.

1.4.2 Claim Reimbursement Policy

A policy document found in Rule Division 59G, F.A.C. that provides instructions on how to bill for services.

1.4.3 Behavior Management Services

Services to motivate, maintain, or improve the recipient's behavior.

1.4.4 Coverage and Limitations Handbook or Coverage Policy

A policy document found in Rule Division 59G, F.A.C. that contains coverage information about a Florida Medicaid service.

1.4.5 General Policies

A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1, F.A.C. containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

1.4.6 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

1.4.7 Provider
The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

1.4.8 Recipient
For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

1.4.9 Therapeutic Behavioral On-site Services
Therapeutic treatment utilized to prevent placement in more intensive and restrictive behavioral health settings and to maintain individuals in the home.

1.4.10 Treating Practitioner
A licensed practitioner who directs the course of treatment for recipients.

2.0 Eligible Recipient

2.1 General Criteria
An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient's eligibility each time a service is rendered.

2.2 Who Can Receive
Florida Medicaid recipients requiring medically necessary behavioral health day or TBOS services and who exhibit psychiatric, behavioral, or cognitive symptoms, including:

- Addictive behaviors
- Impairments in day-to-day functioning:
  - Personal
  - Social
  - Prevocational
  - Educational

Some services may be subject to additional coverage criteria as specified in section 4.0.

2.3 Coinsurance and Copayments
There is no coinsurance or copayment for this service in accordance with section 409.9081, F.S. For more information on copayment and coinsurance requirements and exemptions, please refer to Florida Medicaid's Copayments and Coinsurance Policy.

3.0 Eligible Provider

3.1 General Criteria
Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid behavioral health day or TBOS services.

3.2 Who Can Provide
Services must be rendered by one of the following:

3.2.1 Behavioral Health Day Services
- Practitioners licensed in accordance with Chapters 464, 458 or 459, F.S.
- Practitioners fully licensed in accordance with Chapters 490 or 491, F.S.
- Master's level certified addiction professionals
- Certified addiction professionals
- Certified behavioral health technicians
- Certified recovery peer specialists
- Certified recovery support specialists
- Certified psychiatric rehabilitation practitioners

- Practitioners with a bachelors or master's degree from an accredited college in a human services related field

3.2.2 Therapeutic Behavioral On-site Services

- Physicians licensed in accordance with Chapter 458, F.S.
- Practitioners fully licensed in accordance with Chapters 490 or 491, F.S.
- Behavior Analyst Board Certified Lead Analysts
- Practitioners with the appropriate education and training who perform services under a treating practitioner, including:
  - Certified addiction professionals
  - Certified behavioral analysts
  - Certified assistant behavior analysts
  - Registered behavior technicians
  - Certified recovery peer specialists
  - Certified recovery support specialists
  - Certified psychiatric rehabilitation practitioners

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

4.2 Specific Criteria

Florida Medicaid covers behavioral health day and TBOS services in accordance with the applicable Florida Medicaid fee schedule(s), or as specified in this policy:

4.2.1 Behavioral Health Day Services

Up to 190 hours of behavioral health day services per fiscal year, per recipient, to facilitate the development of skills necessary for daily living and symptom management.

Florida Medicaid covers recipients ages two through five years who score in the moderate impairment (or higher) range on a behavioral and functional rating scale developed for use with this age group.

4.2.2 Therapeutic Behavioral On-site Services

Florida Medicaid covers the following, including documentation, education, and referrals:

- Up to nine hours of behavior management services per month, per recipient, including developing the treatment plan
- Up to 32 hours of therapeutic support services per month, per recipient, to develop the skills necessary for daily living and for symptom management, including:
  - Assistance in implementing the treatment plan for the recipient and family or caregivers
  - Skills acquisition training to maintain, restore, or learn specific skills to improve a recipient's functioning

  Therapeutic support services may be provided in a group setting when recommended by the treating practitioner or licensed practitioner of the healing arts in the recipient's treatment plan.
- Up to nine hours of therapy services per month, per recipient

Florida Medicaid provides TBOS services to recipients under the age of 21 years as medically necessary.

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's Authorization Requirements Policy.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

5.2 Specific Non-Covered Criteria

Florida Medicaid does not cover the following as part of this service benefit:

- Autism camp, day or night
- Babysitting
- Personal care services
- Behavior analysis services delivered on the same day as TBOS services
- Tutoring and academic support

6.0 Documentation

6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid's Recordkeeping and Documentation Requirements Policy.

6.2 Specific Criteria

Providers must document the following:

- Approved services on the treatment plan developed and maintained in accordance with Rule 59G-4.028, F.A.C.
- Daily progress for each service provided

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's Authorization Requirements Policy.

7.2 Specific Criteria

There are no specific authorization criteria for this service.

8.0 Reimbursement

8.1 General Criteria
The reimbursement information below is applicable to the fee-for-service delivery system.

8.2 Claim Type
Professional (837P/CMS-1500)

8.3 Billing Code, Modifier, and Billing Unit
Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, incorporated by reference in Rule 59G-4.002, F.A.C.

8.4 Diagnosis Code
Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

8.5 Rate
For a schedule of rates, incorporated by reference in Rule 59G-4.002, F.A.C., visit the AHCA Web site at http://ahca.myflorida.com/Medicaid/review/index.shtml.