

INDIVIDUAL SERVICES

DESCRIPTION OF INDIVIDUAL SERVICES

Intensive Behavioral Health Services (IBHS) can be delivered using individual services. Individual services are intensive therapeutic interventions and supports that are used to reduce and manage identified therapeutic needs, increase coping strategies and support skill development to promote positive behaviors with the goal of stabilizing, maintaining or maximizing functioning of a child, youth or young adult in the home, school or community setting.

Individual services can be delivered using behavior consultation (BC), mobile therapy (MT) or behavioral health technician (BHT) services. BC services consist of clinical direction of services to a child, youth or young adult, development and revision of the individual treatment plan (ITP), oversight of the implementation of the ITP, and consultation with a child's, youth's or young adult's treatment team regarding the ITP. MT services consist of individual and family therapy, development and revision of the ITP, assistance with crisis stabilization, and assistance with addressing problems the child, youth or young adult has encountered. BHT services consist of implementing the ITP.

INITIATION REQUIREMENTS FOR INDIVIDUAL SERVICES

A written order that complies with 55 Pa. Code § 1155.32(a)(1) is required for BC, MT or BHT services to be initiated. If services are to begin prior to completion of an assessment and ITP, a treatment plan is also required.

MEDICAL NECESSITY GUIDELINES FOR INITIATION OF INDIVIDUAL SERVICES

When evaluating whether the order contains clinical information to support the need for an assessment and ITP to be completed or the medical necessity of the BC, MT or BHT services ordered, the following must be taken into account:

- A. 1. The use of BC, MT or BHT services is reasonably expected to reduce or ameliorate the child's, youth's or young adult's identified therapeutic needs and increase the child's, youth's or young adult's coping strategies.

or

The use of BC, MT or BHT services is necessary to support skill development to promote positive behaviors that will assist the child, youth or young adult with achieving or maintaining maximum functional capacity.

2. The child's, youth's or young adult's behaviors do not pose a risk to the safety of the child, youth or young adult or others that cannot be managed while in the community and the child, youth or young adult does not require a more restrictive level of care, such as inpatient treatment or a psychiatric residential treatment facility.
3. The number of hours of services prescribed are necessary for an assessment to be conducted and an ITP completed or are reasonably expected to reduce or ameliorate the behavioral or developmental effects of the child's, youth' or young adult's behavioral health disorder diagnosis; enable the child, youth or young adult to achieve or maintain maximum functional capacity; or acquire the skills needed to maximize functioning within the child's, youth's or young adult's home, school or community.

OR

- B. If the written order does not support the above BC, MT, or BHT services must be otherwise medically necessary to meet the behavioral health needs of the child, youth or young adult.

CONTINUED CARE REQUIREMENTS FOR INDIVIDUAL SERVICES

The following documentation is required for BC, MT or BHT services to continue:

1. A written order that complies with 55 Pa. Code § 1155.32(a)(6).
2. An updated assessment that complies with 55 Pa. Code § 5240.21(b)-(d).
3. An updated ITP that complies with 55 Pa. Code § 5240.22(b)-(e) and (g).

MEDICAL NECESSITY GUIDELINES FOR CONTINUATION OF INDIVIDUAL SERVICES

An evaluation of the medical necessity of continued BC, MT or BHT services must take into account whether the required documentation indicates the following:

- A. 1. The child, youth or young adult shows measured improvement and/or demonstrates alternative/replacement behaviors.

or

There is a reasonable expectation that continuation of BC, MT or BHT services will reduce or ameliorate the child's, youth's or young adult's identified therapeutic

needs and increase the child's, youth's or young adult's coping strategies.

or

There is a reasonable expectation that continuation of BC, MT or BHT services is necessary to support skill development to promote positive behaviors that will assist the child, youth or young adult with achieving or maintaining maximum functional capacity.

2. The child's, youth's or young adult's behaviors do not pose a risk to the safety of the child, youth or young adult or others that cannot be managed while in the community and the child, youth or young adult does not require a more restrictive level of care, such as inpatient treatment or a psychiatric residential treatment facility.
3. The BC, MT or BHT services are needed to maintain the child's, youth's or young adult's maximum functional capacity and the benefit of continuing the BC, MT or BHT services is not outweighed by the risk that continuing the services will impede the child's, youth's or young adult's progress toward achieving his or her highest functional level.
4. The number of hours of services prescribed are reasonably expected to reduce or ameliorate the behavioral or developmental effects of the child's, youth' or young adult's behavioral health disorder diagnosis; enable the child, youth or young adult to achieve or maintain maximum functional capacity; or acquire the skills needed to maximize functioning within the child's, youth's or young adult's home, school or community.

OR

- B. If the required documentation does not support the above, continued BC, MT or BHT services must be otherwise medically necessary to meet the behavioral health needs of the child, youth or young adult.

DISCHARGE AND SERVICE TRANSITION

A provider may discharge a child, youth or young adult who is receiving BC, MT or BHT services for any of the following reasons:

1. The prescriber, with the participation of the treatment team, has determined that the child, youth or young adult has completed the goals and objectives identified in the ITP and no new goals or objectives have been identified and that BC, MT or BHT services are no longer necessary.

2. The prescriber, with the participation of the treatment team, has determined that the child, youth or young adult is not progressing towards the goals identified in the ITP within 180 days from the initiation of BC, MT or BHT services and other clinical services are being provided.
3. The prescriber, with the participation of the treatment team, has determined that the child, youth or young adult requires a more restrictive setting and other clinical services are being provided.
4. The parent or legal guardian of a child or youth who provided consent for the child or youth to receive BC, MT or BHT services agrees that services should be discontinued.
5. The youth or young adult agrees that the BC, MT or BHT services should be discontinued.
6. The child, youth or young adult failed to attend scheduled BC, MT or BHT services for 45 consecutive days without any notification from the youth, young adult or the parent, legal guardian or caregiver of the child or youth. Prior to discharge, the IBHS agency made at least three attempts to contact the youth, young adult or the parent, legal guardian or caregiver to discuss past attendance, ways to facilitate attendance in the future and the potential discharge of the child, youth or young adult for lack of attendance.