

## Virginia Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) Behavioral Therapy Program UM Guideline

**Subject:** Virginia Medicaid EPSDT Behavioral Therapy  
Utilization Management (UM) Guideline

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### Description

Please note, this communication applies to Anthem HealthKeepers Plus Medicaid products offered by HealthKeepers, Inc.

The Virginia Medicaid Program covers Behavioral Therapy for eligible individuals through the Early Periodic Screening Diagnosis and Treatment (EPSDT) program. This document provides details of EPSDT Behavioral Therapy including the definition of the service, individual eligibility requirements, provider requirements and the service authorization process.

EPSDT is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. Federal law (42 CFR § 441.50 et seq) requires a broad range of outreach, coordination, and health services under EPSDT distinct from general state Medicaid program requirements. EPSDT is geared to the early assessment of children's health care needs through periodic screenings. The goal of EPSDT is to ensure that health problems are diagnosed and treated as early as possible, before the problem becomes complex and treatment more costly. Examination and treatment services are provided at no cost to the member.

Any treatment service which is not otherwise covered under the State's Plan for Medical Assistance can be covered for a child through EPSDT as long as the service is allowable under the Social Security Act Section 1905(a) and the service is determined by the Department of Medical Assistance Services (DMAS) or its agent as medically necessary. Determination of whether a service is medically necessary must be made on a case-by-case basis, taking into account a particular child's needs.

Assessments must be done face-to-face with both the child and family prior to starting services.

The following elements must be included in the member's record:

- 1) The member must be referenced on each page of the record by full name or Medicaid ID number;
- 2) Progress notes that convey the individual's status, staff interventions, and, as appropriate, progress toward goals and objectives in the Individual Service Plan (ISP). Progress notes must be entered for each service that is billed. Progress notes must include a dated signature and credentials of the provider;
- 3) Any drugs prescribed as a part of the treatment, including the prescribed quantities and the dosage;
- 4) A member-signed document verifying that freedom of choice of provider was offered and this provider was chosen;

- 5) A psychiatric diagnosis and an assessment upon which the diagnosis ISP or Preliminary Treatment Plan is based;
- 6) The results of the most recent EPSDT screening or physician referral for treatment;
- 7) An assessment of adaptive functioning required to support medical necessity criteria;
- 8) All orders or letters of recommendation for the service from the child's primary care provider or a physician, nurse practitioner or physician assistant familiar with the child's developmental history and current status;
- 9) Ongoing treatment documentation data as defined by the most current treatment plan for those dates of service;
- 10) Description of any assessment tools used;
- 11) Documentation that indicates the coordination of treatment with the child's primary care provider and other health disciplines and coordination of the relevant documentation necessary for ongoing behavioral treatment;
- 12) All ISPs;
- 13) The initial assessment completed by the Licensed Mental Health Professional (LMHP), Licensed Behavior Analyst (LBA) or Licensed Assistant Behavior Analyst (LABA) under the supervision of a LBA including: the assessment instruments used; dates of services and face to face contacts; documentation of other interviews conducted as part of the assessment process; staff and participant names; and staff credentials and signatures;
- 14) Documentation of any requests for clinical information from the individual's previous health care providers;
- 15) Documentation of all treatment team meetings and ISP development meetings with family;
- 16) Documentation of the family's agreement for participation in therapy as defined in the ISP;
- 17) Documentation that services are provided in accordance with the ISP;
- 18) Documentation that the ISP is reviewed at least once every three months and updated annually;
- 19) Documentation of supervision activities established by the Virginia Board of Medicine in [18VAC85-150-10](#) et seq. for LBA and LABA;
- 20) Documentation of the activities provided, length of services provided, the reaction to that day's activity, and documentation of performance in each treatment objective. At a minimum, the description of treatment progress should be documented through daily data collection as well as a weekly summary note;
- 21) Documentation of family education and their application of effective behavioral modification strategies as designed in the ISP;
- 22) For instances of services when the child is not present, documentation of the reasons that the content of the session is inappropriate for the child to be present;
- 23) Documentation of the reassessment and supervision with the family conducted face to face once every three months to observe the child and family interaction, review clinical data and adjust the treatment plan as necessary;
- 24) If the individual is receiving case management, documentation regarding the types of coordination with the case management provider on a monthly basis or documentation that the family requests that information not be released to the case manager;
- 25) Documentation of referral activity and direct contacts to coordinate various medical assessments and progress reports; **AND**
- 26) Contacts with the individual's assigned Managed Care Organization.

EPSDT Behavioral Therapy providers must meet all of the following requirements:

- 1) Providers must be either:
  - a. An LMHP practicing within the scope of their practice as defined by the applicable Virginia Health Professions Regulatory Board or an agency that employs a LMHP, **OR**

- b. An LBA meeting all requirements established by the Virginia Board of Medicine in [18VAC85-150-10](#) et seq. or an agency that employs a LBA.
- 2) Direct EPSDT Behavioral Therapy must be provided by either:
  - a. An LMHP acting within the scope of their practice;
  - b. An LBA;
  - c. An LABA under the supervision of a LBA; **OR**
  - d. Personnel under the supervision of a LBA in accordance with [18VAC85-150-10](#) et seq. of the Virginia Board of Medicine regulations.
- 3) 3. EPSDT Behavioral Therapy providers practicing ABA must meet all requirements established by the Virginia Board of Medicine in [18VAC85-150-10](#) et seq.

### Clinical Indications

#### Medically Necessary:

EPSDT Behavioral Therapy must be ordered by **one** of the following:

- 1) The child's primary care provider;
- 2) Other licensed physician;
- 3) Licensed physician assistant;
- 4) Licensed nurse practitioner

Whom have knowledge of the child's:

- 1) Developmental history;
- 2) Current status as medically necessary to:
  - a. Correct or ameliorate significant impairments in major life activities that have resulted from either developmental, behavioral, or mental disabilities.

The following criteria 1-8 must be met:

- 1) The individual must be medically stable to benefit from treatment at this level of care;
- 2) The individual must have a current psychiatric diagnosis as defined in the current Diagnostic and Statistical Manual of Mental Disorders (DSM) that is relevant to the need for behavioral therapy or have a provisional psychiatric diagnosis as developed by an LMHP when no definitive diagnosis has been made;
- 3) The individual must meet at least **two** of the following criteria on a continuing or intermittent basis:
  - a) Non-verbal or limited functional communication and pragmatic language, unintelligible or echolalic speech, impairment in receptive or expressive language;
  - b) Severe impairment in social interaction /social reasoning /social reciprocity/ and interpersonal relatedness;
  - c) Frequent intense behavioral outbursts that are self-injurious or aggressive towards others;
  - d) Disruptive obsessive, repetitive, or ritualized behaviors;
  - e) Difficulty with sensory integration;
- 4) The individual has a level of impairment which requires treatment that cannot be provided by another DMAS program or a lower level of care/service and requires behavioral interventions and the expertise of a LMHP or a LBA or LABA. The provider must document that less intensive treatment modalities have been ruled out (and why), or have been tried but have not been successful in effectively modifying the target behavior;
- 5) Behavioral Therapy is expected to increase appropriate social - communicative interactions and pivotal responses within a social framework, increase adaptive functioning and produce beneficial

changes in pivotal responses that result in more widespread behavioral change across a number of other non-targeted behaviors;

- 6) The individual must be willing to participate in services; and
- 7) Family and caregivers lack the skills needed to effectively manage the individual's behaviors in the home environment. Training is necessary to educate the family and caregivers concerning the individual's diagnosis and to teach effective behavioral management techniques. At least one family member or caregiver must be able to participate in services to effectively support the child being served. The family or caregiver must agree to participate in services, receive behavioral management training, and implement behavioral strategies to maintain the child's progress during and after treatment.
- 8) EPSDT Behavioral Therapy is not appropriate for children who have attained behavioral control and who only require services such as social skills enhancement. Children who meet the eligibility requirements to receive Community Mental Health Rehabilitation Services (CMHRS) (described in [12VAC30-50-130](#) (B) or [12VAC30-50-226](#)) are not eligible for EPSDT Behavioral Therapy.

### Assessment Requirements

Behavioral therapy services are based on a comprehensive assessment for services planning.

The assessment **must include all** of the following:

- 1) Be completed by the LMHP, LBA or LABA under supervision of LBA;
- 2) Be conducted face to face with the child and the child's parents/caregivers;
- 3) Include a diagnosis relevant to the need for behavioral therapy;
- 4) Include a comprehensive health and developmental history;
- 5) Include the reasons the individual needs behavioral therapy;
- 6) Include the reasons the individual's treatment cannot be managed effectively using traditional outpatient treatments;
- 7) Include information about the targeted behaviors including frequency, duration, and intensity;
- 8) Clearly indicate the child's status as it relates to the Medical Necessity and Eligibility Criteria section earlier;
- 9) Include the treatment history within the last year including: pediatrics, medication management, neurology, psychiatry, outpatient speech-language pathology services, physical therapy or occupational therapy, outpatient counseling/family therapy/consultation, behavioral therapy, family training in behavior management practices, and residential or inpatient care;
- 10) Include:
  - a. Educational/vocational status:
    - i. School;
    - ii. Grade;
    - iii. Exceptional education /IEP status;
    - iv. Services or therapies received in the school setting including:
      1. Psychological;
      2. Presence of an instructional direct care aide;
      3. Speech-language pathology services;
      4. Occupational; **AND**
      5. Physical;
    - v. Academic performance;
    - vi. Behaviors;
    - vii. Suspensions/expulsions;
    - viii. Any changes in academic functioning related to behavioral concerns; **AND**
- 11) Include:

- a. Current living situation;
- b. Family history;
- c. Relationships including:
  - i. Daily routine and structure;
  - ii. Housing arrangements;
  - iii. Financial resources and benefits;
  - iv. Significant family history including family conflicts;
  - v. Relationships and interactions affecting client;
  - vi. Family's functioning; **AND**
  - vii. List of significant family members.

### **The Preliminary Treatment Plan and Individual Service Plan (ISP)**

A preliminary treatment plan is used to obtain a service authorization from HealthKeepers, Inc. and to provide the necessary information to staff when beginning treatment. A preliminary treatment plan may be developed using information gathered during the provider's assessment.

Once services begin, the LMHP, LBA or LABA under the supervision of an LBA must develop an ISP within 30 days of the initiation of services. The ISP must demonstrate the need for EPSDT Behavioral Therapy and document the methods to be used in the coordination of other professional services and medical evaluations as necessary to implement the behavior modification plan. The ISP must specifically define each target behavior, the behavioral modification strategy to be used to manage each target behavior, and specifically describe the measurement and data collection methods to be used for each target behavior in the plan. The ISP must be signed by the individual and/or parent/guardian participating in treatment, reviewed every three months, or more often as needed, and updated at least annually.

The Preliminary Treatment Plan **must include all** of the following:

- 1) Child Focused Behavior Modification Goals
  - a. All preliminary goals and objectives presented in a way that summarizes and defines the overall approach to the child's treatment based on the clinical needs and target behaviors as defined in the assessment summary;
  - b. Prioritization of the treatment focus defined according to the severity of need;
  - c. Therapy goals which define how the provider will measure progress;
  - d. Baseline status (as identified during the assessment and parent interviews) describing the intensity, frequency and duration of each behavior that is targeted for therapy; and
  - e. For all requests exceeding 20 hours or more per week, the schedule of activities used to structure the therapy sessions and describe how the activity will facilitate the implementation of the behavioral modification plan. Each session must clearly be related to the successful attainment of the treatment goals. The therapeutic function of all scheduled therapy sessions must be clearly defined regarding the number of hours requested.
- 2) Parent and Caregiver Goals
  - a. Describe the goals for parent/caregiver education related to the child's behaviors to be achieved within the authorized time period;
  - b. Describe the specific objectives and the methods used to measure progress within each goal area; **AND**
  - c. Describe the goals for other care provider's education related to the child's behaviors. Other care providers may include Medicaid Home and Community Based Waiver funded attendants and relatives who routinely come in contact with the child.
- 3) Service Coordination Goals
  - a. Specific description of the service coordination and referral activities that will be implemented by the provider within the authorized time period to facilitate treatment plan

- outcomes based on the assessed needs of the child and family including the families desired outcomes from receiving services;
- b. Specific service coordination treatment goals and the desired outcome based on the services provided by the ancillary service provider;
  - c. Referrals to medical services (such as Speech-Language Pathology services, Occupational Therapy, Physical Therapy, Neurological services and Psychiatric services) and case management services to facilitate access to desired medical services including the desired outcome from the collaborative efforts with each therapeutic discipline including the target dates for achievement; **AND**
  - d. All goals and objectives presented in a way that summarizes and defines the overall approach including the prioritization of the treatment goals based on the clinical needs and target behaviors as defined in the assessment summary.

Providers must communicate the results of the assessment and treatment planning to the child's primary care provider. Care coordination with the child's primary care provider is an essential component of the provision of EPSDT services.

A Service Coordination Summary that contains the following information:

- 1) A description of all service coordination and referral activities that were scheduled to be implemented by the caregivers and provider within the previously authorized time period;
- 2) A discussion of how the service coordination served to facilitate treatment plan outcomes based on the assessed needs of the child and the desired service outcomes of the caregivers; and
- 3) A description of how the referrals to medical services (such as Speech-Language Pathology services, Occupational Therapy, Physical Therapy, Neurological services and Psychiatric services) have impacted the overall progress and generalization of skills gained from behavioral therapy services.

A Generalization Summary that contains the following information:

- 1) Progress regarding specific parent/caregiver involvement goals and objectives including a description of the methods used to measure progress within each goal area;
- 2) Progress toward achieving educational goals with other care providers (Medicaid Home and Community Based Waiver funded attendants, relatives, etc.) who routinely come in contact with the child;
- 3) The generalization of adaptive functioning in multiple settings;
- 4) Progress toward the anticipated date of discharge from services including all fading and consultative actions as planned; **AND**
- 5) Justification of the ongoing need to have a clinician involved with the parent/caregiver to provide behavioral therapy and why services cannot be provided at a lower level of care.

Based on the needs of the child and family/caregiver, it may be appropriate to request a service authorization extension at a reduced number of hours to assist the child and family to successfully transition from a higher intensity of EPSDT Behavioral Therapy services to a lower level of service. Individuals must have a current, valid psychiatric diagnosis as defined in the DSM and be clinically stable to benefit from treatment at this level of care.

**Continuation of service** requests must include:

- 1) An updated order or letter of recommendation from the child's primary care provider or a physician, nurse practitioner or physician assistant familiar with the child's developmental

history and current status. The letter of recommendation may be in the form of a treatment plan summary signed by one of medical providers listed above.

- 2) A Child Specific Treatment Summary that contains the following information:
- 3) Any changes in the child's diagnosis;
- 4) A summary of recommended therapy goals;
- 5) A description of how the current therapy protocol is impacting the child's clinical progress;
- 6) Baseline and performance data that demonstrates the efficacy of the current treatment. Data must be presented with specific references to each goal and objective in the treatment plan;
- 7) A description of any service gaps (no greater than 30 days) and how the lapse in service affected treatment planning and progress, service coordination and family learning and family/caregiver involvement in the application of behavior modification practices;
- 8) The reasons the individual needs continued clinically directed behavioral therapy; **AND**
- 9) The reasons the individual's continued therapy cannot be managed in a lower level of care.

**Not Medically Necessary:**

- 1) The service is no longer deemed medically necessary if:
  - a) No meaningful or measurable improvement has been documented in the individual's behavior(s) despite receiving services according to the treatment plan;
  - b) There is reasonable expectation that the family and /or caregiver are adequately trained and able to manage the child's behavior;
  - c) Termination of the current level of services would not result in further deterioration or the recurrence of the signs and symptoms that necessitated treatment.
  - d) Treatment is making the symptoms persistently worse or child is not medically stable for behavioral therapy to be effective;
  - e) The child has achieved adequate stabilization of the challenging behavior and less intensive modes of therapy are appropriate;
  - f) The child demonstrates an inability to maintain long-term gains from the proposed plan of treatment; **OR**
  - g) The family or caregiver refuses or is unable to participate meaningfully in the behavioral plan.
  - h) If there is a lapse in service for more than 30 consecutive calendar days, the provider must discharge the child from services. If services resume after a break of more than 30 consecutive calendar days, a new service authorization request and ISP must be submitted.

**Coding\***

\*EPST Supplement manual, Behavioral Therapy Program

Procedure / HCPC Code	Modifier	Service Definition
H0032	UA	EPSDT Behavioral Therapy Initial Assessment
H2033	-	EPSDT Behavioral Therapy service provision and reassessments

The unit of service for EPSDT Behavioral Therapy Services is 15 minutes. Payment is available only for allowable activities that are service authorized and provided by a qualified provider in accordance with an approved ISP and EPSDT program criteria. EPSDT Behavioral Therapy Services are limited to the hours of therapy as specified in the ISP and limited to the number of hours authorized. Providers shall not

“round up” for partial units of service. Providers may accumulate partial units throughout the week for allowable span billing, however, shall bill only whole units.

Units are billed in 1 hour increments with 1 hour = 1 unit. Initial assessments do not require service authorization with the exception of assessments that exceed 5 hours.

Assessments are allowed for up to 5 hours per child, per provider, without service authorization.

Assessments that exceed 5 hours (5 units) require service authorization.

All treatment service hours require service authorization prior to beginning services.

The services below are covered by either DMAS contracted Managed Care Organizations or DMAS under the Medicaid FFS program and are not billed as part of EPSDT Behavioral Therapy:

- 1) Assistive technology devices;
- 2) Pharmacy items;
- 3) Health services;
- 4) Nutrition services;
- 5) Nursing services;
- 6) Targeted Case Management;
- 7) Psychological services;
- 8) Medical services (including neurological and psychiatric);
- 9) Speech-language pathology services;
- 10) Occupational therapy;
- 11) Physical therapy;
- 12) Audiology services; **AND**
- 13) Vision services.

Examples of non-covered services include:

- 1) Services that are not medically necessary;
- 2) Services that are solely academic in nature;
- 3) Supportive services in a school setting. EPSDT Behavioral Therapy may only be provided in the school setting when the purpose is for observation and collaboration related to behavior and skill acquisition (not direct therapy) and services have been authorized by the school, parent and provider;
- 4) Day Treatment;
- 5) Vocational training services;
- 6) Therapeutic Consultation services using the Intellectual Disability (ID) Waiver and the Individual and Families Developmental Disabilities (DD) Support Waiver;
- 7) Services not listed in the ISP and approved for reimbursement by HealthKeepers, Inc.;
- 8) Sessions that are conducted for family support unrelated to the ISP; education, recreational, or custodial purposes, including respite or child care;
- 9) Services provided by a relative who is legally responsible for the child's care;
- 10) Services provided prior to the effective date of the ISP with the exception of the clinical assessment for service planning;
- 11) Services provided prior to when the child met Medicaid/Family Access to Medical Insurance Security (FAMIS) Plus or FAMIS eligibility criteria; **AND**
- 12) Provider travel time.

### Discussion/General Information

This guideline was created to comply with the Virginia Medicaid Program covering Behavioral Therapy for eligible individuals through the Early Periodic Screening Diagnosis and Treatment (EPSDT) program.

## Definitions

**Assistive technology device:** Any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of children with disabilities. DMAS allows reimbursement for assistive technology through the Durable Medical Equipment program and Early and Periodic Screening, Diagnosis, and Treatment Services' (EPSDT) assistive technology benefit. Please refer to these manuals for specific guidelines.

**Applied Behavior Analysis (ABA):** ABA means the practice of behavior analysis as established by the Virginia Board of Medicine in § 54.1-2900 as the design, implementation, and evaluation of environmental modifications using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

**Behavioral Therapy:** Systematic interventions provided by licensed practitioners within their scope of practice defined under state law or regulations and covered as remedial care under [42 CFR 440.130\(d\)](#) to individuals younger than 21 years of age in the individual's home. Behavioral therapy includes, but is not limited to, ABA. Services are designed to enhance communication skills and decrease maladaptive patterns of behavior which, if left untreated, could lead to more complex problems and the need for a greater or a more restrictive level of care. The service goal is to ensure the individual's family is trained to effectively manage the individual's behavior in the home using behavioral modification strategies.

**Licensed Behavior Analyst (LBA):** An individual who is licensed as a Behavior Analyst by the Virginia Board of Medicine.

**Licensed Assistant Behavior Analyst (LABA):** An individual who is licensed as an Assistant Behavior Analyst by the Virginia Board of Medicine. Licensed Assistant Behavior Analysts must work under the supervision of a Licensed Behavior Analyst.

**Licensed Mental Health Professional (LMHP):** As defined in [12VAC35-105-20](#), refers to a physician, licensed clinical psychologist, licensed professional counselor, licensed clinical social worker, licensed substance abuse treatment practitioner, licensed marriage and family therapist, or a certified psychiatric clinical nurse specialist.

## References

### Government Agency, Medical Society, and Other Authoritative Publications:

1. Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Arlington, VA. 2013.  
Available at: <http://dsm.psychiatryonline.org/book.aspx?bookid=556>. Accessed on 1/22/2021.

## Websites for Additional Information

1. [Code of Virginia](#), Accessed on 1/22/2021.

<b>History</b>		
<b>Status</b>	<b>Date</b>	<b>Action</b>
Review	02/05/2018	Medical Operations Committee Approval
Reviewed	01/20/2021	Minor changes
Approved	01/28/2021	Medical Operations Committee Approval