

South Carolina Medicaid UM Guideline

Subject:	Behavior Modification (B-MOD) UM Guideline	Current Effective Date: 07/01/2020
Status:	Active	Last Review Date: 8/8/2023

Description

Behavior Modification is provided to children and adolescents ages 0 to 21. The purpose of this face-to-face service is to provide the member with in vivo redirection and modeling of appropriate behaviors in order to enhance his or her functioning within their home or community. Shadowing (following and observation) a member in any setting is not reimbursable under Medicaid. Behavior Modification (B-MOD) is intended to be time-limited and the intensity of services offered should reflect the scope of impairment. Services are generally more intensive and frequent at the beginning of treatment and are expected to decrease over time as the member's skills develop. Services are based upon a finding of medical necessity, shall be directly related to the member's diagnostic and clinical needs, and are expected to achieve the specific rehabilitative goals specified in the member's Individual Plan of Care(IPOC).

The goal of B-MOD is to alter patterns of behavior that are inappropriate or undesirable of the child or the adolescent. B-MOD involves the utilization of regularly scheduled interventions designed to optimize emotional and behavioral functioning in the natural environment through the application of clinically planned techniques that promote the development of healthy coping skills, adaptive interactions with others, and appropriate responses to environmental stimuli.

B-MOD provides the member the opportunity to alter existing behaviors, acquire new behaviors, and function more effectively within his or her environment. Interventions are planned in such a way that they are constantly supporting, guiding, and reinforcing the member's ability to learn life skills.

B-MOD involves the identification of precipitating factors that cause a behavior to occur. New, more appropriate behaviors are identified, developed, and strengthened through modeling and shaping. Intervention strategies that require direct involvement with the member must be used to develop, shape, model, reinforce and strengthen the new behaviors.

B-MOD techniques allow professionals to build the desired behavior in steps and reward those behaviors that come progressively closer to the goal and allow the member the opportunity to observe the professional performing the desired behavior.

Successful delivery of B-MOD must result in the display of desirable behaviors that have been infrequently or never displayed by the member these desirable responses must be reflected in progress notes and show increasing frequency for ongoing behavioral modification.

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Clinical Indications

Medically Necessary:

Criteria A-J must be met to satisfy criteria for admission into B-MOD services.

- A. The member is under 22 years of age.
- B. The member has received a diagnostic assessment by an independent LPHA, which includes a current Diagnostic Statistical Manual for Mental Disorders (DSM) diagnosis that requires and will respond to therapeutic interventions and which documents the need for B-MOD.
- C. The member has a serious and persistent mental illness (SPMI), serious emotional disturbance (SED) and/or substance use disorder (SUD), and must be engaging in one or more of the following behaviors: physical aggression, verbal aggression, object aggression, and/or self-injurious behavior that presents risk of harm to self or others (*Note that children under the age of 7 may qualify for these services if they are diagnosed with an applicable Z-code, per the current DSM).
- D. The member's behaviors interfere with the individual's functioning and living, working, and learning environment.
- E. Beneficiary meets three or more of the following criteria as documented on the Diagnostic Assessment:
 - Is not functioning at a level that would be expected of typically developing individuals their age
 - Is deemed to be at risk of psychiatric hospitalization or out-of-home placement
 - In the last 90 days exhibited behavior that resulted in at least one intervention by crisis response, social services, or law enforcement
 - Experiences impaired ability to recognize personal and/or environmental dangers and/or significantly inappropriate social behavior
- F. The member's behavioral needs require interventions to decrease identified behaviors and to facilitate the member's success in his or her home and community.
- G. The family or caregiver agrees to be an active participant, which involves participating in interventions to better understand the member's needs identified in the Diagnostic Assessment (DA) and Individual Plan of Care(IPOC), for the purpose of maintaining progress during and after treatment
- H. Beneficiary is expected to benefit from the intervention and needs would not be better met clinically by any other formal or informal system or support.
- I. The service is recommended by a Licensed Practitioner of the Healing Arts (LPHA) acting within the scope of his/her professional licensure.
- J. The score on the age-appropriate assessment tool, completed by the LPHA, indicates need for B-MOD*:
 - For beneficiaries from birth until 1.5 years, has scored in the 81st percentile or above on the Parenting Stress Index (PSI)
 - For beneficiaries age 1.5-5 years, has scored in the borderline to clinical range (minimum T score of 65) on at least one syndrome scale and one DSM-Oriented scale on The Child Behavior Check List (CBCL)

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- For beneficiaries 6-18 years, has been assigned a minimum CALOCUS-CASII composite score of 17
*Private providers only

Continued Stay Criteria

Criteria A-E must be met to satisfy criteria for continued B-MOD services.

- A. There is documentation from the provider that the member is receiving the scope and intensity of services required to meet the program goals stated in the member’s IPOC. The progress summary must specifically capture progress on each goal listed on the IPOC.
- B. The member has shown improvement in functioning in at least two of the following areas: daily living, personal relationships, school/work settings, or recreational setting, and is expected to continue to benefit from B-Mod, which remains appropriate to meet the member’s needs.
- C. The member continues to meet the admission criteria.
- D. The member’s IPOC and treatment process should be youth guided and family driven. The member, the member’s designated others, and treatment team agrees on treatment goals, objectives and interventions.
- E. The desired outcome or level of functioning has not been restored or sustained over the time frame outlined in the member’s IPOC.

Not Medically Necessary:

When Criteria above are not met.

Coding

Procedure / HCPC Code	Modifier	Service Definition
H2014	-	Behavior Modification

Discussion/General Information

A Behavior Modification Plan (BMP) addresses the member’s specific behavioral challenge(s). The BMP supports the member in learning and utilizing positive behavioral interventions, strategies and supports. The BMP should focus on understanding why the behavior occurred, then focus on teaching an alternative behavior that meets the member’s need(s).

The BMP must remain current and therefore must be amended when a new intervention, strategy or support is warranted or no progress is being made. The BMP must be revised as needed and must always be current.

The BMP must be developed by a team consisting of the member, family/caregiver and B-Mod provider. The BMP must be consistent with the member’s goals outlined within the IPOC.

Components that must be included in BMP (Including but not limited to):

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- **Member’s Identifying Information :**
 - Name
 - Medicaid Number
- **Date of BMP and/or date of revision**
- **Target Behavior(s):**
 - An operational definition of each problem behavior to be decreased.
 - An operational definition of each replacement behavior to be increased.
 - A measurable objective for each problem behavior and replacement behavior.
- **Identify the desired behavioral change**
- **Intervention Strategies:** includes specific interventions and strategies to be implemented in addressing the target behavior(s)/goal(s).
- **Environmental Changes:** includes any changes to the setting or environment necessary to effectively implement the strategies and interventions.
- **Timelines/Review Dates:** includes segments of time during which specific portions of the BMP are to be addressed, as well as specific dates by which specific portions of the BMP are to be reviewed, with regard to progress.
- **Behavioral Crisis Plan:** How will a behavior crisis be handled?
- **Monitoring Progress/Evaluation Methods:** includes a description of how progress toward achieving desired outcomes will be monitored and evaluated, including timeframes and data collection.
- **Progress Review Date:** the date the plan will be reviewed for effectiveness
- **Names:** Participants in the creation of the BMP
- **Signatures:** persons who participated in the development of the plan (member, family/caregiver, and B-MOD staff)

Definitions

References

Serious and Persistent Mental Illness “is defined as a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities” nimh.nih.gov Severe Emotional Disability (SED) is defined as “persons who are under the age of 18, who have had a diagnosable mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria specified within the DSM-V, that resulted in functional impairment which substantially interferes with or limits the child’s role or functioning in family, school or community activities.” Collaborative for Children and Families

Government Agency, Medical Society, and Other Authoritative Publications:

1. American Psychiatric Association. (2022). Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision
2. Coding Source: Healthy Connections Medicaid Provider Manual, “Rehabilitative Behavioral Health Services”, Updated July 1, 2023
3. South Carolina Department of Health and Human Services. (2023) Rehabilitative Behavioral

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Websites for Additional Information

1. South Carolina Department of Health and Human Services. www.scdhhs.gov** Accessed August 8, 2023
2. National Institute of Mental Health. www.nimh.nih.gov **Accessed August 8, 2023
3. Collaborative for Children & Families. www.ccfhh.org **Accessed August 8, 2023

History

Status	Date	Action
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New		Created
Reviewed	6/24/19	Medical Operations Committee (MOC)-Annual Cycle Review
Reviewed and Approved	06/25/2020	MOC Approved-no changes
Reviewed	06/11/2021	Reviewed-No changes
Approved	06/17/2021	Medical Operations Committee (MOC)

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