



# Florida Medicaid

## Behavioral Health Overlay Services Coverage Policy

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**Agency for Health Care Administration**

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## 1.0 Introduction

Florida Medicaid behavioral health overlay services (BHOS) provide mental health, substance abuse, and supportive services to recipients to restore the recipient to his or her best possible functional levels.

### 1.1 Florida Medicaid Policies

This policy is intended for use by providers that render BHOS 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 Florida 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 overlay services are authorized by the following:

- Title XIX of the Social Security Act
- Title 42, Code of Federal Regulations (CFR), section 440.130
- 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 Claim Reimbursement Policy

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

#### 1.4.2 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.

#### 1.4.3 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.

#### 1.4.4 Medically Necessary/Medical Necessity

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

#### 1.4.5 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.

#### 1.4.6 Recipient

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

## 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 under the age of 21 years requiring medically necessary BHOS. 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 BHOS.

### 3.2 Who Can Provide

Services must be rendered by one of the following:

- Physicians licensed in accordance with Chapters 458 or 459, F.S. and working within the scope of their practice
- Psychiatric advanced practice registered nurses licensed in accordance with Chapter 464, F.S.
- Psychiatric physician assistants licensed in accordance with Chapter 458, F.S.
- Practitioners licensed in accordance with Chapters 490 and 491, F.
- Practitioners who are qualified professionals in accordance with Chapter 397, F.S.
- Lead analysts who are one of the following:
  - Board certified behavior analyst (BCBA) credentialed by the Behavior Analysis Certification Board
  - Practitioner fully licensed in accordance with Chapter 458 or 459, F.S.
  - Practitioner fully licensed in accordance with Chapters 490 or 491, F.S.
- Board certified assistant behavior analyst (BCaBA) credentialed by the Behavior Analyst Certification Board
  - BCaBAs must work under direct supervision of a lead analyst.
- Registered behavior technician (RBT) credentialed by the Behavior Analyst Certification Board
  - RBTs must work under direct supervision of a lead analyst or BCaBA.
- Direct care staff

## 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 365/366 days of BHOS per year, per recipient, in accordance with the applicable Florida Medicaid fee schedule, or as specified in this policy, including the following:

### 4.2.1 Individual, Family, or Group Therapy

- Family therapy with the recipient's family may occur without the presence of the recipient.
- Groups may not exceed 15 participants and may contain participants who are not Medicaid eligible.

### 4.2.2 Behavior Management Services

- Assessing behavioral problems
- Behavior plan development
- Caregiver training
- Monitoring recipient and caregiver progress

### 4.2.3 Therapeutic Support Services

- Supervision and intervention during therapeutic activities in accordance with the recipient's treatment plan
- Skills training for restoration of basic living and social skills
- Assistance in implementing behavioral goals

Therapeutic support services must be direct care contacts and relate to the recipient's treatment plan goals and objectives.

### 4.2.4 Therapeutic Home Assignments

- Up to 40 assignments per calendar year, per recipient, of overnight stays to practice generalized skills acquired in treatment, at home, or in a community setting
- Maximum of 10 therapeutic home assignments per calendar quarter, per recipient

## 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:

- Babysitting
- Documentation
- Education services
- Personal care services

- Room and board expenditures
- Services provided on the day of admission to a statewide inpatient psychiatric program
- Services delivered by a recipient's relative, unpaid interns, or volunteers
- Services rendered to recipients who are institutionalized or residing in an institution for mental diseases
- Services under the community behavioral health benefit that include the following:
  - Behavioral health day services
  - Individual and family therapy
  - Psychosocial rehabilitation
  - Specialized therapeutic foster care
  - Therapeutic behavioral onsite services
  - Therapeutic group care
- Supervision
- Travel time

## **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 maintain the following in a recipient's file:

- Aftercare plan
  - Discharge criteria
- Behavioral health assessment
  - Assessment must be completed within the past six months for new admissions.
- Daily progress notes for each day BHOS services are delivered
- Individualized treatment plan
  - A behavior analyst must review and sign the behavior management component.

## **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>.