

Home-Based Therapy (HBT) is a short-term service provided face to face in the home to address symptoms and behaviors that put members or others at risk for harm. The high risk symptoms and behaviors which are addressed in the treatment must be related to a member's DSM-V psychiatric or substance use disorder. The service includes member and family interventions intended to help both parties address the needs of the member in order to increase stabilization and prevent the need for further treatment outside of the home environment. Evidence-based interventions such as cognitive behavioral therapy, parent child interaction therapy, family centered treatment and other therapies for specific disorders should be incorporated when possible. The intensity of the service is determined in accordance with the level of risk of harm. The care is conducted as outlined in a treatment plan with goals aimed at reducing risky behaviors and symptoms. The treatment plan elements should address how the hours of service are needed to reduce risk and improve health. The treatment plan should include a description of the relationship between the home environment and the high risk symptoms or behaviors. The clinician should develop a collaborative and strengths-based relationship with families and member. Interventions should consider individual and family functioning, home and community environment and psychosocial network. Treatment should be actively coordinated and when possible integrated with care provided by other providers.

This treatment is intended for members who:

- Require additional support to successfully transition from an acute hospital setting to their home and community; or
- Safely remain in their home or community but experience a deterioration, such that further intervention is needed to prevent further decompensation and the need for a higher level of care.

An example of when this service is used is when a member is transitioning from acute care and this service would provide in-home appointments shortly after discharge. When used for transition from acute care, the HBT appointment is usually scheduled to occur within 48 hours of discharge from the acute behavioral health inpatient setting. The Carelon Behavioral Health, Inc. (Carelon Behavioral Health) UR clinician may request that the HBT clinician visit the member in the hospital prior to discharge to explain HBT and ensure the member's willing participation in the service.

When HBT is utilized as a step-down intervention post-hospitalization, a main goal would be to bridge the hospital aftercare plan. In all cases of HBT, the provider develops and conducts the treatment plan necessary for 1) the member to remain safely in the community, 2) connect the member to community based resources that will facilitate further step-down, 3) facilitate/reinforce compliance with medications, 4) provide education to member and family to increase understanding of the member's condition and engagement in treatment.

The member's current condition can safely and effectively be treated in this level of care.

ADMISSION CRITERIA

All of the following criteria must be met:

1. Member must have symptoms consistent with a *DSM* or corresponding ICD diagnosis
2. Member must be less than 18 years old
3. Member can be maintained adequately and safely in their home environment
4. Member is experiencing moderate-to-severe impairments in functioning due to psychiatric symptoms (i.e., self-care, occupational, school, family living, or social relations)
5. The member's symptoms and functional impairment are expected to improve with home-based therapy. There is a described risk for behavioral or functional regression without home-based therapy

6. There is an immediate history of significant variability in the member's ability to cope with daily events.
7. There is a need for more frequent monitoring than weekly outpatient therapy can provide.
8. There is an expectation that the member and significant caregivers:
 - a. Agree to participate in psychiatric home-based treatment
 - b. Have the capacity to engage and benefit from treatment
 - c. Have the potential to respond to therapeutic intervention
9. Member must also meet at least *one* of the following:
 - a. has a combination of symptoms and psychosocial factors that may not be addressed adequately outside the home in a community-based setting; or
 - b. requires services beyond the scope of an office-based setting (i.e., typically 1 45 minute therapy session per week); or
 - c. has a physical condition that prevents use of office-based treatment (for example, use of wheelchair or walker and no accommodations at facility, requiring special transportation that is unavailable, etc.) where telehealth based outpatient treatment is not an appropriate alternative.
 - d. Leaving home setting would require considerable and taxing effort or is contraindicated due to member's condition. Telehealth based outpatient treatment is not clinically appropriate, or available. (i.e., due to lack of access to internet or technology, difficulty engaging via telemedicine)

CONTINUED STAY CRITERIA

All of the following criteria must be met:

1. Another less intensive LOC is not appropriate
2. Member is experiencing symptoms of such intensity that if discharged, member would likely require a more intensive LOC
3. Member's progress is monitored regularly, and the treatment plan modified if the member is not making substantial progress toward a set of clearly defined and measurable goals
4. Member appears to be benefitting from the service
5. Member is compliant with treatment plan and continues to be motivated for services
6. Frequency and intensity of treatment contact occurs at a rate that is appropriate to the severity of current symptoms and a decrease would not be sufficient to meet the member's needs
7. Coordination of care and active discharge planning is ongoing, with the goal of transitioning member to a less intensive LOC

DISCHARGE CRITERIA

Any *one* of the following criteria must be met: 1, 2, 3, or 4; criterion 5 is recommended, but optional.

1. Member meets criteria for another LOC, either more or less intensive; or
2. Member or parent/guardian withdraws consent for treatment; or
3. Member and/or parent/caregiver are not participating in the treatment plan; or
4. Member is not making progress toward goals, nor is there expectation of any progress
5. Member's individual treatment plan and goals have been met
6. Member's support system is in agreement with the aftercare treatment plan

EXCLUSIONS

Any *one* of the following criteria is sufficient for exclusion from this level of care:

1. Member requires structure and supervision beyond the scope of home-based services; or
2. Member has a medical condition or impairments that would prevent beneficial utilization of services; or
3. Primary problem is social, economic (i.e., housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration; or
4. Treatment plan is designed to address goals other than the treatment of active symptoms consistent with a *DSM* or corresponding ICD diagnosis (i.e., self-actualization); or
5. Rehabilitative or community services are provided and are adequate to stabilize or assist the individual in resuming prior level of functioning, including roles and responsibilities

CPT CODES:

NORTHEAST 1: 99345, 99350

NC: POS CODE IS 12, SVC CODE: S9480 IS THE STANDARD, BUT 0581 CAN ALSO BE USED.

REFERENCES

Carelon Behavioral Health's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice. In the course of reviewing the criteria annually there is an extensive literature search conducted and each of the following sources are consulted to determine if there is any relevant research or update:

1. Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP)
2. National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Behavioral Health Care Guidelines (formerly known as Milliman Care Guidelines); Change Healthcare's InterQual[®] Behavioral Health Criteria
3. National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
4. Professional publications and psychiatric texts
5. Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
6. National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)
7. Winters, Nancy C. et al. Practice Parameter on Child and Adolescent Mental Health Care in Community Systems of Care *Journal of the American Academy of Child & Adolescent Psychiatry*, Volume 46, Issue 2, 284 - 299
8. Schmidt, M.H., Lay, B., Göpel, C. et al. Home treatment for children and adolescents with psychiatric disorders. *Eur Child Adolesc Psychiatry* 15, 265–276 (2006).
<https://doi.org/10.1007/s00787-006-0531-x>
9. provider.clearhealthalliance.com/dam/medpolicies/cha/active/guidelines/gl_pw_c187094.html
Lamb, Clare E Alternatives to admission for children and adolescents: providing intensive mental healthcare services at home and in communities: what works?, *Current Opinion in Psychiatry*: July 2009 - Volume 22 - Issue 4 - p 345-350 doi: 10.1097/YCO.0b013e32832c9082

All MNC contained within this document is subject to benefit coverage limitations including state/federal restrictions.

