Intensive Community Based Support – Youth

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Definitions
Refer to the Definitions Appendix (Appendix A) and the Telehealth Supplement for definitions of terms used in this Appendix. The following definitions are specific to services described in this Appendix.

"Established Team" means a MST or FFT team that has been enrolled with DMAS or credentialed with the MCO past an 18-month period.

"FFT Professional" means an LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, QMHP-T, CSAC or CSAC-supervisee who is qualified by FFT, LLC to deliver Functional Family Therapy (FFT) as part of a licensed FFT Team. FFT Professionals may not provide FFT services outside of their licensed FFT Team.

"FFT Supervisor" means an LMHP, LMHP-R, LMHP-RP or LMHP-S who is qualified by FFT, LLC to act as a lead on a licensed FFT team.

"MST Professional" means an LMHP, LMHP-R, LMHP-RP, LMHPS, QMHP, QMHP-T, CSAC or CSAC-supervisee who is qualified by MST Services to deliver Multisystemic Therapy (MST) as part of a licensed MST team. MST Professionals may not provide MST services outside of a licensed MST Team.

"MST Supervisor" means a LMHP, LMHP-R, LMHP-RP or LMHP-S who is qualified by MST Services to act as a lead on a licensed MST team.

"New Team" means a MST or FFT team that is new to enrolling as a Medicaid provider. Teams are considered new from the effective date they are credentialed with the MCO or enrolled with DMAS through an 18-month period.

"Therapeutic Interventions" means evidence based, individualized or family focused interventions designed to decrease symptoms of the mental health diagnosis, reduce maladaptive behaviors and increase pro-social behaviors at home and across the multiple interconnected systems (includes family, extended family, peers, neighbors, and other community members relative to the youth). All family interventions are for the direct benefit of the individual, in accordance with the individual's needs and treatment goals identified in the ISP. Therapeutic Interventions are also referred to as "contacts" by MST Services, Inc.

Multisystemic Therapy (MST)

MST Level of Care Guidelines	
Service Definition Critical Features &	MST is an intensive, evidence-based treatment program provided in home and community settings for youth with significant clinical impairment in disruptive behavior, mood, and/or substance use. MST is a rehabilitative service that may serve as a step-down or diversion from higher levels of care and seeks to understand and

Service Components	intervene with youth within their network of systems including family, peers, school, and neighborhood/community. MST includes engagement with the youth's family, caregivers and natural supports. MST is targeted towards youth between the ages of 11 – 18, however, the service is available to any youth under the age of 21 who meets medical necessity criteria. Critical features of MST include the following: • Integration of evidence-based therapeutic interventions to address a comprehensive range of risk factors across family, peer, school, and community systems; • Promotion of behavior change in the youth's natural environment, with the overriding goal of empowering caregivers; • Rigorous quality assurance mechanisms that focus on achieving outcomes through maintaining treatment fidelity and developing strategies to overcome barriers to behavior change; and • MST professionals on call 24/7 to provide safety planning and crisis intervention. Additional information on MST is available on the MST Services website at www.mstservices.com. Service components of MST include: • Assessment • Care coordination • Crisis intervention • Therapeutic interventions • Treatment planning
Required Activities	In addition to the "Requirements for All Services" section of Chapter IV, the following required activities apply to MST: **Assessment:** • At the start of services, a LMHP, LMHP-R, LMHP-RP, LMHP-S, shall conduct either: 1. an initial assessment consistent with the components required in the Comprehensive Needs Assessment (see Chapter IV for requirements), documenting the youth's diagnosis/es and describing how service needs match the level of care criteria. or

	2. an MST assessment approved by DMAS. **Treatment Planning:** • ISPs shall be required during the entire duration of services and must be current. (see Chapter IV for requirements) The MST Weekly Case Summary form may be used as the ISP if approved by DMAS. In cases where the MST Professional is a QMHP, QMHP-T, CSAC or CSAC-supervisee, the MST Supervisor must direct and authorize the treatment planning process. • ISPs must be reviewed as necessary at a minimum of every 30-calendar days or more frequently depending on the youth's needs. Refer to Chapter IV for additional guidance and documentation requirements for the 30-calendar day review as well as additional quarterly review requirements. • If the youth continues to meet with an existing outpatient therapy provider, the MST provider must coordinate the treatment plan with the provider. **Crisis Intervention:** • Crisis intervention must be available and provided if needed, 24 hours a day, seven days a week, 365 days a year. **Care Coordination:** • Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV). **Therapeutic Interventions** as identified in the ISP
MST Medical Necessity Criteria	
Admission Criteria Diagnosis, Symptoms, and Functional Impairment	Youth must meet **<u>all</u>** of the following criteria for admission to MST: 1) The youth must be under the age of 21. 2) The youth currently meets criteria for a primary International Statistical Classification of Diseases and Related Health Problems (ICD) diagnosis that correlates to a Diagnostic and Statistical Manual (DSM) diagnosis that falls within the categories of disruptive behavior, mood, substance use or trauma and stressor-related disorders. There may be additional primary behavioral health diagnoses that may benefit from the interventions of MST that may be considered on a case-by-case basis under EPSDT. 3) Within the past 30 calendar days, the youth has demonstrated at least **<u>one</u>** of the following : a) Persistent and deliberate attempts to intentionally inflict serious injury on another person;

	b) Ongoing dangerous or destructive behavior that is evidenced by repeated occurrences of behaviors that are endangering to self or others, are difficult to control, cause distress, or negatively affect the youth's health; c) Increasing and persistent symptoms associated with depression or anxiety, in combination with externalizing behaviors (e.g. physical and verbal aggression, truancy, stealing, property destruction, lying, etc.) that have contributed to decreased functioning in the community; d) Ongoing substance use or dependency that interferes with the youth's interpersonal relationships and functioning in the community. e) The youth is transitioning to a community setting from an out-of-home placement and MST is needed as a step-down service. 4) The youth's successful reintegration or maintenance in the community is dependent upon an integrated and coordinated treatment approach that involves intensive family/caregiver partnership through the MST model. Participation in an alternative community-based service would not provide the same opportunities for effective intervention for the youth's problem behaviors. 5) There is a family member or other caregiver available to participate. 6) Arrangements for supervision at home/community are adequate to ensure a reasonable degree of safety.
Continued Stay Criteria - Diagnosis, Symptoms, and Functional Impairment	Within the past thirty (30) calendar days, MST continues to be the appropriate level of care for the youth as evidenced by at least **one** of the following: • The youth's symptoms/behaviors and functional impairment persist at a level of severity adequate to meet admission criteria; • The youth has manifested new symptoms that meet admission criteria and the ISP has been revised to incorporate new goals; • Progress toward identified ISP goal(s) is evident and has been documented based upon the objectives defined for each goal, but not all of the treatment goal(s) have been achieved. If youth does not meet criteria for continued treatment, MST may still be authorized for up to an additional 10 calendar days under any of the following circumstances:

	• There is no less intensive level of care in which the objectives can be safely accomplished; or • The youth can achieve treatment objectives in MST that will enable the youth to be discharged directly to a less intensive community service rather than to a more restrictive setting; or • The youth is scheduled for discharge, but the youth requires services at discharge which are still being coordinated and are not currently available.
Discharge Criteria	The youth meets discharge criteria if any of the following are met: • The youth's documented ISP goals have been met and the discharge plan has been successfully implemented; • The youth and family are not engaged in treatment despite documented efforts to engage and there is no reasonable expectation of progress in MST; • The youth is placed in an out of home placement, including, but not limited to a hospital, skilled nursing facility, psychiatric residential treatment facility, or therapeutic group home and is not ready for discharge within 14 consecutive calendar days; • There is a lapse in service greater than 31 consecutive calendar days.
Exclusions and Service Limitations	Youth who meet any **one** of the criteria below are not eligible to receive MST: • The youth is currently experiencing active suicidal, homicidal or psychotic behavior that requires continuous supervision that is NOT available through the provision of MST. • The youth is living independently, or the provider cannot identify a primary caregiver for participation. • The youth's presenting problem is limited to sexually harmful or dangerous behavior in the absence of other externalizing behaviors. • The youth's functional impairment is solely a result of Developmental Disability, as defined in the Code of Virginia § 37.2-100. In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in Chapter IV, the following service limitations apply: • The provision of MST is limited to youth under the age of 21. • Youth shall participate in MST services with only one MST team at a time.

	• Services not in compliance with the MST manuals or model fidelity standards are not reimbursable. • Supervision of staff is not reimbursable • MST may not be authorized concurrently for youth with Group or Family Therapy, ARTS Levels 2.1, 2.5, 3.1 and 3.3-4.0, Community Stabilization, Functional Family Therapy, Mental Health Skill Building, Intensive In-Home Services, Mental Health Partial Hospitalization Program, Mental Health Intensive Outpatient, Assertive Community Treatment, Psychiatric Inpatient, Psychiatric Residential Treatment Facility (PRTF) or Therapeutic Group Home (TGH) services. Short-term service authorization overlaps are allowable as approved by the FFS service authorization contractor or MCO during transitions from one service to another for care coordination and continuity of care. **other family members may be receiving one of the above services and still participate in MST as appropriate for the benefit of the youth receiving MST services*
MST Provider Participation Requirements	
Provider Qualifications	MST service providers shall be: • enrolled with DMAS as provider class type (PCT) 156 or 456 with provider specialty (PS) 922 • licensed by DBHDS as a provider of Mental Health Outpatient Services (07-003) and • licensed and maintain an active program certification with MST Services as listed at: www.ebpfinder.org Providers must maintain both their license with DBHDS and their certification with MST Services Inc. to be considered a licensed MST provider and bill for Medicaid services. MST providers must follow all general Medicaid provider requirements specified in Chapter II of this manual. MST providers must have the ability to deliver services in the youth's natural environment and community. MST providers must be available and provide if needed, crisis intervention, on a 24 hours a day, seven days a week, 365 days a year basis

Staff Requirements	• MST team compositions must be approved by MST Services, Inc and meet DHP regulatory standards for scope of practice.
	• Each team must include a full-time MST Supervisor who is a LMHP, LMHP-R, LMHP-S or LMHP-RP. MST Supervisors provide supervision and MST services to youth as approved by MST Services, Inc.
	• MST Professionals include LMHPs, LMHP-Rs, LMHP-RPs, LMHP-Ss, QMHPs, QMHP-Ts, CSACs and CSAC-supervisees who meet the requirements of this section. MST Professionals cannot operate as MST Professionals outside of their identified team.
	• All teams must follow Department of Health Professions (DHP) regulations for clinical supervision requirements of QMHP-Ts, QMHPs, CSACs, CSAC-supervisees and LMHP-Rs, LMHP-RPs or LMHP-Ss.
	• MST Professionals must participate in and complete all required training, supervision and other activities as required by MST Services, Inc.
	
	• All MST services are provided under the supervision and direction of the MST Supervisor who is ultimately responsible for:
	  ○ the quality, accuracy and completeness of the entire assessment, diagnosis, treatment planning and the resulting Individual Service Plan;
	  ○ the implementation of Individual Service Plan including but not limited to assuring that service components and interventions are provided by individuals working within their scope of practice
	
	• Assessments and Treatment Planning must be provided by a MST Supervisor or MST Professional who is a LMHP, LMHP-R, LMHP-RP or LMHP-S.
	  ○ MST Professionals who are QMHPs or QMHP-Ts may assist with gathering information and documentation for assessments and treatment planning under collaborative behavioral health services as defined in § 54.1-3500 and MST Professionals who are CSACs and CSAC supervisees may assist with these activities as allowed within their scope of practice as defined in § 54.1-3507.1.

	• Crisis intervention and care coordination must be provided by a MST Professional who is a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, CSAC or CSAC-supervisee.
	  ○ MST Professionals who are QMHPs provide services under collaborative behavioral health services.
	  ○ CSACs and CSAC Supervisees provide services related to substance use disorder treatment within their scope as defined in § 54.1-3507.1.
	• Therapeutic interventions must be provided by a MST Professional who is a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, QMHP-T, CSAC or CSAC-supervisee .
	  ○ MST Professionals who are QMHPs or QMHP-Ts provide services under collaborative behavioral health services.
	  ○ CSACs and CSAC Supervisees provide services related to substance use disorder treatment within their scope as defined in § 54.1-3507.1.

MST Service Authorization and Utilization Review	

Service Authorization	• Service Authorization is required.
	• Providers shall submit service authorization requests within one business day of admission for initial service authorization requests and by the requested start date for continued stay requests. If submitted after the required time-frame, the begin date of authorization will be based on the date of receipt.
	• Service units must be requested by the provider and authorized by the MCO or FFS service authorization contractor based on medical necessity, with a unit equaling fifteen minutes.
	• The following shall be included with continued stay requests:
	  ○ The continued stay service authorization form;
	  ○ Original Comprehensive Needs Assessment or DMAS approved MST assessment and an addendum to this assessment (can be in a progress note) that briefly describes any new information impacting care, progress and interventions to date, and a description of the rationale for continued service delivery;
	  ○ Updated ISP that reflects the current goals and interventions and progress towards meeting goals and interventions as evidenced in the 30-calendar day ISP review documentation;
	  ○ The type, frequency and intensity of interventions are consistent with the ISP and fidelity to the model;
	  ○ Evidence the youth and family/caregiver are actively involved in treatment, or the provider has documented

	active, persistent efforts that are appropriate to improve engagement; ○ Care coordination and other documentation of discharge planning beginning at the time of admission to include communication with service practitioners, community partners, and natural supports that will meet the needs of the youth; • The information provided for service authorization must be corroborated and in the provider's clinical record. An approved service authorization is required for any units of MST to be reimbursed. • Providers must clearly and substantially document care coordination with existing MHS or ARTS service providers and the need for multiple services in the service authorization request and medical record. • Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes are located at www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/.
Documentation and Utilization Review	Refer to Chapters IV and VI of this manual for documentation and utilization review requirements.

MST Billing Requirements

One unit of service equals fifteen minutes. To bill a service unit, a qualified MST team member must provide a covered service for a minimum of 15 minutes.

Crisis intervention activities provided by the MST team shall be reimbursed using the Multisystemic Therapy procedure code as a covered service component.

Teams are considered Bachelor's level teams if at least one MST Professional is a Bachelor's Level QMHP/QMHP-T/CSAC/CSAC-supervisee.

Teams are considered Master's level teams if all QMHPs/QMHP-Ts/CSACs/CSAC-supervisees are Master's level or if the entire team consists of LMHPs, LMHP-Rs, LMHP-Ss, or LMHP-RPs.

Providers must bill with the appropriate team modifiers:

Modifier	Modifier Meaning
HN	Established Bachelor's Team
HO	Established Master's Team
HK, HN	New Bachelor's Level Team
HH, HO	New Masters' Level Team

Coverage of services delivered by telehealth are described in the "Telehealth Services Supplement". MCO contracted providers should consult with the contracted MCOs for their specific policies and requirements for telehealth.

Billing Code	Unit	Description	Notes	Provider Qualifications
H2033 and modifiers as appropriate	Per 15 minutes	Multisystemic Therapy		MST Professional
H2033 and modifiers as appropriate	Per 15 minutes	Assessment		LMHP, LMHP-R, LMHP-RP, LMHP-S
90791	n/a	Psychiatric Diagnostic Evaluation	This code should be used when a LMHP, LMHP-R, LMHP-RP or LMHP-S conducts an assessment and determines that the youth does not meet MNC.	LMHP, LMHP-R, LMHP-RP, LMHP-S

Functional Family Therapy (FFT)

FFT Level of Care Guidelines	
Service Definition Critical Features & Service Components	Functional Family Therapy (FFT) is an evidence-based family-focused treatment program for youth. FFT aims to address risk and protective factors that impact the adaptive development of youth who have been behavioral or emotional problems. FFT addresses both youth's symptoms of serious emotional disturbance as well as caregiver challenges that affect the youth and caregiver's ability to function as a family. The program is organized in multiple phases and focuses on developing a positive relationship between FFT professional, youth and family, increasing motivation for change, identifying specific needs of the family, supporting individual skill-building of youth and family, and generalizing changes to the youth's environment. The FFT model serves as a step-down or diversion from higher levels of care and seeks to understand and intervene with the youth within their network of systems including, family, peers, school and community. FFT is targeted towards youth between the ages of 11-18,

	however, the service is available to any youth under the age of 21 who meets medical necessity criteria. The critical features of the FFT model include: - A philosophy about people that includes an attitude of respectfulness, of individual difference, culture, ethnicity, and family composition. - A focus on family that involves alliance building and involvement with all family members with FFT professionals who do not "take sides" and who avoid being judgmental. - A change model of care focused on risk and protective factors. - An inclusive list of interventions that are specific and individualized for the unique challenges, diverse qualities, and strengths of all families and family members. - An inter-relational focus versus individual problem focus. Additional information on FFT is available on the FFT, LLC website at www.fftllc.com Covered services include: • Assessment • Care coordination • Crisis intervention • Therapeutic interventions • Treatment planning
Required Activities	In addition to the required activities for all mental health services providers located in Chapter IV, the following required activities apply to FFT: **Assessment:** • At the start of services, a LMHP, LMHP-R, LMHP-RP, LMHP-S, shall conduct either: 1. an initial assessment consistent with the components required in the Comprehensive Needs Assessment (see Chapter IV for requirements), documenting the youth's diagnosis/es and describing how service needs match the level of care criteria; or 2. an FFT Assessment approved by DMAS. **Treatment Planning:** • ISPs shall be required during the entire duration of services and must be current (see Chapter IV for requirements). The FFT Behavior Change Session Plan (as defined by FFT, LLC.) can be used as the ISP as long as it includes all of the requirements

	of an ISP. In cases where the FFT Professional is a QMHP, QMHP-T, CSAC or CSAC-supervisee, the FFT Supervisor directs and authorizes the treatment planning process as part of the FFT model. • The ISP must be reviewed and updated as necessary at a minimum of every 30-calendar days or more frequently depending on the youth's needs. Refer to Chapter IV for additional guidance and documentation requirements for the 30-calendar day review as well as additional quarterly review requirements. **Care Coordination:** • Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV). **Therapeutic Interventions** as identified in the ISP.
FFT Medical Necessity Criteria	
Admission Criteria Diagnosis, Symptoms, and Functional Impairment	Youth must meet all of the following criteria for admission to FFT: 1) The youth must be under the age of 21. 2) The youth currently meets criteria for a primary ICD diagnosis that correlates to a DSM diagnosis that falls within the categories of disruptive behavior, mood, substance use or trauma and stressor-related disorders. There may be additional primary behavioral health diagnoses that may benefit from the interventions of FFT that may be considered on a case-by-case basis under EPSDT. 3) Within the past 30 calendar days, the youth has demonstrated at least **one** of the following : a) Persistent and deliberate attempts to intentionally inflict serious injury on another person; b) Ongoing dangerous or destructive behavior that is evidenced by repeated occurrences of behaviors that are endangering to self or others are difficult to control, cause distress, or negatively affect the youth's health; c) Increasing and persistent symptoms associated with depression or anxiety, in combination with externalizing behaviors (e.g. physical and verbal aggression, truancy, stealing, property destruction, lying, etc.) that have contributed to decreased functioning in the community; d) Ongoing substance use or dependency that interfere with the youth's interpersonal relationships and functioning in the community.

	e) The youth is returning home from out-of-home placement and FFT is needed as step down service from an out-of-home placement. 4) The youth's successful reintegration or maintenance in the community is dependent upon an integrated and coordinated treatment approach that involves intensive family/caregiver partnership through the FFT model. Participation in an alternative community-based service would not provide the same opportunities for effective intervention for the youth's problem behaviors. 5) There is a family member or other committed caregiver available to participate in this intensive service. 6) Arrangements for supervision at home/community are adequate to ensure a reasonable degree of safety.
Continued Stay Criteria – Diagnosis, Symptoms, and Functional Impairment	Within the past thirty (30) calendar days, FFT continues to be the appropriate level of care for the youth as evidenced by at least one of the following: 1) The youth's symptoms/behaviors and functional impairment persist at a level of severity adequate to meet admission criteria; 2) The youth has manifested new symptoms that meet admission criteria and the ISP has been revised to incorporate new goals; 3) Progress toward identified ISP goal(s) is evident and has been documented based upon the objectives defined for each goal, but not all of the treatment goal(s) have been achieved. If youth does not meet the above continued stay criteria, FFT may still be authorized for up to an additional 10 calendar days under any of the following circumstances: • There is no less intensive level of care in which the objectives can be safely accomplished; or • The youth can achieve certain treatment objectives in the current level of care and achievement of those objectives will enable the youth to be discharged directly to a less intensive community service rather than to a more restrictive setting; or • The youth is scheduled for discharge, but the youth requires services at discharge which are still being coordinated and are not currently available.
Discharge Criteria	The youth meets discharge criteria if any of the following are met: • The youth's documented ISP goals and objectives have been substantially met and all FFT phases have been completed; • The youth no longer meets admission criteria due to the following:

	○ The youth's needs can be met at a lower level of care; ○ The youth's current level of function requires a higher level of care; ○ The youth and family are not engaged in treatment despite documented efforts to engage and there is no reasonable expectation of progress at this level of care. ○ The youth is placed in a hospital, skilled nursing facility, residential treatment facility, or other residential treatment setting and is not ready for discharge within 14 consecutive calendar days to a family home environment or a community setting with community-based support; or ○ If there is a lapse in service greater than 31 consecutive calendar days, the provider shall discharge the youth.
Exclusions and Service Limitations	Youth who meet any one of the criteria below are not eligible to receive FFT: • The youth is currently experiencing active suicidal, homicidal or psychotic behavior that requires continuous supervision that is not available through the provision of FFT. • The youth is living independently, or the provider cannot identify a primary caregiver for participation. • The youth's presenting problem is limited to sexually harmful or dangerous behavior in the absence of other externalizing behaviors. • The youth's functional impairment is solely a result of Developmental Disability, as defined in the Code of Virginia § 37.2-100. • FFT may not be authorized concurrently for youth with Group or Family Therapy, ARTS ASAM Levels 2.1, 2.5, 3.1, 3.3, 3.5, 3.7 and 4.0, Community Stabilization, Multisystemic Therapy, Mental Health Partial Hospitalization Program, Mental Health Intensive Outpatient, Assertive Community Treatment, Mental Health Skill Building, Intensive In-Home Services, Psychiatric Inpatient, Psychiatric Residential Treatment Facility (PRTF) or Therapeutic Group Home (TGH) services. Short-term service authorization overlaps are allowable as approved by the FFS service authorization contractor or MCO during transitions from one service to another for care coordination and continuity of care. **other family members may be receiving one of the above services and still participate in FFT as appropriate for the benefit of the youth receiving FFT services*

	In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in Chapter IV, the following service limitations apply: • The provision of FFT is limited to youth under the age of 21. • Youth can participate in FFT services with only one FFT team at a time. • Services not in compliance with the FFT manuals or model fidelity standards are not reimbursable. • Supervision of staff is not reimbursable.
FFT Provider Participation Requirements	
Provider Qualifications	FFT service providers shall be: • enrolled with DMAS as PCT 156 or 456 with PS 901 • licensed by DBHDS as a provider of Mental Health Outpatient Service (07-003); and • licensed and maintain an active program certification with FFT, LLC., as listed at: www.ebpfinder.org Providers must maintain both their license with DBHDS and their certification with FFT, LLC. to be considered a licensed FFT provider and bill for Medicaid services. FFT providers must follow all general Medicaid provider requirements specified in Chapter II of this manual.
Staff Requirements	• FFT team compositions must be approved by FFT, LLC. and meet DHP regulatory standards for scope of practice. • Each team must include a full-time FFT Supervisor who is a LMHP, LMHP-R, LMHP-RP or LMHP-S. • FFT Professionals include LMHPs, LMHP-Rs, LMHP-RPs, LMHP-Ss, QMHPs, QMHP-Ts, CSACs and CSAC-supervisees who meet the requirements of this section. • FFT Professionals cannot operate as FFT Professionals outside of their identified team. • All teams must follow Department of Health Professions (DHP) regulations for clinical supervision requirements of QMHPs, QMHP-Ts, CSACs and CSAC-supervisees and LMHP-Rs, LMHP-RPs or LMHP-Ss. • FFT Professionals must participate in and complete all required training, supervision and other activities as required by FFT, LLC.

	• All FFT services are provided under the supervision and direction of the FFT Supervisor who is ultimately responsible for:
	  ○ the quality, accuracy and completeness of the entire assessment, diagnosis, treatment planning and the resulting Individual Service Plan;
	  ○ the implementation of Individual Service Plan including but not limited to assuring that service components and interventions are provided by individuals working within their scope of practice
	
	• Assessments and Treatment Planning must be provided by a FFT Supervisor or FFT Professional who is a LMHP, LMHP-R, LMHP-RP or LMHP-S.
	  • FFT Professionals who are QMHPs or QMHP-Ts may assist with gathering information and documentation for assessments and treatment planning under collaborative behavioral health services as defined in § 54.1-3500 and MST Professionals who are CSACs and CSAC supervisees may assist with these activities as allowed within their scope of practice as defined in § 54.1-3507.1.
	
	• Crisis intervention and care coordination must be provided by a FFT Professional who is a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, CSAC or CSAC-supervisee.
	  ○ FFT Professionals who are QMHPs provide services under collaborative behavioral health services.
	  ○ CSACs and CSAC Supervisees provide services related to substance use disorder treatment within their scope as defined in § 54.1-3507.1.
	
	• Therapeutic interventions must be provided by a LMHP, LMHP-R, LMHP-RP, LMHP-S, QMHP, QMHP-T, CSAC or CSAC-supervisee who meets the qualifications of this section.
	  ○ Professionals who are QMHPs or QMHP-Ts provide services under collaborative behavioral health services
	  ○ CSACs and CSAC Supervisees provide services related to substance use disorder treatment within their scope as defined in § 54.1-3507.1.

FFT Service Authorization and Utilization Review	

Service Authorization	1. Service authorization is required. 2. Providers shall submit service authorization requests within one business day of admission for initial service authorization requests and by the requested start date for continued stay requests. If submitted after the required time-frame, the begin date of authorization will be based on the date of receipt. 3. Service units must be requested by the provider and are authorized by the MCO or FFS service authorization contractor based on medical necessity with a unit equaling fifteen minutes 4. The following should be included with Continued Stay requests: 1. The continued stay service authorization form 2. Original Comprehensive Needs Assessment or DMAS approved FFT assessment and an addendum to this assessment (can be in a progress note) that briefly describes any new information impacting care, progress and interventions to date, and a description of the rationale for continued service delivery; 3. Updated ISP that reflects the current goals and interventions and progress towards meeting goals and interventions as evidenced in the 30-calendar day ISP review documentation; 4. The type, frequency and intensity of interventions are consistent with the ISP and fidelity to the model; 5. Evidence the youth and family/caregiver are actively involved in treatment, or the provider has documented active, persistent efforts that are appropriate to improve engagement; 6. Care coordination and other documentation of discharge planning beginning at the time of admission to include communication with service practitioners, community partners, and natural supports that will meet the needs of the youth; 5. The information provided for service authorization must be corroborated and in the provider's clinical record. An approved Service Authorization is required for any units of FFT to be reimbursed. • Providers must clearly and substantially document care coordination with existing MHS or ARTS service providers and the need for multiple services in the service authorization request and medical record. 6. Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes are located at https://www.dmas.virginia.gov/for-providers/benefits-services-for-providers/behavioral-health/provider-resources/.

Documentation and Utilization Review	Refer to Chapters IV and VI of this manual for documentation and utilization review requirements.

FFT Billing Requirements

One unit of service equals fifteen minutes. To bill a service unit, a qualified FFT team member must provide a covered service for a minimum of 15 minutes.

Teams are considered Bachelor's level teams if at least one FFT Professional is a Bachelor's Level QMHP/QMHP-T/CSAC/CSAC-supervisee.

Teams are considered Master's level teams if all QMHPs/QMHP-Ts/CSACs/CSAC-supervisees are Master's level or if the entire team consists of LMHPs, LMHP-Rs, LMHP-Ss, or LMHP-RPs.

Providers must bill with the appropriate team modifiers:

Modifier	Modifier Meaning
HN	Established Bachelor's Team
HO	Established Master's Team
HK, HN	New Bachelor's Level Team
HK, HO	New Masters' Level Team

Booster sessions provided by a LMHP, LMHP-R, LMHP-RP or LMHP-S may be billed using appropriate outpatient psychiatric services CPT codes.

Coverage of services delivered by telehealth are described in the "Telehealth Services Supplement". MCO contracted providers should consult with the contracted MCOs for their specific policies and requirements for telehealth.

Billing Code	Unit	Description	Notes	Provider Qualifications
H0036 and modifiers as appropriate	Per 15 minutes	Functional Family Therapy		FFT Professional

H0036 and modifiers as appropriate	Per 15 minutes	Assessment		LMHP, LMHP-R, LMHP-RP, LMHP-S
90791	n/a	Psychiatric Diagnostic Evaluation	This code should be used when a LMHP, LMHP-R, LMHP-RP or LMHP-S conducts the assessment, and determines that the youth does not meet MNC.	LMHP, LMHP-R, LMHP-RP, LMHP-S,

Applied Behavior Analysis (ABA)

ABA Level of Care Guidelines	
Service Definition Critical Features & Service Components	"Applied Behavior Analysis" or "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. ABA services must include the following four characteristics: • An objective assessment and analysis of the youth's condition by observing how the environment affects the youth's behavior, as evidenced through appropriate data collection. • Importance given to understanding the context of the behavior and the behavior's value to the youth, the family, and the community. • Utilization of the principles and procedures of behavior analysis such that the youth's health, independence, and quality of life are improved. • Consistent, ongoing, objective assessment and data analysis to inform clinical decision-making. Family training related to the implementation of ABA shall be included. ABA may be provided in the home or community settings

	where the targeted behaviors are likely to occur. ABA may also be provided in clinic settings. Limited services are allowed in the school setting (see service limitations section). The setting must be justified in the ISP. Refer to the Billing Guidance section for a list of approved Current Procedural Terminology (CPT) codes.
Required Activities	The following required activities apply to ABA: **<u>Assessment</u>** • An initial assessment for ABA consistent with the components required in the Comprehensive Needs Assessment (see Chapter IV for requirements), documenting the youth's diagnosis/es and describing how service needs match the level of care criteria must be completed at the start of services. In addition, the initial assessment must: o be completed by the LBA, LABA or LMHP acting within the scope of practice. An assessment completed by an LABA can only be used as an assessment for ABA and cannot be used as a Comprehensive Needs Assessment for other services. Other qualified staff may assist with the completion of an assessment (see staff requirements section); o be conducted in-person with the youth and the youth's family/caregivers; o include a functional assessment using validated tools completed by the LBA, LABA or LMHP acting within the scope of practice. • Assessments must be reviewed and updated at least annually by the LBA, LABA or LMHP. **<u>Treatment Planning</u>** • Individual Service Plans (ISPs see Chapter IV for requirements) shall be required during the entire duration of services and must be current. ISPs must be reviewed at a minimum of every 30 calendar days or more frequently depending on the youth's needs. Refer to Chapter IV for additional guidance and documentation requirements for the 30-day review as well as additional quarterly review requirements.

- Direct family involvement in the treatment program is required at a minimum of weekly and must be documented in the ISP. Family involvement includes, but is not limited to, assessment, family training, family observation during treatment, updating family members on the youth's progress and involving the family in updating treatment goals.

- Family training (97156, 97157) is required. Family training involving the youth's family and significant others shall:
  - be for the direct benefit of the youth and not for the treatment needs of the youth's family or significant others;
  - occur with the youth present except when it is clinically appropriate for the youth to be absent in order to advance the youth's treatment goals; and,
  - be aligned with the goals of the youth's ISP.

Care Coordination

- Providers must communicate the results of the assessment and treatment planning to the youth's primary care provider. Care coordination with the youth's primary care provider is an essential component of the provision of ABA services and must be documented in the youth's record.

- Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV).

LMHP Oversight of Services

- The LBA, LABA or LMHP must, at a minimum, observe the youth and supervise services monthly. As documented in the youth's medical record, supervision of services shall include, at a minimum, a review of progress notes and data and dialogue with supervised staff about the youth's progress and effectiveness of the ISP.
- Clinical supervision shall be required for services rendered by a LABA, LMHP-R, LMHP-RP, or LMHP-S. Clinical supervision must be consistent with the scope of practice as described by the applicable Virginia Department of Health Professions (DHP) regulatory board.

	• Supervision of unlicensed staff shall occur at least twice a month by the LBA, LABA or Licensed Clinical Psychologist. Supervision shall be demonstrated by, at a minimum, the contemporaneously dated signature of the supervision activities by the licensed supervisor.
ABA Medical Necessity Criteria	
Admission Criteria Diagnosis, Symptoms, and Functional Impairment	All of the following criteria must be met: 1. The youth must be under the age of 21; 2. Effective 1/1/2027, the youth must meet one of the following diagnostic criteria: a. The youth has a diagnosis of autism spectrum disorder (ASD) (ICD 10 Code:F84.0) by a LMHP acting within their scope of practice or b. The youth is age 5 or under and has a provisional diagnosis of ASD rendered by a LMHP within their scope of practice. 3. The youth 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 and/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; or e. Difficulty with sensory integration; 4. There is a family/caregiver available to participate in the service.
Continued Stay Criteria - Diagnosis, Symptoms, and Functional Impairment	1. Within the past thirty days, there is evidence of at least **one** of the following: • The youth's symptoms/behaviors and functional impairment persist at a level of severity adequate to meet admission criteria; • The youth has manifested new symptoms that meet admission criteria and those have been documented in the ISP;

	• Progress toward identified ISP goal(s) is evident and has been documented based upon the objectives defined for each goal, but not all of the treatment goal(s) have been achieved. 2. Active treatment and care coordination must be demonstrated by all of the following: • An individualized ISP with evaluation and treatment objectives appropriate for this level of care and type of intervention; • Progress toward objectives is being monitored as evidenced in the 30 calendar day ISP review documentation; • The youth and family/caregiver are actively involved in treatment, or the provider has documented active, persistent efforts that are appropriate to improve engagement; • The type, frequency and intensity of interventions are consistent with the ISP; • The provider has developed an individualized discharge plan that includes specific plans for appropriate follow-up care. If youth does not meet criteria for continued treatment, ABA may still be authorized for up to an additional 10 calendar days under any of the following circumstances: • There is no less intensive level of care in which the objectives can be safely accomplished; or • The youth can achieve certain treatment objectives in the current level of care and achievement of those objectives will enable the youth to be discharged directly to a less intensive community service rather than to a more restrictive setting; or • The youth is scheduled for discharge, but the youth requires services at discharge which are still being coordinated and are not currently available.
Discharge Criteria	The provider must terminate ABA if the service is no longer medically necessary. The service is no longer deemed medically necessary if one of the following criteria is met within a 30-day time period: 1. No meaningful or measurable improvement has been documented in the youth's behavior(s) despite receiving services according to the ISP; there is reasonable expectation that the family and /or caregiver are adequately trained and able to manage the youth's behavior; and

	termination of the current level of services would not result in further deterioration or the recurrence of the signs and symptoms that necessitated treatment. 2. Treatment is making the symptoms persistently worse or youth is not medically stable for ABA to be effective; 3. The youth has achieved adequate stabilization of the challenging behavior and less intensive modes of therapy are appropriate; 4. The youth demonstrates an inability to maintain long-term gains from the proposed ISP; or 5. The family and/or caregiver refuses or is unable to participate meaningfully in the behavior treatment plan. If there is a lapse in service for more than 31 consecutive calendar days, the provider must discharge the youth from services and notify the FFS service authorization contractor or MCO. If services resume after a break of more than 31 consecutive calendar days, a new service authorization request including a new assessment and ISP must be submitted to the FFS service authorization contractor or MCO.
Exclusions and Service Limitations	In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in Chapter IV, the following service limitations apply: ABA CPT codes are limited to 97151, 97154 (with modifier HN, HO and TF only), 97155, 97156 and 97157 in Residential Treatment Services settings including Therapeutic Group Homes (TGHs) and Psychiatric Residential Treatment Facilities (PRTFs). See Chapter V of the Residential Treatment Services Manual for additional information. • ABA may not be authorized concurrently with Intensive In-Home, Mental Health Skill Building, Psychosocial Rehabilitation, Partial Hospitalization Program or Assertive Community Treatment services. Short-term service authorization overlaps are allowable as approved by the FFS service authorization contractor or MCO during transitions from one service to another for care coordination and continuity of care.

	• Services rendered primarily by a relative or guardian who is legally responsible for the youth's care shall not be covered. • ABA may only be provided in the school setting when the purpose is for observation and collaboration by the QHP related to behavior and skill acquisition (not direct therapy) and services have been authorized by the school, parent and provider and included in the ISP. Additional coverage for ABA in the school setting may be available under school health services. See the Local Education Agency Manual for information.
ABA Provider Participation Requirements	

Provider Qualifications	ABA providers shall be:
	• enrolled with DMAS as:
	  • PCT 156 or 456 with PS 903
	  • PCT 020 or 023
	  • PCT 256 with PS 104
	• licensed by the applicable health regulatory board at the Virginia Department of Health Professions (DHP); and
	• credentialed with the youth's Medicaid MCO for youth enrolled in Medicaid managed care.
	
	ABA providers must follow all general Medicaid provider requirements specified in Chapter II of this manual.

Staff Requirements	ABA may be provided by: • An LBA or LMHP acting within the scope of practice defined by the applicable Virginia health regulatory board; • An LMHP-R, LMHP-RP or LMHP-S under supervision as defined by the applicable Virginia Health Regulatory Board; • An LABA under the supervision of a LBA as specified in 12VAC85-150-120; • Personnel under the supervision of a LBA or LABA in accordance with 18VAC85-150-10 et seq. of the Virginia Board of Medicine regulations; and • Personnel under the supervision of a Licensed Clinical Psychologist in accordance with §54.1-3614. Unlicensed personnel includes, but is not limited to Registered Behavior Technicians (RBTs).
ABA Service Authorization and Utilization Review	

Service Authorization	Assessment CPT codes do not require service authorization. All treatment service hours require service authorization. Providers shall submit service authorization requests by the requested start date of services. If submitted after the required time-frame, the begin date of authorization will be based on the date of receipt. For all service authorization requests, providers must request a predetermined number of units for each separate treatment procedure code based on the assessed treatment needs of the youth. Services are authorized based on medical necessity and, effective 1/1/2027, may not exceed 20 hours per week, except as authorized under EPSDT review. See EPSDT Service Authorization Requests section below. **Initial Service Authorization Request** The ABA provider must submit the following information to the FFS service authorization contractor or MCO for the initial service authorization: 1. Initial Service Authorization Request Form 2. Effective 1/1/2027, documentation to support the diagnosis corresponding to the ICD-10 diagnosis code(s) submitted with the request. Documentation shall include either: a. A comprehensive diagnostic evaluation conducted in-person confirming the diagnosis of ASD by a LMHP acting within their scope of practice that includes an evidence based diagnostic tool such as one of the following: i. Autism Diagnostic Review (ADI-R) ii. Autism Diagnostic Observation Schedule (ADOS) iii. Childhood Autism Rating Scale (CARS) Documentation shall include the name, credential and Type 1 NPI of the evaluator; **OR** b. For youth age 36 months of age or younger, documentation of a provisional diagnosis of ASD may be submitted. Documentation shall include: i. the name, credential and Type 1 NPI of the provisionally diagnosing LMHP. ii. An Autism screening tool such as one of the following:

	a. RITA-T (Rapid Interactive Screening Test for Autism in Toddlers) b. Screening Tool for Autism in Toddlers and Young Children (STAT™) iii. evidence of a scheduled appointment to include the name and credentials of the evaluator and date and time of appointment or evidence of a wait list placement for a full diagnostic evaluation. **OR** c. For youth age 37 months to 5 years old, documentation of a provisional diagnosis of ASD may be submitted. Documentation shall include: i. the name, credential and Type 1 NPI of the provisionally diagnosing LMHP. ii. evidence of a scheduled appointment to include the name and credentials of the evaluator and date and time of the appointment or evidence of a wait list placement for a full diagnostic evaluation. 3. The provider assessment completed by the LBA, LABA or LMHP acting within their scope of practice; 4. The preliminary ISP including documentation of telemedicine as described in Chapter IV; and 5. A description of the preliminary discharge plan to include referrals as service goals are met. **Continued Stay Authorization Request** Continuation of service requests must include: 1. Continued Stay Service Authorization Form 2. Original Comprehensive Needs Assessment and an addendum to this assessment (can be in a progress note) that briefly describes any new information impacting care, progress and interventions to date, and a description of the rationale for continued service delivery. 3. An updated ISP that reflects the current goals and interventions including the use of telemedicine as described in Chapter IV.

	4. A summary of the youth's treatment progress that contains the following information: i. Graphical presentation of progress on each goal and objective in the ISP; ii. Overview of family involvement during service period with regards to the youth's ISP to include: who has been involved; progress made and continuing needs of family goals/training to include reasons the youth and parent/caregiver need continued ABA; iii. A summary of progress towards generalization of adaptive functioning in multiple settings to include assessing for maintenance of the skills acquired and updating the ISP as needed to test for generalization of skills in multiple environments; iv. Progress toward the anticipated date of discharge from services including any plan to gradually reduce services and consultative actions as planned to include identifying lower levels of care, natural supports care coordination needs; v. A summary of the care coordination activities. vi. Providers must clearly and substantially document care coordination with existing MHS or ARTS service providers and the need for multiple services in the service authorization request and medical record. <u>Additional Continued Stay Criteria for Youth Age 5 and Younger (effective 1/1/2027):</u> In addition to the items required above, for youth age 5 or under at the time of the initial authorization request with a provisional diagnosis of ASD: 1. The provider shall submit a comprehensive diagnostic evaluation conducted in-person confirming the diagnosis of ASD that includes an evidence based diagnostic tool such as one of the following: a. Autism Diagnostic Review (ADI-R) b. Autism Diagnostic Observation Schedule (ADOS) c. Childhood Autism Rating Scale (CARS) The diagnostic evaluation shall include the name, credential and Type 1 NPI of the evaluator. 2. Where a full diagnostic evaluation has not been completed within the first six months of ABA treatment, the provider shall submit updated evidence of a scheduled appointment to include

the name and credentials of the evaluator and date and time of the appointment or evidence of a wait list placement for a full diagnostic evaluation along with evidence of continued medical necessity for the service.

3. For youth age 5 and younger at admission who do not have a final ASD diagnosis 12 months after admission to ABA, service authorization requests will be reviewed under EPSDT.

EPSDT Service Authorization Requests

All service requests for ABA must be reviewed under EPSDT criteria prior to a denial, including those requests for youth who do not meet diagnostic criteria and requests for services that exceed 20 hours per week. To request EPSDT consideration, providers must submit detailed documentation supporting the medical necessity of the service based on the specific needs of the youth.

Effective 1/1/2027, in addition to the continued stay authorization requirements above, EPSDT requests for youth age 5 or under at admission with a provisional diagnosis of ASD beyond twelve months from the date of admission must include, at a minimum, the following:

1. Current, dated evidence of an active scheduled appointment to include the name and credentials of the evaluator and date and time of the appointment or waitlist placement with a qualified diagnostic evaluator, obtained directly from the evaluating entity;
2. Documentation of continued behavioral/developmental indicators consistent with ASD, based on the most recent CNA addendum;
3. Documented evidence of ongoing clinical benefit from ABA services to date.

At a minimum, EPSDT requests for services that exceed 20 hours per week must include the following:

1. An individualized schedule of activities used to structure the service sessions.
    a. When services are provided in a clinic setting, a general schedule of clinic-based activities is not sufficient to meet this requirement.
    b. Clinic-based schedules shall distinguish between time the individual spends in therapeutic interventions and time spent in recreational and non-therapeutic activities.
2. A description of how each activity will facilitate the implementation of the ABA treatment and successful attainment of the treatment goals. The description should cover

	the specific interventions and strategies that are planned to occur for each timeframe. 3. The therapeutic function of all scheduled sessions shall clearly support the number of hours requested. EPSDT reviews for ABA services for youth who do not meet stated MNC are not limited to the two examples listed above. All ABA service requests for youth will be reviewed under EPSDT criteria prior to a denial. Additional information on service authorization is located in Appendix C of the manual. Service authorization forms and information on Medicaid MCOs processes is located at www.dmas.virginia.gov/for-providers/behavioral-health/training-and-resources/.
Documentation and Utilization Review	Refer to Chapters IV and VI of this manual for documentation and utilization review requirements. Additional documentation requirements include: • An assessment of adaptive functioning required to support medical necessity criteria; • Documentation of the family's agreement for participation in therapy as defined in the ISP; • Ongoing treatment documentation data including graphical analysis of goals and objectives as defined by the most current ISP for those dates of service; • Description of any assessment tools used; • Documentation that indicates the coordination of treatment with the youth's primary care provider and other health disciplines and coordination of the relevant documentation necessary for ongoing behavioral treatment; • The initial assessment completed by the LBA, LABA or LMHP 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; • 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; • Documentation of family education and their application of effective behavior strategies as designed in the ISP; • Documentation shall be prepared to clearly demonstrate efficacy using baseline and service-related data that shows clinical progress.

	• Documentation shall include demonstration of generalization for the youth and progress for family members toward the therapy goals as defined in the service plan.

ABA Billing Requirements

1. Payment is available only for allowable activities that are provided by a qualified provider in accordance with an approved ISP. Services other than assessment (97151, 97152 and 0362T) must be service authorized by the FFS service authorization contractor or MCO.
2. Providers must follow CPT guidelines for billing. CPT codes must also be billed using the appropriate modifier for the professional providing the service:

Staff	Modifier
LABA	HN
LBA	HO
LMHP	TF

3. CPT codes requiring a qualified healthcare professional (QHP) must be provided by a LBA or LMHP. An LABA may also act as a qualified healthcare professional as determined by the supervising LBA in accordance with 18VAC85-150-120. An LMHP-R, LMHP-RP or LMHP-S who has completed education and training in ABA may provide these services under the supervising LMHP.

4. CPT codes for services provided by a technician must be provided by one of the following:
   a) An LMHP-R, LMHP-RP or LMHP-S under supervision as defined by the applicable Virginia Health Regulatory Board
   b) An LABA under the supervision of a LBA
   c) Personnel under the supervision of a LBA or LABA in accordance with 18VAC85-150-10 et seq. of the Virginia Board of Medicine regulations.
   d) Personnel under the supervision of a Licensed Clinical Psychologist in accordance with §54.1-3614.
   e) An LBA or LMHP acting as the technician.

5. Assessment codes 97151, 97152 and 0362T may only be billed as part of the initial assessment or full reassessments.

6. Care coordination, data analysis and treatment plan preparation activities provided by the LBA, LMHP or LABA without the youth present may be billed under 97151 at the time of the initial assessment.

7. To bill for time spent by the QHP to review data, modify the treatment protocol and provide additional care coordination after the initial assessment the QHP

must bill under 97155. QHPs can bill 97155 for these activities without the individual present but these activities must be related to a face-to-face contact.

8. For Group Treatment (97154 and 97158):

    a) Providers may bill 97154 and 97158 for youth in the same group depending on whether the youth has an assigned one to one technician during group treatment.
    b) Providers must use 97158 to bill for youth in the group with an assigned one to one technician during group treatment. Providers may not bill an additional technician level code when billing 97158 or 97154.
    c) With the exception of LMHPs and LBAs acting as a technician, on-site oversight of a LBA is required for billing 97154.

9. For group treatment (97154, 97157 and 97158), providers shall follow CPT guidelines for maximum group size.

10. It is expected that the team-based codes 0373T and 0362T will be utilized only when medically necessary where there is documented harm to self and others by the youth. Team-based treatment codes are expected to be for a short duration with the frequency of treatment tapering to individual treatment over time as the youth's treatment goals are met. The LBA, LABA or LMHP does not need to be present the entire time when billing team-based codes but must be on-site, immediately available and interruptible to provide assistance and direction. Billing for 0362T and 0373T requires four criteria to be met. The assessment or treatment must be:
    a) administered by a QHP who is on site;
    b) with the assistance of two or more technicians;
    c) for a youth who exhibits destructive behavior; and,
    d) completed in an environment that is customized to the youth's behavior. Customized means that the environment is configured to safely conduct a functional analysis of destructive behavior (0362T) or treatment for that behavior (0373T).

11. If two technicians are required for treatment and the LBA is not required to be on-site, the provider must document the reason why two technicians are required in the ISP and bill 97153 for each technician. The reasons for the two technicians and anticipated duration of treatment must be documented in the ISP submitted to the MCO as part of the service authorization.

12. The following billing code combinations may be billed at the same time:

    a) 97152 may be billed at the same time as 97151 (with the exception of 97152 HN together with 97151 HN).

b) 97153 may be billed at the same time as 97155 (with the exception of 97153 HN together with 97155 HN).
c) 97154 and 97158 may be billed at the same time for different youth in the same group (professional level modifier must be identical).
d) 97153 may be billed at the same time for two technicians when documented in the ISP that has been service authorized by the MCO.
e) Services provided with a youth can be billed at the same time as family and group family training if the services are provided by different qualified staff members (i.e. one staff with the youth and one staff with the family/caregiver).

For additional information refer to the ARTS/MHS Doing Business Spreadsheet https://www.dmas.virginia.gov/for-providers/benefits-services-for-providers/behavioral-health/provider-resources/ .

Coverage of services delivered by telemedicine are described in the "Telehealth Services Supplement". MCO contracted providers should consult with the contracted MCOs for their specific policies and requirements for telehealth.

Billing Code	Unit	Description	Provider Qualifications
97151 and staff modifier	per 15 min	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan.	LBA/LMHP[1]/LABA[2]
97152 and staff modifier as appropriate	per 15 min	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minute.	Qualified staff
97153 and staff modifier as appropriate	per 15 min	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, each 15 minutes.	Qualified staff

97154 and staff modifier as appropriate	per 15 min	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified healthcare professional, face-to-face with two or more patients, each 15 minutes.	Qualified staff
97155 and staff modifier	per 15 min	Adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes.	LBA/LMHP[1]/LABA[2] May also include technician and/or caregiver. (technician billed separately)
97156 and staff modifier	per 15 min	Family adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes.	LBA/LMHP[1]/LABA[2]
97157 and staff modifier	per 15 min	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes.	LBA/LMHP[1]/LABA[2]
97158 and staff modifier	per 15 min	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified healthcare professional, face-to-face with multiple patients, each 15 minutes. This code is used when the youth also has an assigned one to one technician present during the group treatment.	LBA/LMHP[1]/LABA[2] Youth also has assigned 1:1 technician (technician not billed separately)
0362T and staff modifier	per 15 min	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: • administered by the physician or other qualified healthcare professional who is on site; • with the assistance of two or more technicians;	Two or more technicians **and** LBA/LMHP[1]/LABA[2] (team rate)

		• for a patient who exhibits destructive behavior; • completed in an environment that is customized to the patient's behavior.	
0373T and staff modifier	per 15 min	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to face with a patient, requiring the following components: • administered by the physician or other qualified healthcare professional who is on site; • with the assistance of two or more technicians; • for a patient who exhibits destructive behavior; • completed in an environment that is customized, to the patient's behavior	Two or more technicians and LBA/LMHP[1]/LABA[2] (team rate)

[1] An LMHP-R, LMHP-RP or LMHP-S who has completed education and training in ABA may provide under the supervising LMHP.

[2] An LABA may act as a qualified healthcare professional as determined by the supervising LBA in accordance with 18VAC85-150-120.