Joint Non-Autism/General Service Array Discussion

June 1, 2016

Intensive Behavioral Health Community-Based Services (IBHCBS) are intensive community-based and caregiver-centered behavioral health services delivered as a defined set of interventions, within the context of an approved plan of care. The services are designed to improve or stabilize the child, youth or young adults level of functioning within the home and community in order to prevent, decrease, or eliminate behaviors or conditions that may place the child, youth or young adult at increased clinical risk or that may impact their ability to function in the home, school or community setting. These services encompass an array of behavioral health rehabilitative services, including, but not limited to, psychotherapy, behavioral therapies and modalities, clinical evaluation and assessment, skill development (individual and caregiver), evidence based practices and psycho-education.

IBHCBS shall be provided either individually or in a group of up to _____ as appropriate to the needs of the child, youth or young adult.

IBHCBS may include, but are not limited to, the following services:

1. Clinical assessment/evaluation
2. Psychotherapy (individual, family or group therapy)
3. Individual Skill development (stress management, coping, adaptive, problem solving, communication, social, ADLs)
4. Behavioral Modalities
5. Caregiver skill development
6. Evidence-Based Practices
7. Psycho-educational instruction related to behavioral health such as improved decision making skills to manage behavior and reduce risk behaviors.
8. Intensive Care Coordination

Joint Discussion Points:

- Workgroup members were updated on suggestions related to name changes for BHRS services. Suggestions included: Remove either Community-Based or Behavioral Health. There has not been any decision so members are encouraged to send other suggestions to Sherry Peters throughout the workgroup discussion process.
- Review of service array examples above generated the following comments:
  - Should Crisis Intervention and Peer Support be included? They are separate State Plan Services currently.
  - The current language “mental health” is limiting and would exclude children with ASD. Recommend changing this to behavioral health for inclusion.
  - Add Evidence Based Practices to the list.
  - Skill development needs to be broader to include a variety of skill needs such as communication, social skills) If it is not included, can you provide and bill for the service?
  - ABA – where should this be included? Should be available for other diagnosis as appropriate. Do not want to limit service to one diagnosis.

- Co-occurring disorders – need to include substance use and ID. This would frame who the service array is for - not the service delivery array.
- Interventions and supports need to focus on Parents/caregivers – the transfer of skill building to parents/caregivers should be included as a service.
- Family interventions were removed from some services previously due to inability to bill MA. Should be included in service array.
- Ensure all language is broad and inclusive – not all children/youth have parents/families. Include language to recognize caregivers and who child/youth recognizes as family. Family-centered should be child-centered or person-centered or home-centered to include host homes, foster homes, group living situations.
- Services need to be individualized, culturally competent, age appropriate, needs are not static but change over time. Services need to reflect this.
- Should term habilitation be used in addition to rehabilitation?
- Where do these services (BHRS) fit into continuum? Need to establish what this service really is.
- Services should be provided in an array of places based upon need.
- Outcomes should be included for each service.
- Should standardize the services. The same service can vary in approach and delivery based upon provider and staff.
- Care coordination should be included – key issue with consistent services across all environments – school, home, community.

- Workgroup members provided significant feedback related to coordination of care which will be addressed in a separate section of the regulations. Key points:
  - Interagency coordination must occur.
  - Care coordination should occur with all service providers with the ability to consult and ensure services are not duplicated.
  - Research Intensive Care Coordination Model as a service to be included.
  - Services should be coordinated at schools, community and home for best outcomes.
  - All services/supports involved with child/youth should be involved – coordination of care.