

3.80 1 Behavioral Health Overlay Services

Description of Services: Behavioral health overlay services include mental health, substance abuse, and supportive services designed to meet the behavioral health treatment needs of members in the care of Medicaid enrolled, certified agencies under contract with the Department of Children and Families, Child Welfare and Community-Based Care organization.

The intent of behavioral health overlay services is the maximum reduction of the recipient's disability and restoration to the best possible functional level in order to avoid a more intensive level of care. Services must be diagnostically relevant and medically necessary. Services must be included in an individualized treatment plan that has been approved by a treating practitioner.

Components of this service include:

- Therapy
- Behavior Management
- Therapeutic support

Staffing: Staff expertise must match the Florida Medicaid Behavioral Overlay Services Coverage and Limitations Handbook.

Documentation: Documentation must match all Medicaid requirements.

HCPCS Service Name and Code and Billing: H2020 HA – Behavioral Health Overlay Services. Providers will submit claim using H2020 HA.

Important: While level of care determinations are considered in the context of an individual's treatment history; Beacon Health Options never requires the attempt of a less intensive treatment as a criterion to authorize any service.

Criteria

First Coast Advantage, LLC.

<p>Admission Criteria</p>	<p><i>The following criteria are necessary:</i></p> <ol style="list-style-type: none"> 1. Member demonstrates symptoms consistent with a covered DSM (the most current version of the DSM) or ICD (the most current version of the ICD) diagnosis; and 2. Member <i>is enrolled in a Medicaid behavioral health overlay services program;</i> and 3. Member is under the age of 21 and; 4. Has an emotional disturbance or a serious emotional disturbance and must be at risk due to one of the following factors in the last 12 months: <ol style="list-style-type: none"> a. Has exhibited suicidal gestures or attempts, or self-injurious behavior or current ideation related to suicidal or self-injurious behavior, and is not currently in need of acute care. b. Has exhibited physical aggression or violent behavior toward people, animals, or property; this risk may also be evidenced by current threats of such aggression. c. Has run away from home or placements or threatened to run away on one or more occasions. d. Has had an occurrence of sexual aggression. e. Has experienced trauma.
<p>Exclusion Criteria</p>	<p><i>Any of the following criteria are sufficient for exclusion from this level of care:</i></p> <ol style="list-style-type: none"> 1. Medicaid does not reimburse for behavioral health overlay services for treatment of a cognitive deficit severe enough to prohibit the service from being of benefit to the member.
<p>Continued Stay Criteria</p>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <ol style="list-style-type: none"> 1. All of the admission criteria are still present.
<p>Discharge Criteria</p>	<p><i>Any of the following criteria are sufficient for discharge from this level of care:</i></p> <ol style="list-style-type: none"> 1. Failure to meet continuing stay criteria 2. The presence of any exclusion criteria 3. Member requires a higher level of care.

This criterion is consistent with NCD and/or LCD.