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| | MTL 09/18 |
| DIVISION OF HEALTH CARE FINANCING AND POLICY | Section: 403 |
| MEDICAID SERVICES MANUAL | Subject: POLICY |

and others); The recipient’s condition and/or level of impairment requires a more intensive level of service; and

- g. The retention of the RMH service or services will not reasonably help prevent the discomposure of the recipient’s mental and/or behavioral health and overall wellbeing.

403.6C BASIC SKILLS TRAINING (BST) SERVICES

1. Scope of Service: BST services are RMH interventions designed to reduce cognitive and behavioral impairments and restore recipients to their highest level of functioning. BST services are provided to recipients with age and developmentally inappropriate cognitive and behavioral skills. BST services help recipients acquire (relearn) constructive cognitive and behavioral skills through positive reinforcement, modeling, operant conditioning and other training techniques. BST services reteach recipients a variety of life skills. BST services may include the following interventions:
 - a. Basic living and self-care skills: Recipients learn how to manage their daily lives, recipients learn safe and appropriate behaviors;
 - b. Social skills: Recipients learn how to identify and comprehend the physical, emotional and interpersonal needs of others-recipients learn how to interact with others;
 - c. Communication skills: Recipients learn how to communicate their physical, emotional and interpersonal needs to others. Recipients learn how to listen and identify the needs of others;
 - d. Parental training: Parental training teaches the recipient’s parent(s) and/or legal guardian(s) BST techniques. The objective is to help parents continue the recipient’s RMH care in home and community based settings. Parental training must target the restoration of recipient’s cognitive and behavioral mental health impairment needs. Parental training must be recipient centered;
 - e. Organization and time management skills: Recipients learn how to manage and prioritize their daily activities; and/or
 - f. Transitional living skills: Recipients learn necessary skills to begin partial-independent and/or fully independent lives.
2. Provider Qualifications:

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- a. QMHP: QMHPs may provide BST services. QMHA: QMHAs may provide BST services under the clinical supervision of a QMHP.
 - b. QBA: QBAs may provide BST services under the clinical supervision of QMHP and the direct supervision of a QMHP or QMHA.
3. Service Limitations: **All BST services must be prior authorized.** Up to two hours of BST services per day for the first 90 consecutive days, one hour per day for the next 90 consecutive days and anything exceeding current service limitations above 180 consecutive days would require a prior authorization meeting medical necessity. Any service limitations may be exceeded with a prior authorization demonstrating medical necessity. Services are based on a calendar year. Prior authorizations may not exceed 90-day intervals.

If a recipient has been receiving BST services for six consecutive months, the provider must validate that continued services are reasonable and necessary. To be considered reasonable and necessary, the following conditions must be met:

- a. Expectation that the patient’s condition will improve significantly in a reasonable and predictable period of time, or the services must be necessary for the establishment of a safe and effective rehabilitative therapeutic design required in connection with a specific disease state.
- b. The amount, frequency and duration of BST must be reasonable under accepted standards of practice.
- c. If the rehabilitation plan goals have not been met, the re-evaluation of the rehabilitation/treatment plan must reflect a change in the goal, objectives, services and methods and reflect the incorporation of other medically appropriate services such as outpatient mental health services.
- d. Documentation demonstrates a therapeutic benefit to the recipient by reflecting the downward titration in units of service. The reduction in services should demonstrate the reduction in symptoms/behavioral impairment.

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| | MTL 09/18 |
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BST services are based on the below daily maximums:

| Service Limitations | Children: CASII | Adults: LOCUS |
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| Levels I, II, III, IV, V | Maximum of two hours per day for the first 90 days. This service limitation may be exceeded with a prior authorization demonstrating medical necessity. | Maximum of two hours per day for the first 90 days. This service limitation may be exceeded with a prior authorization demonstrating medical necessity. |
| Levels I, II, III, IV, V | Maximum of one hour per day for the next 90 days. This service limitation may be exceeded with a prior authorization demonstrating medical necessity. | Maximum of one hour per day for the next 90 days. This service limitation may be exceeded with a prior authorization demonstrating medical necessity. |
| Levels I, II, III, IV, V | Service limits exceeding two 90-day intervals may be overridden with a prior authorization meeting medical necessity. | Service limits exceeding two 90-day intervals may be overridden with a prior authorization meeting medical necessity. |

4. Admission Criteria: The recipient and at least one parent and/or legal guardian (in the case of legal minors) with whom the recipient is living must be willing to participate in home and community based services; and assessment documentation must indicate that the recipient has substantial impairments in any combination of the following areas:
 - a. Basic living and self-care skills: Recipients are experiencing age inappropriate deficits in managing their daily lives and are engaging in unsafe and inappropriate behaviors;
 - b. Social skills: Recipients are experiencing inappropriate deficits in identifying and comprehending the physical, emotional and interpersonal needs of others;
 - c. Communication skills: Recipients are experiencing inappropriate deficits in communicating their physical, emotional and interpersonal needs to others;
 - d. Organization and time management skills: Recipients are experiencing inappropriate deficits managing and prioritizing their daily activities; and/or
 - e. Transitional living skills: Recipients lack the skills to begin partial-independent and/or fully independent lives.