**NMNC 5.504.03 Outpatient Psychiatric Home-Based Therapy (HBT)**

Home-Based Therapy (HBT) is a short-term service 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, or new behavioral health need not yet deemed emergent, but without timely intervention of services could result in the need for a more intensive level of care than traditional outpatient treatment.

HBT brings the clinician to the member's location when there are delays or barriers to the member's timely access to an office-based therapist. When used for transition from acute care, the HBT appointment is scheduled to occur within 48 hours of discharge from the acute behavioral health inpatient setting. The Beacon 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.

This level of care (LOC) requires a safe home environment that poses no safety risk to the HBT clinician. The HBT clinician does not replace the outpatient therapist, but reinforces the aftercare plan; helps overcome any potential or identified barriers to care; helps identify resources for necessary community-based services; confirms access and knowledge related to taking prescribed medications; and bridges any delays or gaps in service. The HBT clinician may also work with the member's family to increase understanding of the member's condition and the importance of adherence.

| Admission Criteria | Continued Stay Criteria | Discharge Criteria |
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| ***All* of the criteria must be met:**<br><br>1) Member must have symptoms consistent with a *DSM* or corresponding ICD diagnosis<br>2) Member can be maintained adequately and safely in their home environment<br>3) Member is experiencing moderate-to-severe impairments in functioning due to psychiatric symptoms (i.e., self-care, occupational, school, family living, or social relations)<br>4) Leaving home setting would require considerable and taxing effort or is contraindicated due to member's condition<br>5) There is an expectation that the member and significant caregivers:<br>a. Agree to participate in psychiatric home-based treatment<br>b. Have the capacity to engage and benefit from treatment<br>c. Have the potential to respond to therapeutic intervention<br>6) Member must also meet at least *one* of the following:<br>a. has a combination of symptoms and psychosocial factors that may not be addressed adequately outside the home in a community-based setting; or | ***All* of the following criteria must be met:**<br><br>1) Member continues to meet admission criteria and another less intensive LOC is not appropriate<br>2) Member is experiencing symptoms of such intensity that if discharged, member would likely require a more intensive LOC<br>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<br>4) Member appears to be benefitting from the service<br>5) Member is compliant with treatment plan and continues to be motivated for services<br>6) Frequency and intensity of treatment contact occurs at a rate that is appropriate to the severity of current | **Criteria 1, 2, or 3 must be met; criteria 4, 5 and 6 are recommended, but optional.**<br><br>1) Member no longer meets admission criteria and/or meets criteria for another LOC, either more or less intensive; or<br>2) Member or parent/guardian withdraws consent for treatment; or<br>3) Member and/or parent/caregiver do not appear to be participating in the treatment plan; or<br>4) Member is not making progress toward goals, nor is there expectation of any progress<br>5) Member's individual treatment plan and goals have been met<br>6) Member's support system is in agreement with the aftercare treatment plan |

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| b. requires services beyond the scope of an office-based setting; or<br>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.) | symptoms and a decrease would not be sufficient to meet the member's needs<br>7) Coordination of care and active discharge planning is ongoing, with the goal of transitioning member to a less intensive LOC | |

**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, occupational, 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 (e.g., 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.

**Reference Sources**

Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from:

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 Care Guidelines
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: [see Beacon's Publication Reference Table]
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)