

AUGUST 2024

KMAP GENERAL BULLETIN 24144

UPDATED - Children's Behavioral Interventionist Program

Effective with dates of service on and after October 1, 2023, Children's Behavioral Interventionist (CBI) services utilizing provider type/provider specialty (PT/PS) 11/130 can be reimbursed utilizing the following billing codes:

- H2018 - Per diem once per day. The intention is for this to be billed primarily in the home with the child and family. The established rate for this code will be \$445, with a minimum of 3 service hours recommended for the payment. The requirement for this intervention is billed with family present.
- H2017 with modifier U3 in 15-minute increments. The CBI model is based on intense work and therefore the expectation is for no less than 3-hours per day. The use of the U3 modifier will require detailed documentation as to why the 3-hours wasn't met and is not to be used for tapering of the service. The intention is for this to be billed primarily in the home with child and family involvement. The established rate for H2017 U3 will be \$ 37.00 and is limited to 12 units per day.

The goals of the intervention(s) will improve the family dynamic and the youth's emotional or behavioral stability. Although the CBI service is delivered through the behavior interventionist, for the integrity of the service delivery and to ensure involvement of the supervising entity, all service billing for codes H2017 U3 and H2018, will be performed by the supervising entity.

CBI Program Services:

CBI services are available to any individual based on a determination of medical necessity. These services are approved by a physician, advanced practice registered nurse (APRN), or other licensed behavioral health practitioner.

Service Definition:

CBI staff work primarily in home where the child/youth reside. The CBI services provide child/youth with neuro-developmental activities for individuals/families that are struggling with behavioral and emotional management issues as established in a person-centered treatment plan. Assistance is provided with developing redirection skills and in the teaching of positive behaviors. This requires family involvement with the CBI provider modeling these skills. The active engagement of the CBI provider in neuro-stimulating activities assists in

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rewiring neuropathways in the brain. The goal is for the child/youth to live safely in the home setting and increase their behavioral function appropriately in daily living activities. These services are provided to assist in preventing hospital or institutional treatment.

Criteria for CBI Services:

- Child and Adolescent Functional Assessment Score (CAFAS) score of 71 or above
- Preschool and Early Childhood Functional Assessment Scale (PECFAS) score of 71 or above
- Strengths and Difficulties Questionnaire (SDQ)

If the child/youth does not meet the criteria, the caregiver is notified and offered resources/services through the community providers.

Admittance Process:

Referrals are received through a variety of sources like private case managers, the Department for Children and Families (DCF), and self-referrals. The Family Coordinator (FC) schedules and completes the referral triage and determines eligibility for services. Final approval for case opening is determined by Program Manager/Regional Director. Once approved, the FC completes the intake appointment. The FC will develop the Behavior Support Plan (BSP) in conjunction with information received from caregiver and case manager. The BSP will be signed off on by a Licensed Mental Health Professional (LMHP).

Provider Qualifications:

CBI Program Manager/LMHP Qualifications:

Master's Degree in human services with 2 years' supervisory experience and 2 years' experience with children/youth with elevated behavioral needs. For purposes of elements with this service provision, a Licensed Behavior Analyst meets the LMHP criteria.

CBI Qualifications:

An individual of twenty-one years of age or older with a high school diploma or equivalent, and 40 hours of successful in-house CBI training with a certificate of completion.

Training includes:

- a. 12 hours of curriculum training including but not limited to trauma informed care, mental health diagnoses, behavioral strategies and interventions, impact of trauma on the brain and

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its development, understanding stress responses, building effective relationships with clients, gender issues, understanding neuro-stimulation activities and how it works, and role play scenarios.

- b. 8 hours of Crisis Prevention Institute (CPI) training focused on de-escalation techniques.
- c. 6 hours of CPR.
- d. 6 hours of other training including mandated reporter, suicide prevention, documentation guidelines, and how to work with LGBTQ youth and families.
- e. 8 hours of observed direct work with the client.

The above training curriculum is required for either licensed or unlicensed practitioners. A certificate of successful completion of the training will be kept on file. For licensed practitioners, a certificate of completion and DCF approval letter are required to be submitted with application materials. If the practitioner is not licensed, the supervising practitioner is required to submit an attestation and be kept on file. This CBI direct care provider will adhere to all state approved standards, meet all annual training and ongoing requirements as specified by certification while under the direction of the CBI Supervisor or other Qualified CBI Practitioner.

Note: The rates noted in this bulletin are subject to future changes. Providers should check the Kansas Medical Assistance Program (KMAP) website for the most up-to-date rates.

Note: The effective date of the policy is October 1, 2023. The implementation of State policy by the KanCare Managed Care Organizations (MCOs) may vary from the date noted in the KMAP bulletins. The **KanCare Open Claims Resolution Log** on the KMAP [Bulletins](#) page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

For the changes resulting from this provider bulletin, view the updated *Mental Health Fee-for-Service Provider Manual*, Section 8400, page 8-8 and 8-10 – 8-12.

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