



KDADS STANDARD POLICY

Policy Name:	Home Based Family Therapy (HBFT)	Policy Number:	BHS/SVS 607
Commission:	Behavioral Health Services	Date Established:	04/14/15
Applicability:	Behavioral Health	Date Last Revised:	12/11/17
Contact:	Behavioral Health Services Interim Commissioner	Date Effective:	05/10/19
Policy Location:	KDADS website	Date Posted:	
Status/Date:	Revised 12/11/17	Number of Pages:	5
Revision History	12/11/17		

Purpose

To ensure all licensed practitioners billing for Home Based Family Therapy (HBFT) services provided to KanCare-eligible and fee-for-service Medicaid-eligible members in Kansas meet the Kansas Department for Aging and Disability Services (KDADS) requirements.

Summary

Home Based Family Therapy is a theoretical approach of counseling where the family system is the focus of treatment. Therapy is delivered in the family’s home rather than in the therapist’s office, and is provided by professionals with counseling qualifications. This policy sets out: (1) the requirements for providing HBFT services, (2) guidelines for documentation, and (3) the process to bill for services.

The policy also provides a link to the Kansas Train website, where optional behavioral health training resources are made available to HBFT providers in lieu of mandatory practitioner training and additional requirements (Outcome Rating Scale (ORS), Session Rating Scale (SRS), weekly Self-Care Engagement reports, monthly HBFT Model Fidelity Evaluation, and quarterly Professional Quality of Life (ProQol) questionnaire).

Entities/Individuals Impacted

Home Based Family Therapy practitioners

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I. Policy

Home Based Family Therapy is a theoretical approach of counseling where the family system is the focus of treatment. Therapy is delivered in the family's home rather than in the therapist's office, and is provided by professionals with counseling qualifications. HBFT services in this policy apply to children and adolescents approved to be on the Serious Emotional Disturbance (SED) Waiver and those in the Kansas State plan that meet SED diagnosis criteria according to the current version of the Diagnostic and Statistical Manual by a qualified behavioral health professional. Age requirements are dependent upon medical necessity and program eligibility. Professionals must follow these requirements set by the Kansas Department for Aging and Disability Services (KDADS) to provide and bill for HBFT services.

II. Procedures

To provide HBFT services in Kansas to KanCare-eligible and fee-for-service Medicaid-eligible children and their families and bill CPT code 90847-HK:

A. Requirements:

1. A HBFT practitioner must be a professional currently licensed in good standing:
 - by the Kansas Behavioral Science Regulatory Board (BSRB) as a licensed psychologist, masters level psychologist, masters level clinical psychotherapist, masters level social worker, professional counselor, marriage and family therapist, licensed addiction counselor, licensed master's level addiction counselor, a licensed clinical addiction counselor or
 - by the Kansas State Board of Nursing (KSBN) as an advanced practice registered nurse with a psychiatric-mental health specialty certification or
 - as a physician.

The practitioner must only provide services within the scope of the practitioner's license. The practitioner must also be compliant with the applicable Managed Care Organization's (MCO's) credentialing requirements for professional licensure and/or certification.

2. HBFT practitioners must provide therapy services to the child(ren) and the child(ren)'s family. Family members must be present during the therapy session and all therapy must be provided only in the child's home setting. The identified member(s) must be a child or children within the family unit who have been identified as having a Serious Emotional Disturbance (SED). Age requirements are dependent upon medical necessity and program eligibility. If a determination that HBFT services are appropriate, the applicable Managed Care Organization should follow-up with the therapist and the child/child's family to ensure in-home HBFT services continue to meet medical necessity and to assist with any wrap-around services the child/child's family needs to preserve the placement.

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3. The Managed Care Organization the child is enrolled with can make an exception for children without SED to receive HBFT services if the child or adolescent is at risk of psychiatric hospitalization or out-of-home placement due to a psychiatric issue. The exception must be based upon medical necessity and on a case-by-case basis. If a determination that HBFT services are appropriate, the applicable Managed Care Organization should follow-up with the therapist and the child/child's family to ensure in-home HBFT services continue to meet medical necessity and to assist with any wrap-around services the child/child's family needs to preserve the placement.

B. Documentation: HBFT practitioners must maintain documentation of the session in the member's health record. At minimum, documentation must include the child(ren) and family members present with relationships to the child (child, biological sister/brother, foster or adoptive sister/brother, biological father/mother, step-mother/father, etc.); the beginning and ending time of the session; a description of the child(ren)'s home environment; the major issues covered with the therapy provided and the goals of therapy; any changes in the child's medication, diagnoses, or condition; any progress the child(ren) or family have made toward the treatment plan goals or changes in those goals; and any follow-up tasks that were discussed, including the person(s) responsible to complete the task(s) and timeframes for completion.

C. Billing Code (CPT Code 90847-HK) and Billing Information: Professionals must follow the following requirements established by KDADS and the Kansas Department of Health and Environment (KDHE) to bill for HBFT services provided to KanCare-eligible and fee-for-service Medicaid-eligible patients:

1. Family psychotherapy (conjoint psychotherapy) with the member and family present shall be provided only in the child's home setting.
2. The identified member(s) must be a child or children within the family unit who have been identified as having a Serious Emotional Disturbance (SED) and is within the age limits described above in Section A.2 or received an exception by the Managed Care Organization due to medical necessity as described in A.3.
3. The enhanced code 90847-HK shall be utilized only for child services and is limited to one session per day (60 to 90 minutes).
4. Billing shall be submitted using the appropriate provider type and provider specialty of 125 (11/125, 09/125 or 31/125). Only claims with a Place of Service code 12 (home) will be paid. Claims must be submitted with the provider's individual National Provider Identifier (NPI) number.
5. If there is more than one eligible child and no child is exclusively identified in the session as the primary recipient of treatment, then the oldest child's ID number must be used for billing purposes. A family unit is not a group and providers may not submit a claim for each eligible child attending the same session.

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D. Optional Provider Resources: The Kansas Train website for optional provider resources is located at:
<https://ks.train.org>

Documentation/Quality Assurance

- A. Provider Requirements** – A HBFT practitioner must be a professional currently licensed in good standing:
- by the Kansas Behavioral Science Regulatory Board (BSRB) as a licensed psychologist, masters level psychologist, masters level clinical psychotherapist, masters level social worker, professional counselor, marriage and family therapist, licensed addiction counselor, licensed master’s level addiction counselor, a licensed clinical addiction counselor or
 - by the Kansas State Board of Nursing (KSBN) as an advanced practice registered nurse with a psychiatric-mental health specialty certification or
 - as a physician.

The practitioner must only provide services within the scope of the practitioner’s license. The practitioner must also be compliant with the applicable Managed Care Organization’s (MCO’s) credentialing requirements for professional licensure and/or certification.

- B. Documentation** – HBFT practitioners must maintain documentation of the session in the member’s health record. At minimum, documentation must include the child(ren) and family members present with relationships to the child (child, biological sister/brother, foster or adoptive sister/brother, biological father/mother, step-mother/father, etc.); the beginning and ending time of the session; the major issues covered with the therapy provided and the goals of therapy; any changes in the child(ren)’s medication, diagnoses, or condition; and any progress the child(ren) or family have made towards the treatment plan goals or changes in those goals. The documentation needs to include a description of the child(ren)’s home environment and any follow-up tasks that were discussed including the person(s) responsible to complete the task(s) and timeframes for completion.

- C. Quality Assurance** – The Managed Care Organizations (MCOs) will continue to monitor provider compliance.

III. Definitions

Family Unit: Child(ren), caregivers and family members present (child, biological sister/brother, foster or adoptive sister/brother, biological father/mother, step-mother/father, grandfather/mother, etc.)

Home Based Family Therapy: A theoretical approach of counseling where the family system is the focus of treatment and therapy is delivered in the family’s home rather than in the therapist’s office, and is provided by professionals with counseling qualifications.

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Serious Emotional Disturbance (SED): Children and adolescents who currently or at any time during the past year have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the current Diagnostic and Statistical Manual and resulted in functional impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities. Age requirements are dependent upon medical necessity and program eligibility.

Authority

Federal Authorities

42 U.S.C. § 1396 et seq

State Authorities

Kansas Medicaid State Plan

Application for a § 1915(c) HCBS Waiver – Serious Emotional Disturbance HCBS

Related Information

PUBLIC COMMENT PERIOD: 08/02/17 – 09/02/17

Manuals:

KMAP Mental Health Manual

ADDITIONAL LINKS:

The Kansas Train website for optional provider resources is located at: <https://ks.train.org>