

 <p><b>DEPARTMENT OF PUBLIC HEALTH &amp; HUMAN SERVICES</b></p>	<p><b>Title: SDMI 305</b>  <b>Section: SERVICE REQUIREMENTS</b>  <b>Subject: Behavioral Intervention Assistant</b>  <b>Reference: 42 CFR § 441.301, ARM 39.90.433</b>  <b>SDMI Application: (01/28/2024)</b>  <b>Supersedes: SDMI 305 (07/01/2020)</b></p>
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### **Definition**

Behavioral Intervention Assistant (BIA) services are habilitative services provided when Medicaid State Plan Community First Choice/Personal Assistant Service (CFC/PAS) provided in state plan and Personal Assistant Services (PAS) provided in the waiver are insufficient in meeting the behavioral health needs of the member and assistance is required in activities of daily living (ADL), instrumental activities of daily living (IADL), and/or social, behavioral, and adaptive skills.

BIA differs in scope and nature from CFC/PAS and waiver PAS in that the BIA's must possess specialized skills to address the challenging behaviors of members with a Severe and Disabling Mental Illness. This includes redirecting inappropriate and unsafe behaviors, providing supervision to address a member's safety, and extensive cuing to prompt.

### **Determination of Need**

- (1) The member's need for BIA Service is represented by the need for assistance with coping mechanisms and/or exhibiting maladaptive behaviors including harm to self or others and limited skill and participation in ADL and IADL, as documented in the Level of Impairment.
- (2) The member's Level of Impairment reflects the member meets at least the level of moderate impairment in Area 6: Mood/Thought functioning and at least a moderate impairment in one of the following areas:
  - (a) Area 1: Self-Care; or
  - (b) Area 2: Basic Needs.
- (3) The member may need BIA long-term or intermittently.

### **Provider Requirements**

- (1) Agency-based BIA providers must be:
  - (a) businesses incorporated under the laws of the state of Montana;
  - (b) properly insured to provide personal care services; and
  - (c) enrolled as a Montana Medicaid provider.
- (2) All BIAs must be supervised by registered nurse, licensed practical nurse, or a licensed mental health professional.

- (3) The BIA must:
  - (a) be at least 18 years of age;
  - (b) receive training, within 30 days of hire in:
    - (i) abuse reporting;
    - (ii) incident reporting;
    - (iii) client confidentiality; and
    - (iv) any specialty training required or needed to sufficiently address the entire needs of the member to provide whole person care;
  - (c) possess the ability to complete documentation requirements of the program; and
  - (d) possess a valid driver's license and proof of auto liability insurance if transporting the member.
- (4) A BIA must complete 8 hours of mental health training within six months of hire then annually thereafter in order to possess specialized skills to address the challenging behaviors of members.
- (5) The provider may use the following options for specialty mental health training:
  - (a) use the state approved mental health training resources located at: <https://dphhs.mt.gov/BHDD/mentalhealthservices/SDMI/index>; or
  - (b) submit quality trainings that feature best practices or evidence-based practices to the state for approval. To submit a training to the state for approval the provider must submit supporting documentation sufficient enough to support the request to the Community Program Officer within their region. Examples of needed documentation includes research, data, syllabus and/or detailed agenda, available continuing education units etc.
- (6) The provider must document the completion of all required training in the personnel file of the staff or in the provider's staff training file which includes the following:
  - (a) title of training;
  - (b) date of training;
  - (c) name and title of trainer;
  - (d) type or topic of the training;
  - (e) agenda of training;
  - (f) hours of training; and
  - (g) signature and date of the staff who received the training.
- (7) The provider must retain training documentation in the staff's records and submit the documentation to the department annually which includes all staff that have been employed within the past year, regardless of the current employment status.

## **Service Requirements**

- (1) BIA Services must be the member's choice and guided by behavioral goals established by the member, case management team (CMT), individuals selected by the member, and behavioral health providers.
- (2) BIA may not be provided concurrently with CFS/PAS or waiver PAS.
- (3) BIA may include the following as determined by the member's person-centered recovery plan:
  - (a) direct hands-on assistance with ADLs and IADLs, actually performing the task for the member;
  - (b) cueing and prompting to complete ADLs and IADLs;
  - (c) assistance with social, behavioral, and adaptive skills;
  - (d) functional assistance with navigation of public services and supports to enhance independence;
  - (e) supervision for health and safety reasons; and
  - (f) community integration, including socialization and non-medical escort, within the provision of the BIA service (see Definitions, SDMI HCBS 002).
- (4) BIA may not be billed just for the provision of transportation itself; it must address community integration and require hands-on assistance of the BIA. For medical escort see below.
- (5) Mileage may be billed separately if the BIA is providing community integration utilizing their own vehicle.
- (6) The provider must complete a progress note for each member receiving BIA services as required in ARM 37.85.414.
- (7) The provider must submit a quarterly report to the CMT which includes the progress on member's identified goals and the methodologies/activities used by the BIA to assist the member in achieving the goals.
- (8) The CMT must:
  - (a) assess the member's needs to determine the amount of BIA units a member's needs. This may need to be adjusted as the member's needs change, if the member is not utilizing all approved BIA units, or if the member/provider inform the CMT that the units authorized are not sufficient.
  - (b) complete and enter the member's behavioral goals in the Person-Centered Recovery Plan (PCRP) and review the goals with the member quarterly;
  - (c) monitor member's progress towards meeting their goals as identified in the PCRP;
  - (d) coordinate and communicate with the provider to ensure members needs and goals are being appropriately met.

- (9) BIA may not be reimbursed for a member who is receiving services in a residential habilitation setting except as described in (2) below.

### **Utilization**

- (1) BIA is based on the member's assessed need and are limited to additional services not otherwise covered under Medicaid state plan.
- (2) Prior authorization is required from the department when BIA Services are needed in a residential setting on a short-term basis to assist in the transition to a new facility, or as authorized by the Addictive and Mental Disorder Division (AMDD).
- (3) BIA may not be provided concurrently with Personal Assistance Service (PAS) or Supported Employment Services.
- (4) Medical Escort may be a provision included in the BIA service in certain circumstances. See SDMI HCBS #155 Medical Escort and Medical Transportation Mileage.