Clinical UM Guideline

Subject:	Basic Skills Training/Social Skills Training		
Guideline #:	CG-BEH-10	**Publish Date:**	04/25/2018
Status:	Reviewed	**Last Review Date:**	03/22/2018

Description

This document addresses basic skills training (BST) (also called social skills training). The medical necessity criteria outlined in this guideline for BST includes two categories: Severity of Illness and Continued Stay. Severity of Illness criteria includes descriptions of the member's condition and circumstances. For continued authorization of the requested service, Continued Stay criteria must be met along with Severity of Illness criteria.

BST is a rehabilitative service whose goal is to reduce cognitive and behavioral impairment and restore recipients to their highest level of functioning. BST uses positive reinforcement, modeling, operant conditioning, and other training techniques and aligns these techniques to the cognitive and behavioral impairments of a mental health condition. The member's mental health condition requires training in functional skills, appropriate behaviors, activities of daily living, use of community resources, assistance with medication management, and monitoring of health, nutrition, and physical health. BST is not companion care.

Note: Please see the following related document(s) for additional information:

- CG-BEH-03 Psychiatric Disorder Treatment
- CG-BEH-11 Mental Health Support Services
- CG-BEH-12 Psychosocial Rehabilitation Services

Clinical Indications

Medically Necessary:

Severity of Illness

Basic skills training is considered **medically necessary** when **all** of the following are present:

A. The member experiences symptoms that meet the diagnostic criteria for a diagnosis from Diagnostic and Statistical Manual of Mental Disorders (DSM-5) or International Classification of Diseases (ICD) for psychiatric outpatient treatment covered by the member's plan; **and**
B. Significant cognitive and behavioral impairments that impede the member's ability to live successfully in the community, and are consistent with the DSM-5/ICD diagnosis listed, and these impairments are likely to improve with treatment; **and**
C. Interventions will focus on the presenting symptoms and complaints that have led to a decrease in the member's cognitive and behavioral functioning; **and**
D. A well-defined clinical rationale is documented that explains why the member would benefit from basic skills training consistent with their DSM-5/ICD diagnosis; **and**
E. The member demonstrates motivation for treatment and is capable of benefiting from the basic skills training planned.

Continued Stay Criteria

Continued authorization of basic skills training is considered **medically necessary** when **all** of A-E and F or G are present:

A. The member continues to meet Severity of Illness criteria; **and**
B. Documentation of member's participation and engagement in services; **and**
C. Functional impairment of at least moderate degree as evidenced by report of specific domains are still present related to the DSM-5/ICD diagnosis listed and likely to improve with continued training; **and**
D. Skills have not been restored to the point where sustained improvement is not likely and the purpose of continued training is to prevent relapse or maintain previous achieved progress; **and**
E. The goals of basic skills training are not primarily for providing support for functioning unlikely to improve with the type of training being used, or self-improvement; **and**
F. Progress with the targeted functioning is documented at the expected pace given the presence of medical/physical conditions, stressors and level of support, as evidenced by adherence with treatment, improving severity of functional impairment, and continued progress is expected for the targeted skills with the training approaches being used; **or**
G. If progress is not documented, either diagnosis has been re-evaluated and changed if appropriate, medication has been re-evaluated and changed if indicated, or basic skills training and treatment approach has been re-evaluated and changed if appropriate to include new goals/targets.

Not Medically Necessary:

Basic skills training is considered **not medically necessary** when the above criteria are not met.

Coding

The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Note: The following list of procedure codes are examples only and may not represent all codes being used for basic or social skills training. Please contact the member's plan for applicable coding conventions as these may vary.

HCPCS

H2014	Skills training and development, per 15 minutes

ICD-10 Diagnosis

	For the following diagnoses codes, including but not limited to:
F01.50-F99	Mental, behavioral and neurodevelopmental disorders

Discussion/General Information

Basic skills training (BST) services (also referred to as social skills training services) are psychiatric rehabilitation interventions designed to assist persons to reduce cognitive and behavioral impairment, gain new basic life and social skills, and to achieve their highest possible level of adaptive functioning in their community and social environment (for example, family, education, employment).

BST should not be primarily used for the avoidance of incarceration of the member or to satisfy a programmatic length of stay (refers to a predetermined number of days or visits for a program's length instead

of an individualized determination of how long a member needs to be in that program). There should be a reasonable expectation that the member's illness, condition, or level of functioning will be stabilized, improved, or maintained through treatment known to be effective for the member's illness. The population served by BST may be burdened with severe and persistent mental illness.

BST/social skills training groups have been described as an aspect of Adaptive Behavioral Treatment (ABT) provided for individuals with Autistic Spectrum Disorders. Social skills training based on ABT principles uses a different approach, employing behavior modification, than the BST/social skills training described in this guideline.

Standard components of BST include:

- Basic Living and Self-Care Skills: Members learn how to manage their daily lives; learn safe and appropriate behaviors;
- Social Skills: Members learn how to identify and comprehend the physical, emotional, and interpersonal needs of others—learn how to interact with others;
- Communication Skills: Members learn how to communicate their physical, emotional, and interpersonal needs to others—learn how to listen and identify the needs of others;
- Parental Training: Parental training teaches the member's parents/guardians BST techniques. The objective is to help parents/guardians continue the member's care in home and community based settings. Parental training must target the restoration of the member's cognitive and behavioral mental health impairment needs. Parental training must be centered on the member;
- Organization and Time Management Skills: Members learn how to manage and prioritize their daily activities; and/or
- Transitional Living Skills: Members learn necessary skills to begin partially independent and/or fully independent lives.

Standard outcomes of BST include:

- Improved learning and application of knowledge
- Improved communication
- Improved mobility
- Improved self-care
- Improved domestic life
- Improved interpersonal interactions and relationships
- Improved communication and social life
- Improved support and relationships
- Linkage to resources and supports

Use of BST/social skills training is based on certain service expectations. A comprehensive functional assessment should be completed that identifies and documents the need for BST. Treatment goals should target resolution of cognitive and behavioral impairments consistent with the DSM-5/ICD diagnoses listed, through BST. Discharge plans should be individualized and include a projected discharge date. Training on medication management should be provided when medications are prescribed, and if not, there should be documentation of the reason and education addressing the lack of medication provided. Training addressing substance use/dependence should be provided when a diagnosis of substance use disorder is present or there is a risk for the development of a substance use disorder. Training for monitoring and communicating physical health should be provided and documented. Communication with the primary care provider or equivalent should be present. Coordination of care with other clinicians providing care to the member or family members, including psychiatrist/therapist should be documented. Family participation in treatment should be documented unless contraindicated. If the family should not participate in BST, the record should provide an explanation. Community/natural supports and resources should be identified and utilized. Skills training should include the

development of and communication with community/natural supports, including school/work, self-help or diagnosis specific support groups, spiritual/religious, and community recreational activities. Treatment should not duplicate other services being provided for the same reasons/diagnoses. Services should be provided at the frequency and intensity needs of the member in accordance with benefit limits.

Definitions

Basic skills training: Psychiatric rehabilitation interventions designed to assist persons to reduce cognitive and behavioral impairment, gain new basic life and social skills, and to achieve their highest possible level of adaptive functioning in their community and social environment (such as, family, education, employment). Also referred to as social skills training.

Outpatient treatment: A level of care in which a mental health professional licensed to practice independently provides care to individuals in an outpatient setting, whether to the member individually, in family therapy, or in a group modality.

Severe Mental Illness (also known as serious and persistent mental illness): A mental, behavioral or emotional disorder according to the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, in members 18 years and older, that results in functional impairment which substantially interferes with or limits one or more major life activities (e.g., maintaining interpersonal relationships, activities of daily living, self-care, employment, recreation) that have occurred within the last year. All of these disorders may have acute episodes as part of the chronic course of the disorder. An organization may also use its state's definition or the definition of another appropriate regulatory authority (SAMHSA, 2016).

References

Peer Reviewed Publications:

1. Beidel DC, Alfano CA, Kofler MJ, et al. The impact of social skills training for social anxiety disorder: a randomized controlled trial. J Anxiety Disord. 2014; 28(8):908-918.
2. Bowie CR, McGurk SR, Mausbach B, et al. Combined cognitive remediation and functional skills training for schizophrenia: effects on cognition, functional competence, and real-world behavior. Am J Psychiatry. 2012; 169(7):710-718.
3. Chien WT, Leung SF, Yeung FKK, Wong WK. Current approaches to treatments for schizophrenia spectrum disorders, part II: psychosocial interventions and patient-focused perspectives in psychiatric care. Neuropsychiatr. Dis Treat. 2013; 9:1463-1481.
4. Kurtz MM, Mueser KT. A meta-analysis of controlled research on social skills training for schizophrenia. J Consult Clin Psychol. 2008; 76(3):491-504.
5. Mueser KT, Deavers F, Penn DL, Cassisi JE. Psychosocial treatments for schizophrenia. Annu Rev Clin Psychol. 2013; 9:465-497.

Government Agency, Medical Society, and Other Authoritative Publications:

1. Boston University Center of Psychiatric Rehabilitation. A Primer on the Psychiatric Rehabilitation Process. Available at: http://www.psychodyssey.net/wp-content/uploads/2011/10/Primer-on-the-Psych-Rehab-Process.pdf. Accessed on January 25, 2018.
2. Nevada Department of Health and Human Services. Medicaid Services Manual, Section 400. Mental Health and Alcohol/Substances Abuse Services. Available at: http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/. Accessed on January 25, 2018.

3. State of Connecticut Department of Mental Health & Addiction Services. Skills training and development. Community support services Available at http://www.ct.gov/dmhas/lib/dmhas/publications/CSP-SkillsTraining.pdf. Accessed on January 25, 2018.
4. Substance Abuse and Mental Health Services Administration (SAMHSA). National Registry of Evidence-based Programs and Practices. Behind the term: serious mental illness. 2016. Available at: http://www.nrepp.samhsa.gov/Docs/Literatures/Behind_the_Term_Serious%20%20Mental%20Illness.pdf. Accessed on January 25, 2018.
5. VA Psychosocial Rehabilitation Training Program: Social Skills Training for Serious Mental Illness. Available at: https://www.psychologytraining.va.gov/psychosocial-rehab.asp. Accessed on January 25, 2018.
6. World Health Organization. International Classification of Functioning, Disability, and Health. Available at: http://www.who.int/classifications/icf/en/. Accessed on January 25, 2018.

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History

Status	Date	Action
Reviewed	03/22/2018	Medical Policy & Technology Assessment Committee (MPTAC) review.
Reviewed	02/23/2018	Behavioral Health Subcommittee review. Updated References section. The document header wording updated from "Current Effective Date" to "Publish Date".
Revised	08/03/2017	MPTAC review.
Revised	07/21/2017	Behavioral Health Subcommittee review. Formatting updated in Clinical Indications section. Removed "BST" in Clinical Indications section and replaced with "basic skills training". Discussion and References sections updated. Index section added.
Reviewed	08/04/2016	MPTAC review.
Reviewed	07/29/2016	Behavioral Health Subcommittee review. References section updated. Removed ICD-9 codes from Coding section.
Revised	08/06/2015	MPTAC review.
Revised	07/31/2015	Behavioral Health Subcommittee review. Multiple clarifications to Medical Necessity Criteria. Moved Intensity of Service criteria to Discussion/General Information section. Description, Discussion/General Information, Definition and References sections updated.
New	08/14/2014	MPTAC review.
New	08/08/2014	Behavioral Health Subcommittee review. Initial document development

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Federal and State law, as well as contract language, and Medical Policy take precedence over Clinical UM Guidelines. We reserve the right to review and update Clinical UM Guidelines periodically. Clinical guidelines approved by the Medical Policy & Technology Assessment Committee are available for general adoption by plans or lines of business for consistent review of the medical necessity of services related to the clinical guideline when the plan performs utilization review for the subject. Due to variances in utilization patterns,

each plan may choose whether to adopt a particular Clinical UM Guideline. To determine if review is required for this Clinical UM Guideline, please contact the customer service number on the member's card.

Alternatively, commercial or FEP plans or lines of business which determine there is not a need to adopt the guideline to review services generally across all providers delivering services to Plan's or line of business's members may instead use the clinical guideline for provider education and/or to review the medical necessity of services for any provider who has been notified that his/her/its claims will be reviewed for medical necessity due to billing practices or claims that are not consistent with other providers, in terms of frequency or in some other manner.

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