

Clinical Policy: Behavioral Support Aide Services

Reference Number: GA.CP.BH.500

Date of last Revision: 03/25

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This clinical policy describes the medical necessity criteria for behavioral support aide services within Peach State Health Plan based off the Georgia Department of Community Health (DCH), Georgia Pediatric Program (GAPP) In-Home Nursing Policies and Procedures Manual.

The Georgia Department of Community Health includes behavioral support aide services under the Georgia Pediatric Program (GAPP) for members under the age of 21 years whose challenging behaviors are dangerous or disruptive and present a risk to their health and safety, as well as their peers and others, with interruption of daily activities and community integration.¹

Behavioral Support Aides provide one-on-one, face-to-face behavior management interventions and stabilization services in the home setting designed to teach and reinforce behavioral goals through training and direct support. These services are a combination of learning based systemic interventions and strategies to assist the individual with the management of challenging behaviors that interfere with activities of daily living, social interactions, work, or similar situations with the outcome of the individual learning new skills and reducing or replacing problem behaviors.¹

Policy/Criteria

- I. It is the policy of Peach State Health Plan and Centene Advanced Behavioral Health that *initial behavioral support aide services* are considered **medically necessary** when all the following are met:
 - A. Member/enrollee is under the age of 21;
 - B. Behaviors interfere with activities of daily living, social interactions, and school, work, or recreational settings;
 - C. Behaviors are dangerous or disruptive and present a risk to the health and safety of the member/enrollee, their peers, or others with interruption of daily activities and community integration;
 - D. Member/enrollee is expected to benefit from the services and needs would not be better met clinically by another system or support;
 - E. Documentation includes all the following:
 1. Letter of medical necessity, prescription, or referral completed by the primary care provider (PCP), psychiatrist, master level clinician/practitioner, board certified behavior analyst (BCBA), or other qualified health professional with number of hours requested per week;
 2. Psychological diagnostic evaluation includes all the following:
 - a. Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis that requires and will respond to therapeutic interventions;
 - b. Documented need for behavioral home health aide services.

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II. It is the policy of Peach State Health Plan and Centene Advanced Behavioral Health that *continued behavioral support aide services* are considered **medically necessary** when all of following are met:

- A. *Initial* service criteria in section I. continue to be met;
- B. Behavior intervention plan includes all the following:
 - 1. Background information (e.g., demographics, diagnostic history, medical history/medications, living situation, school information [including rationale if member/enrollee is school aged and not in school], other services, including the schedule of other services, as applicable);
 - 2. Completed functional behavior assessment (CFBA) includes identification of target behaviors, operational definitions for all behaviors, functions of behaviors, and treatment strategies;
 - 3. Behavior reduction goals, including baseline data, mastery criteria, and graphs;
 - 4. Replacement behavior goals including baseline data and mastery criteria;
 - 5. Skill acquisition goals specifically related to the problem behavior, including graphs of behavior measurement;
 - 6. Reinforcement assessment including identification of preferred items and activities and schedule for reinforcement;
 - 7. Caregiver goals directly related to the problem behavior (not attendance or participation) including baseline data and mastery criteria;
 - 8. Crisis plan;
 - 9. Transition plan;
 - 10. Coordination of care across all providers, support, and resources;
 - 11. Monthly fidelity checks are conducted for all behaviors targeted for reduction and for replacement behaviors and documentation includes all of the following:
 - a. Description of procedures observed;
 - b. Date, location, start and end times;
- C. Documented progress relative to goals identified in the behavior intervention plan but all treatment/support goals have not yet been achieved;
- D. Family or caregiver(s) agree to be active participants, which includes participation in interventions to better understand needs identified in the CFBA in order to maintain progress during and after treatment;
- E. Service notes with documentation to include all of the following:
 - 1. Specific task/activity or assistance provided including assessment, plan development, intervention and methods outline, analysis and intervention outcomes, training, and monitoring;
 - 2. Date and beginning and ending time of when service was delivered;
 - 3. Location where service was delivered;
 - 4. Description of behaviors in observable, measurable terms with frequency, precipitating events, and tracking methods;
 - 5. Progress toward individual goal(s) and desired outcome(s) in the member/enrollee's behavioral plan;
 - 6. Description of outcomes specific to each intervention to include, but not limited to, behavioral changes, ability to increase community integration, acquisition of new skills, improvement in quality of life or other positive outcomes;

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7. Attestation of service delivery through signature and legible printed first and last name and title/description of person providing the service.

III. It is the policy of Peach State Health Plan and Centene Advanced Behavioral Health that *behavioral support aide services* may be appropriate for **discharge and/or transfer to alternative levels of care** when an adequate continuing care plan has been established and any of the following have been met:

- A. Goals of the individualized recovery plan have been met;
- B. Member/enrollee or family/caregiver requests discharge from services and is not in imminent danger of harm to self or others;
- C. Transfer to another service/level is more clinically appropriate.

Background

Georgia Department of Community Health¹

Behavioral support aide services were added under the Georgia Pediatric Program (GAPP), a program implemented by the Georgia Department of Community Health. This service provides in home behavioral support aides when medically necessary to those under 21 years of age in the home and community-based setting. The service is not allowed in the school setting as it would be duplicative of requirements of the IDEA Act.

Behavioral support aides utilize clinically validated practices to identify functions of target behaviors. They monitor behavior, assist with crisis intervention, provide social skills training, prevent the occurrence of problematic and challenging behaviors, utilize crisis intervention strategies, teach appropriate functionally equivalent replacement behavior, react therapeutically to problematic behavior, and assess the success of the intervention through progress monitoring. Family support services aid the parent or primary care giver with knowledge and skills to address specific medical, behavioral, and/or developmental treatment needs. Behavior support aides service delivery includes structured tasks that consist of a comprehensive functional behavioral assessment (CFBA) of challenging behavior(s), while the results are used to develop a positive support plan. The positive support plan allows the practitioner to provide competency-based training to identify professional and supervisory staff responsible for training direct support staff and informal care providers.

Provider Requirements¹

Service providers must engage qualified and experienced staff to render behavioral support aide services in accordance with currently accepted standards of medical practice. Behavioral support aide services are authorized to be provided by the following practitioners; Registered Behavior Technicians (RBT) implementing service plans under the supervision of a Board-Certified Behavior Analyst (BCBA/BCBA-D) or Certified Assistant Behavior Analyst (BCBA), Certified Nursing Assistants (CNA) trained by an RBT or BCBA.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are

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included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS ^{®*} Codes	Description
S9122 U1	Home health aide or certified nurse assistant, providing care in the home; per 15-minute unit

Reviews, Revisions, and Approvals	Date	Approval Date
New policy – policy created	01/24	3/24
Annual review. Title and policy statements updated to “Behavioral Support Aide Services.” Description updated with no impact to criteria. Combined documentation criteria in I.E and I.F. Removed criteria previously under II.B.1.-3. regarding functional behavior assessment requirements and moved under II.B.2. Updated and added additional behavior intervention plan documentation criteria under II.B. Under II.E. removed "most recent three months of narrative notes" and replaced with "Service notes with documentation...". Background updated with no impact to criteria. References reviewed and updated. Internal review.	03/25	

References

1. Georgia Department of Community Health. Part II Policies and Procedures for Georgia Pediatric Program (GAPP) In-Home Nursing, Appendix W, Behavioral Support Aide Services, pages 129-133.
<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>. Revised January 1, 2025. Accessed February 19, 2025.
2. Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD). Provider Manual for Community Behavioral Health Providers. <https://dbhdd.georgia.gov/be-connected/community-provider-manuals>. Published December 1, 2024. Accessed February 19, 2025.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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