

Indian Health Service Schedule of Behavioral Health Care (Levels of Care)

The Schedule of Behavioral Health Care was developed by the Indian Health Service (IHS) Division of Behavioral Health to assist community behavioral and mental health programs in managing their resources effectively to provide access to care in a “demand care” setting. The schedule categorizes *all* types of behavioral and mental health services into *Levels of Care*, a priority-based listing that is outlined below and described on the following pages.

Services that alleviate psychological pain or prevent harm to self and others are given a higher priority than those intended to prevent or manage mental disorders. Thus, emergency care has the highest priority (Level I), while providing access to complex rehabilitative care (Level V) is given the lowest priority for expending the available resources.

- Level I Psychiatric Emergency Services
- Level II Preventive Behavioral and Mental Health Services
- Level III Basic Behavioral and Mental Health Services
- Level IV Basic Recovery Services
- Level V Complex Recovery Services
- Level VI Exclusions

The majority of treatment needs in American Indian/Alaska Native (AI/AN) communities falls within the first three levels, sometimes called “basic care,” which comprise the most cost-effective services to provide on a community-wide basis. As additional funds become available for behavioral and mental health care, the schedule can be used to expand access to care beyond basic services in an orderly, equitable, and cost-effective manner.

The schedule forms a consistent structure for program planning as well as for the treatment planning of individual patients. However, it is intended to be a flexible tool which can be adapted to the situation of each community and the needs of patients. Factors such as the availability of additional resources, community size, patient age, and the likelihood for success, as well as other conditions, each play a role in determining how the schedule should be applied to individuals and target groups. *The general principle for implementing the schedule is always to use the available resources for providing the greatest health benefit to the greatest number of people for the longest time possible.*

Description of the IHS Schedule of Behavioral and Mental Health Services Levels of Care Structure

Level I: Psychiatric Emergency Services

Psychiatric Emergency Services are those necessary for the relief of *acute* conditions. Psychiatric Emergency services include all necessary work including assessment, examination, and appropriate protocol follow up. Psychiatric Emergency services shall include but not be limited to the following:

- Ensuring safety of a patient due to exhibited intention to end their life.
- Ensuring safety of the community due to a patient exhibiting intention to end the life of others.
- Impaired functioning and judgement to such an extent that the patient is a harm to themselves or others due to level of impairment.

Procedures that are frequently reported in this category of care are listed below:

- Threats and/or behaviors to harm self (e.g. Suicide Attempt)
- Threats and/or behaviors to harm others (e.g. Homicide Threat)
- Active mania symptoms
- Active hallucinations
- Active delusional beliefs impairing functioning and judgement
- Cognitive Disorders impairing functioning and judgement
- Detoxification from known substances which are life threatening created by withdrawal
- Medication Assistance Treatment (MAT)

Level II: Preventive Behavioral and Mental Health Services

The listed services are those which prevent the deterioration of the mental health of a patient, as reflected in research-based prevention programs (behavioral health promotion, universal, selective, and indicated programs). Some of the services provided to individuals are modified by IHS definitions, exclusions, limitations, and processing policies. Please refer to the appropriate sections for further descriptions of exclusions, limitations, and processing policies.

The preventive behavioral and mental health services most frequently provided are:

- Psychological testing and evaluation for children and adolescents
- Intensive case management for serious mental illness
- Group home, transitional living or facility placement due to serious mental illness
- Residential treatment
- Transitional care placement
- Complex trauma related care (e.g. positive youth development programs)
- Applied Behavior Analysis

Level III: Basic Behavioral and Mental Health Services

Basic behavioral and mental health care includes those services provided early in the disorder process and which limit the disorder from progressing further. This is inclusive of the utilization

of research-based prevention programs (behavioral health promotion, universal, selective, and indicated programs). They include early intervention/prevention programs, most diagnostic and assessment procedures, active treatment, interventions, and follow up services.

The Level III procedures commonly reported include the following:

- Culturally based prevention programs for children and adolescents
- Individual Therapy
- Couples Therapy
- Marriage and Family Therapy
- Group Therapy
- Psychopharmacological Treatment

Level IV: Basic Recovery Services

Basic recovery services are those necessary to contain the disorder process after it is established or improve and/or restore the function of the patient and family. The word “function” as used here includes psychosocial considerations of the patient within their family and community. These services are more difficult to provide since mental health disorders are well established. This is inclusive of the utilization of research-based prevention programs (behavioral health promotion, universal, selective, and indicated programs). The investment of resources will have a good cost-effectiveness because the procedures are directed at basic recovery. They include but are not limited to complex psychosocial dynamics, the impact of the family on the patient and impacts of generational, historical traumas as well as poverty and disease burden of the population.

The following Level IV services are those most frequently utilized:

- Psychoeducational groups
- Occupational Therapy
- Vocational Rehabilitation
- Peer Support
- Psychosocial Rehabilitation

Level V: Complex Recovery Services

The complex rehabilitation services listed in Level V are those that require significant time, special skill or cost to provide. Certain patients will require referral to specialized behavioral and mental health providers skilled in providing the specific treatments and/or which have limited their practice to that specific specialty area. Generally the patient must present special circumstances that would warrant the added time and transportation associated with specialty

referral. Level V services may not improve the overall functioning for most patients so patient selection is of critical importance when considering the provision of these services.

The Level V services most frequently provided are:

- Detoxification from known substances which require medical monitoring but are not life threatening
- Intensive Outpatient Mental Health Services

Level VI: Exclusions

These services have been determined to be of limited benefit in the treatment or recovery of behavioral and mental health disorders. These services have a variable rate of success, are difficult to monitor from an appropriateness or effectiveness standpoint, are not universally defined or accepted as the preferred method of treatment. Some of the services listed under exclusions require heroic effort and therefore are questionable from a cost benefit standpoint. Other services use treatments which is obsolete or of disputable effectiveness. In other cases the services are considered part of treatment and do not warrant a separate fee or value. In certain other cases the IHS simply will not pay for the service.

The following procedures are examples of exclusions which are frequently reported:

- Deep Brain Stimulation
- Psychosurgery
- Alternative Substance Treatment
- Forensic Evaluations

Limitations

Provisions have been added to the IHS Schedule of Behavioral health Care to limit the frequency of certain treatments provided to individual patients. The limitations are similar to those accepted in contracts managed by most third party payers and therefore should be acceptable to most behavioral and mental health providers. The limitations are to be used in conjunction with applicable modifiers for specific services to assure that care is provided with optimal effectiveness.

The following table lists behavioral and mental health services which are subject to the specific limitations given:

Procedure	Limitation
Alcohol and Drug Assessment	Once per 6-month period

Treatment Modifiers

To further enhance the appropriateness and effectiveness of behavioral and mental health services for American Indians/Alaska Natives, the Schedule of Behavioral Health Services contains modifiers that providers must consider before planning treatment. These modifiers are based upon differences between the needs and circumstances of individual patients. Factors such as the patient's age, their health behavior or motivation, existing medical conditions, as well as other factors, may dictate the priority and extent of dental care that can be provided.

Following is a list of modifiers that may affect the provision of higher levels of care:

- Cognitive ability
- Treatment adherence
- Patient's health behavior or motivation
 - Stage of readiness
 - Willingness to receive treatment
 - Dependability (history of keeping or breaking appointments)
- Medical conditions
 - Comorbid medical conditions which may impact behavioral and mental health services
- Supportive environment
- Access to care
 - Distance from source of treatment
 - Availability of skilled provider
 - Backlog of demand for lower levels of care