Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Outpatient BH Home Based Services Rendered in a Day Program or SNF Facility

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<th>MNG #: 034</th>
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<th>One Care</th>
<th>Prior Authorization Needed?</th>
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<tr>
<td>Clinical:  ☒</td>
<td>Operational: ☐</td>
<td>Informational: ☐</td>
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<td>Medicare Benefit: ☒</td>
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<td>Last Revised Date:</td>
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<td>Retire Date:</td>
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OVERVIEW:
Outpatient Home Based Services administered in a facility are those behavioral health services that are rendered in an ambulatory care setting, such as a day program or SNF facility. Outpatient services may include individual, couple, family, and group therapy sessions. Services focus on the restoration, enhancement, and/or maintenance of a member’s level of functioning and the alleviation of symptoms that significantly interfere with functioning in at least one area of the member’s life (e.g., familial, social, occupational, educational). Active family/guardian/natural supports involvement is important unless contraindicated. The goals, frequency, and length of treatment will vary according to the needs of the member and the response to treatment. A clear treatment focus, measurable outcomes, and a discharge plan (including the identification of realistic discharge criteria) will be developed as part of the initial assessment and treatment-planning process and will be evaluated and revised as necessary. Outpatient services that emphasize time-effective episodes of care may be sufficient for most members seeking outpatient treatment, including those with more serious and persistent behavioral health conditions. Some members, however, may require specialty outpatient services, pharmacotherapy, and/or ongoing, intermittent contact with a licensed mental health professional to maintain the individual’s optimal level of functioning, to ameliorate significant and debilitating symptoms, and to prevent the need for more intensive levels of care.

DECISION GUIDELINES:
Clinical Eligibility:
- The member demonstrates symptomatology consistent with a current DSM-5 psychiatric or substance use disorder diagnosis, which requires and can reasonably be expected to respond to therapeutic intervention; or the member has a chronic affective illness, schizophrenia, or a refractory behavioral disorder, which by history, has required hospitalization;
- There are significant psychiatric symptoms that cause distress or interfere with the Member’s ability to function in at least one life area;
- There is an expectation that the member has the capacity to make significant progress toward treatment goals or treatment is necessary to maintain the current level of functioning.
Medical Necessity Guideline

Determination of Medical Necessity:

- The member’s condition continues to meet admission criteria at this level of care;
- The member’s condition may require more intensive levels of care intermittently, but the member continues to require ongoing outpatient services for stability in the community and progress towards treatment goals;
- Frequency and intensity of treatment contact occurs at a rate that is appropriate to the severity of current symptoms and a lower frequency of sessions would not be sufficient to meet the member’s needs;
- Care is rendered in a clinically appropriate manner and focused on the member’s behavioral and functional outcomes as described in the discharge plan;
- All services and treatment are carefully structured to achieve optimum results in the most time-efficient manner possible, consistent with sound clinical practice. Expected benefit from all relevant modalities is documented;
- Progress in relation to specific symptoms or impairments is clear and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are evident; or progress toward stabilization of functioning is documented, or continued outpatient services are expected to prevent the need for more intensive levels of care;
- The member is actively participating in the plan of care and treatment to the extent possible, consistent with the member’s condition;
- Unless contraindicated, the family, guardian, and/or natural supports are actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them;
- When medically necessary, appropriate psychopharmacological intervention has been evaluated and/or prescribed;
- There is documented active discharge planning from the beginning of treatment;
- There is documented active coordination of care with other behavioral health providers, the PCC (primary care clinician), and other services and state agencies. If coordination is not successful, the reasons are documented and efforts to coordinate care continue Discharge Criteria. Any of the following criteria is sufficient for discharge from this level of care:
  - The member no longer meets admission criteria or meets criteria for a less or more intensive level of care;
  - Treatment plan goals and objectives have been substantially met, and/or a safe, continuing care program can be arranged and deployed at a less intensive level of care or with self-help, community-based supports or natural supports.
  - The member is not engaged in treatment or is not following program rules and regulations. The lack of engagement is of such a degree that treatment at this level of care becomes ineffective or unsafe, despite multiple, documented attempts to address engagement intensive level of care;
Medical Necessity Guideline

- Consent for treatment is withdrawn. In addition, it has been determined that the member, parent, and/or legal guardian has the capacity to make an informed decision, and the member does not meet the criteria for a more intensive level of care;
- The member and/or family are not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care or treatment approach, nor is it required to maintain the current level of functioning;
- It is reasonably predicted that continuing stabilization can occur with discharge from care and/or Medication Management level of care only and community support.

LIMITATIONS/EXCLUSIONS:
Any of the following criteria is sufficient for exclusion from this level of care:
- The member has medical conditions or impairments that would prevent beneficial utilization of services;
- The primary limitation is not psychiatric. It is a social, legal, or medical limitation without a concurrent major psychiatric episode meeting criterion for this level of care, or admission is being used as an alternative to incarceration;
- The treatment plan is designed to address goals other than the treatment of active symptoms of a DSM diagnosis (e.g., self-actualization);
- Medication Management level of outpatient care is sufficient to stabilize or maintain the individual’s functioning once an episode of active psychotherapy has been completed, or it is unlikely that psychotherapy would be beneficial given the individual’s diagnosis, history, or previous response to treatment;
- Rehabilitative or community services are provided and are adequate to stabilize or assist the individual in resuming prior level of roles and responsibility.

KEY CARE PLANNING CONSIDERATIONS:
N/A

PRIOR AUTHORIZATION REQUIREMENTS AND PROCESS:
CPT 90837, Place of Service must be entered as Home Based (12)

RELATED REFERENCES:
MassHealth Coverage Guidelines
MBHP clinical guidelines referenced throughout to help develop current definition and clinical criteria for DST
Medical Necessity Guideline

REVISION LOG:

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<th>REVISION DATE</th>
<th>DESCRIPTION</th>
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<tr>
<td>10/03/2019</td>
<td>Reviewed and approved by the Medical Policy Committee</td>
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APPROVALS:

Dr. Peggy Johnson, MD  
CCA Senior Clinical Lead [Print]  
Signature  

Vice President & Chief of Psychiatry  
Title [Print]  
10/03/2019  
Date

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Dr. Lori Tishler, MD, MPH  
CCA CMO or Designee [Print]  
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10/03/2019  
Date

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