

## Recovery Support Navigator Medical Necessity Guideline

<b>Medical Necessity Guideline (MNG) Title: Recovery Support Navigator (RSN)</b>		
<b>MNG #: 078</b>	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	<b>Prior Authorization Needed?</b> <input type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input checked="" type="checkbox"/> No
<b>Benefit Type:</b> <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	<b>Approval Date:</b> 7/1/2021; 2/8/24	<b>Effective Date:</b> 9/28/2021; 2/8/24
<b>Last Revised Date:</b> 1/23/2023; 2/8/24	<b>Next Annual Review Date:</b> 7/1/2022; 1/23/2024; 2/8/25	<b>Retire Date:</b>

### OVERVIEW:

Recovery Support Navigator (RSN) services are staffed by paraprofessionals who provide care management and system navigation supports to Members with a diagnosis of substance use disorder and/or co-occurring mental health disorders. The purpose of RSN services is to engage Members as they present in the treatment system and support them in accessing treatment services and community resources.

RSN services are appropriate for Members with substance use disorder and/or co-occurring disorders who are in need of additional support in remaining engaged in treatment; identifying and accessing treatment and recovery resources in the community including prescribers for addiction and psychiatric medications; and/or developing and implementing personal goals and objectives around treatment and recovery from addiction and/or co-occurring disorders. The RSN explores treatment recovery options with the Member, helps clarify goals and strategies, provides education and resources, and assists Members in accessing treatment and community supports. The RSN is not responsible for a member’s comprehensive care plan or medical or clinical service delivery but supports the Member in accessing those services and participates as part of the overall care team when appropriate.

The RSN service is based within a Licensed Outpatient Clinic, or any substance use disorder treatment setting, and RSNs can be deployed to any setting.

### DEFINITIONS:

**Mobile Crisis Intervention (MCI):** a community-based behavioral health service available 24/7/365 that provides short-term mobile, on-site, face-to-face crisis assessment, intervention, and stabilization.

### DECISION GUIDELINES:

#### Clinical Coverage Criteria

**All of the following criteria are necessary to initiate these services:**

1. The Member demonstrates symptomatology consistent with a DSM-5 diagnosis for a substance use disorder, which requires and can reasonably be expected to respond to therapeutic intervention;

**AND at least one (1) of the following:**

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1. The Member is at a transition point in his or her treatment and/or recovery and/or at risk for admission to 24-hour behavioral health inpatient/diversionary services, as evidenced by one or more of the following:
  - a. Discharge from a 24-hour behavioral health inpatient/diversionary level of care within the past 180 days;
  - b. Multiple Mobile Crisis Intervention and/or emergency department (ED) encounters within the past 90 days;
  - c. Documented barriers to accessing and/or consistently utilizing essential medical and behavioral health services;
  - d. Initiating or changing an addiction pharmacotherapy or medication assisted treatment (MAT) regimen and/or changing MAT provider;
  - e. Loss of employment within 90 days;
  - f. Loss of family support and connection within 90 days; or
  - g. Currently pregnant or up to 12 months postpartum, with or without custody; **OR**
2. The Member is referred by a primary care practitioner for assistance with necessary medical follow-up.

### ***All of the following criteria are necessary for continuing in treatment at this level of care:***

1. Severity of illness and resulting impairment continue to warrant this level of care in order to maintain the Member in the community and continue progress toward RSN service plan goals and clinical treatment plan goals;
2. The Member's treatment does not require a more-intensive level of care, and no less-intensive level of care would be appropriate or is available;
3. After initial evaluation and stabilization, it is determined that the presenting symptomatology is indicative of a DSM diagnosis (inclusive of psychosocial and contextual factors and disability, as applicable), which is amenable to continued services at this level of care. Conditions that would not be appropriate for continued RSN services are:
  - a. Permanent cognitive dysfunction without acute DSM diagnosis;
  - b. Medical illness requiring treatment in a medical setting;
  - c. Chronic condition with no indication of need for ongoing services at this level of care to maintain stability and functioning;
4. RSN services are rendered in a clinically appropriate manner and focused on the Member's behavioral and functional outcomes as described in the RSN service and discharge plans;
5. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of RSN services and clinical treatment services have not yet been achieved, or adjustments in the RSN service plan to address lack of progress are documented;
6. The Member is actively participating in the RSN service plan and related treatment services, to the extent possible consistent with the Member's condition;
7. Unless contraindicated, the family, guardian, and/or natural supports are actively involved in RSN services; and
8. When medically necessary, the Member has been referred to appropriate psychopharmacological services.

### ***Any of the following criteria is sufficient for discharge from this level of care:***

1. The Member no longer meets admission criteria or meets criteria for a less- or more-intensive level of care.
2. Recovery Support Navigator service place 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.

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3. Consent for Recovery Support Navigator Services is withdrawn. In addition, it has been determined that the member and or guardian has the capacity to make an informed decision and the member does not meet criteria for a more-intensive level of care.
4. Support systems that allow the Member to be maintained in the community have been established.

**Determination of need:** Members can access RSN services based on medical necessity and/or a referral by a medical or behavioral health provider, Care Partner (CP), or other care manager, that has contact with the Member and is able to identify the need for RSN services.

### LIMITATIONS/EXCLUSIONS:

***Any of the following criteria may be sufficient for exclusion from this level of care:***

1. The Member is at acute risk to harm self or others, or sufficient impairment exists to require a more-intensive level of service beyond community-based intervention.
2. The Member has severe medical conditions or impairments that would prevent beneficial utilization of services.
3. The Member is receiving similar supportive services and does not require this level of care.
4. The Member, and his/her guardian/caregiver when applicable, does not consent to Recovery Support Navigator services.

### CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

HCPCS Code	Description
H2015-HF	Comprehensive community support services, per 15 minutes

### Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual© criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied

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by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member’s unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member’s unique clinical circumstances will generally be required.

**RELATED REFERENCES:**

MassHealth’s Behavioral Health vendor’s criteria for Recovery Support Navigator services

**REVISION LOG:**

REVISION DATE	DESCRIPTION
1/12/2023	Language in the Clinical Coverage Criteria changed from “This Medical Necessity Guideline (MNG) applies to all CCA Products unless a less restrictive and applicable...” to “This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable...”
2/8/2024	Criteria updated to align with MassHealth’s Behavioral Health vendor’s criteria: Loss of housing stability and Release from incarceration removed from criteria to initiate services; Reasonable expectation of progress toward RSN service plan goals is no longer required for continuation of treatment at level of care and no longer sufficient for discharge from level of care. Template updated



### Recovery Support Navigator Medical Necessity Guideline

**APPROVALS:**

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2/8/2024  
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Date