



Staywell of Florida

WellCare (Florida)

Children's Medical Services Health Plan (CMS Health Plan)

Florida Statewide Inpatient Psychiatric Program (SIPP) Services

Policy Number: HS-294

Original Effective Date: 5/7/2015

Revised Date(s): 6/4/2015; 4/26/2016;
12/7/2017; 3/1/2018; 3/28/2019

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

Florida Medicaid's Statewide Inpatient Psychiatric Program (SIPP) is a residential program of sub-acute mental health related services provided in an institution enrolled as a SIPP provider with the State of Florida. These institutions are secure, locked residential treatment programs for children and adolescents up to age 21. This level of care removes the child from his/her home for extended periods of time, sometimes far away from their family. *This level of care is considered to be a very restrictive level of care that should be rarely used as it is intended for high risk youth with documented psychiatric diagnoses who have failed to benefit from multiple admissions to acute inpatient services and who cannot be safely maintained in traditional or comprehensive outpatient services.*

A primary goal of SIPP is to stabilize individuals so that they can safely return to the care of their parents and/or guardians in the community and function appropriately within their developmental role. Therefore, the involvement and participation of the parents and/or guardians is required and essential throughout the SIPP process; Staywell will make every effort to place the child in a Florida SIPP close to the family home.

Diagnostic Issues

SIPP services are for children who exhibit behaviors that pose a threat to themselves or others such that they require 24/7 care longer than would normally be provided by acute, short stay, IP hospitalization. SIPP will be available to children with a disorder of mood or thought that severely impairs behavior, until the child meets criteria for treatment in a less restrictive environment. For patients with Borderline Personality Disorder (BPD), brief inpatient care is preferable to manage crises as it is recognized that longer stays for patients with BPD may lead to aggression and worsening of symptoms.

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Disorders of attention and/or conduct, where the child knows the wrongfulness of his or her behavior and refuses to conform their behavior to the requirements of the social setting (be it home or institution) do not qualify for SIPP and may be referred for intensive in home therapies, and /or to the juvenile justice system where and when appropriate.

Staywell expects SIPP services to be comprehensive, multidisciplinary, and focused on stabilizing the emotional and behavioral issues that necessitated admission to a residential level of care, as well as identifying and treating any underlying issues related to abuse, trauma, neglect or family conflicts, and providing skills training to foster a strong sense of resiliency and competence. Identification of skill deficits needed to function more effectively in the community, skill training, and treatment designed to facilitate resiliency in children. These are required components of the service.

Family involvement in the treatment process is expected throughout the course of the admission and throughout treatment, including the beginning, middle and end; this is often the single most important predictor of treatment success. Therefore, a Staywell Family Agreement Form must be signed by the parent/guardian and submitted with the referral/request packet or completed prior authorization form. During discharge planning, each child/family is offered targeted case management to help with the transition back to the community and ensure all the necessary linkages to facilitate engagement in all needed aftercare services.

At a minimum, the following services should be provided throughout the member's treatment in SIPP:

- Psychiatric evaluation/medication management at least once (1 x) per month
- Individual/group at least three times (3 x) per week
- Family therapy sessions at least twice (2 x) month via phone or face to face
- Clinical assessment once (1 x) per day by licensed clinician or a staff member under the supervision of a licensed clinician
- Ongoing educational program
- Assessment of specific skills needed to successfully return to the home environment and ongoing skills training

SIPP programs are not considered to be an emergency service; requests for authorization will be processed in up to seven (7) days. All SIPP placements are voluntary and are subject to the family's agreement with the expectations of the service and their participation.

Historically, applications to SIPP programs have been screened through a community staffing process that is run by a managing entity or community services provider. If this community process remains in operation, Staywell will make reasonable effort to attend the meetings to give input and clinical support.

POSITION STATEMENT

Applicable To:

- Medicaid – Florida
- Medicaid – Florida (CMS Health Plan - CHIP)

Related Guideline: *Juvenile Sex Offenders* (HS-215).

Exclusions

Any of the following are sufficient for exclusion from the SIPP level of care:

- The clinical status of the member *does not* include a primary mental health condition which can be impacted by the treatment services and/or setting.
- More than one prior placement in SIPP level of care, with no improvement.

- Failure to obtain authorization before admission. Staywell is not responsible for payment of SIPP services if prior approval was not obtained.
- Parent/guardian is unable or unwilling to be involved in the SIPP treatment process and sign the family agreement form and/or indicates that they will not take the youth home after SIPP treatment is completed. [Exception; youth in the dependency system (foster care) may be covered for SIPP services by Staywell if the AHCA requirements for placement of dependent children in SIPP are upheld and there is a foster care case manager or designee available to participate in treatment and coordinate with the SIPP provider and Staywell].
- History of long-standing violations of the rights and property of others.
- When there is a pattern of socially directed disruptive behavior is the primary presenting problem or remaining problem after any psychiatric issue has stabilized.

Coverage / Admission Criteria

This service requires prior approval and must meet the criteria outlined below based on the faxed submission of the Staywell Residential Services request form and additional data submitted via fax or verbally. Member must meet the following criteria for admission:

- Written documentation of an evaluation within the previous 6 months by a Florida-licensed psychiatrist or psychologist with specific training or experience in childhood psychiatric disorders that states the current diagnosis(es), that the condition is likely to respond to treatment and that there are no other levels of treatment other than residential that could be as effective.
- Repeat admissions of such severity and duration that requires a higher level of intervention.
- The member is exhibiting significant impairment in functioning in one or more areas, including school, family, social relationships, self-care due to the current psychiatric diagnosis.
- Documentation of all unsuccessful treatment provided within the past year – including intensive community outpatient, inpatient and medication trials.
- The member has the developmental level and cognitive ability to benefit from this level of care and the proposed treatment within a reasonable period of time.
- The parent/guardian is willing and able to participate in the treatment process and has signed and submitted the Staywell Family Agreement for SIPP Services form which outlines that the goal of SIPP services is family reunification. In addition, the family/parent/caregiver/guardian agrees to:
 - Attend SIPP treatment team meetings as scheduled;
 - Participate in SIPP family therapy at least twice (2 x) month via phone or in person;
 - Engage in at least 3 independent counseling and/or parenting sessions (outside the SIPP program) to identify family stressors, facilitate improvement, and set up a solid family foundation to return the child/adolescent to the home after the completion of SIPP services;
 - Visit the child/adolescent at the SIPP program to maintain and strengthen our bond;
 - Provide informed consent for recommended medications. If there are concerns, I will abide by a second opinion provided by an external reviewer or the Staywell Behavioral Health Medical Director;
- Adhere to therapeutic treatment recommendations, therapeutic assignments, home passes (if approved), and assist in identifying an appropriate discharge and follow-up plan.
- Behavioral Health team staff will consult with the BH Medical Director if there are any concerns as to whether admission criteria are met.

Continued Stay Criteria

Member must meet **ALL** of the following criteria for continued stay:

- The SIPP provider is submitting, by fax and/or verbally, a copy of the treatment plan, most recent treatment plan reviews and upon request, weekly team progress notes (e.g., by a physician or nurse) prior to the date of scheduled reviews. Such documentation should include all of the following:
 - Summary of symptoms and behaviors exhibited since the last review period;
 - Progress toward goals or, if no progress, evidence of proposed changes to the treatment plan to address the lack of progress;
 - The services provided to member since the last review period, and plan for services to be provided in the upcoming review period;
 - Documentation of the level of participation in treatment by both the member and parents / guardians / family;
- AND,**
- Current prescribed medication and any changes that occurred since the last review.

AND,

- The Staywell UM and/or CM care manager has been notified of and afforded the opportunity to attend, all scheduled treatment team meetings; **AND,**
- The parents/guardians are participating in treatment as outlined in the family agreement and are responsive to outreach by the SIPP provider and Staywell; **AND,**
- There is a clearly specified discharge plan, including projected length of continued stay, expected outcome of treatment, description of follow-up services and availability, and the role of the parents/guardians/family in helping to develop the discharge/follow-up plan. If there is any indication that the parents/guardians will not want to take the member home by the proposed discharge date, there must be clear documentation as to what will be done to help ensure that they will take the member at discharge; or that other arrangements (calling in a DCF report, etc.) will be implemented; **AND,**
- The Behavioral Health team staff will consult with the BH Medical Director if there are any concerns as to whether continued stay criteria is met.

Discharge Criteria

Any of the following criteria are sufficient for discharge from this level of care:

- The individual no longer meets admission criteria or meets criteria for a less intensive level of care. Symptoms and behaviors are improved such that he/she can be safely treated as a lower level of care.
- Treatment plan goals and objectives have been substantially met and/or a safe, continuing care program can be arranged and implemented at a lower level of care.
- The individual, family, legal guardian and/or custodian are competent but non-participatory in treatment or in following program rules and regulations. And, the non-participation is of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non-participation issues.
- Consent for treatment is withdrawn by the legal guardian.
- A relapse prevention plan and transition of care plan have been developed and appointments made including a follow up medication/therapy appointment within 7 days after discharge, TCM, TBOS, Family Therapy, individual therapy.
- A Targeted Case Manager (TCM) will be assigned 30 days prior to discharge and, if not assigned, documentation will exist as to how a TCM will be enlisted by the time of discharge, or documentation of why TCM involvement is not indicated.

- Support systems that allow the patient to be maintained in a less restrictive treatment environment have been thoroughly explored and/or secured.
- The individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care due to exhibiting baseline behavior/symptoms of a chronic condition or cognitive/developmental delays.

CODING

REV Code 100 must be used for claims.

NOTE: Category could fall into any approved behavioral health diagnosis code.

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal/ state law s.

REFERENCES

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2. Letourneau EJ, Borduin CM. The effective treatment of juveniles w ho sexually offend: an ethical imperative. *Ethics Behav.* 2008 Apr 1; 18(2/3):286-306. doi: 10.1080/10508420802066940.
3. Shaw , JA. Practice parameters for the assessment and treatment of children and adolescents w ho are sexually abusive of others. *Journal of the American Academy of Child & Adolescent Psychiatry.* 1999; 38(12):55S-76S. doi: [http://dx.doi.org/10.1016/S0890-8567\(99\)80004-5](http://dx.doi.org/10.1016/S0890-8567(99)80004-5).
4. Bumby K., Gilligan L., Talbot T. Center for Sex Offender Management: The effective management of juvenile sex offenders in the community. http://www.csom.org/train/juvenile/1/1_1.htm. Accessed March 12, 2019.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
3/28/2019, 3/1/2018, 12/7/2017	<ul style="list-style-type: none"> • Approved by MPC. No changes.
4/26/2016	<ul style="list-style-type: none"> • Approved by MPC. Included additional exclusion language.
6/4/2015	<ul style="list-style-type: none"> • Approved by MPC. Clarification of language in Background (paras. 1 and 5). Coding section updated.
5/7/2015	<ul style="list-style-type: none"> • Approved by MPC. New .