FLORIDA DOWNWARD SUBSTITUTION SERVICES
HS-280

Care1st Health Plan Arizona, Inc.

Easy Choice Health Plan

Harmony Health Plan of Illinois

Missouri Care

‘Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

Staywell of Florida

WellCare (Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

Florida Downward Substitution Services

Policy Number: HS-280

ORIGINAL EFFECTIVE DATE: 11/6/2014


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 state-specific Medicaid mandates, if any. All links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change prior to the annual review date. Lines of business (LOB) are subject to change without notice; current LOBs can be found at www.wellcare.com. All guidelines can be found at this site as well but selecting the Provider tab, then “Tools” and “Clinical Guidelines”.

BACKGROUND

Adult Therapeutic Behavioral On-Site Services (TBOS)

Code: H2019HB

Substitution For: Office therapy services.

Service Limits: Medical necessity applies.
Therapeutic Behavioral On-Site Services (TBOS) for Adults is provided by a Master-level clinician and is designed to assist high-risk members to prevent a more intensive and restrictive behavioral health placement. Coverage must include the provision of these services outside of the traditional office setting. The process must be driven by assessment of the individual needs and strengths of each member and family, and be developed and directed by a treatment team. TBOS are comprehensive outpatient services delivered where the member is living, working, or participating in educational activities. These services provide a full range of intensity to the member in his/her natural setting, depending on the need of the member. TBOS includes therapy services, behavior management services and therapeutic support services. These services may not be provided in a psychiatric hospital, a psychiatric unit of a general hospital, a crisis stabilization unit, or any other setting where the same services are already being paid for by another source. In considering the intensity of Therapeutic Behavioral Health Services, the delivery of these services involves three basic elements: severity of problem, appropriate intensity of service, and the least restrictive and/or intrusive service necessary.

TBOS is a community service which utilizes natural supports for members with serious and persistent mental health illnesses. Clinical services include the provision of a professional level therapeutic service that may include the teaching of problem solving skills, behavioral strategies, normalization activities and other treatment modalities that are determined to be medically necessary. These services should be designed to maximize strengths and reduce behavior problems or functional deficits stemming from the existence of a mental health disorder. Social services include interventions designed for the restoration, modification and maintenance of social, personal adjustment and basic living skills. Inherent in the concept of Therapeutic Behavioral On-Site Services is that they are developed and tailored specifically to meet individualized member and family needs.

Prior to receiving any community behavioral health services, members must have:
- A current psychosocial assessment;
- A current, strengths-based, culturally competent, Recovery-oriented, treatment plan which identifies the need for the service; and
- Agreement of the member and if possible the member’s family/support system.

Therapeutic behavioral therapy services include a clinical assessment of mental health, substance abuse or behavioral disorders to determine treatment needs. An assessment and implementation plan is created with the member and his/her family to incorporate the member’s natural support system. These services also provide development, implementation, and monitoring of behavior programming for the member as well as individual and family therapy as needed. These services may be ordered for a specified period of time to assess the benefit and effectiveness.

**Community Outreach Services**

**Code:** H2015 HE  
**Substitution For:** Office-based therapy and/or TBOS.  
**Service Limits:** Medical necessity applies and no more than 16 units per day.

Community Outreach Services must be provided by a Bachelor’s-level clinician or a LPN and are designed to provide on-site or off-site interventions to divert members from the criminal justice system. Services may be ordered for a specified period of time to assess the benefit and effectiveness. Services must:
- Provide a beneficial diversion from jail or juvenile justice system; **AND,**
- Be targeted towards a specific recipient; **AND,**
- Encourage engagement in the treatment process to prevent involvement in the criminal justice system.

**NOTE:** Does not include paperwork, travel time, transportation of consumers, phone calls or administrative services.
Community Based Wraparound Services

**Code:** H2022  
**Substitution For:** Office-based therapy, targeted case management and TBOS.  
**Service Limits:** Medical necessity applies and only one per diem, per day.

Wraparound is an intensive, individualized process of care planning and management process for children up to age 21 with complex needs due to a serious emotional disturbance (SED). Services must be provided by certified provider type 91 and certified to provide children’s mental health targeted case management OR must be provided by Provider type 0-5 (Community Behavioral Health Provider). Services are highly individualized, structured, and team based. Care plan are designed to meet the individualized needs across a range of life domains or the child, caregivers and family. There is an emphasis on integrating the child into the community and building the family's social support network. The wraparound process aims to achieve positive outcomes by providing a structured, creative and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family.

Wraparound provides a single point of accountability for ensuring that necessary services and supports are accessed, coordinated and delivered under s system of care value system that is family/youth-driven, community-based, and culturally and linguistically competent. Services and supports are developed through a Child and Family Team planning process that results in a flexible plan of for the youth and family. Services are delivered in the home community and organized by the wraparound care coordinator. A family partner ensures the team process incorporates family voice and educates caregivers about how to effectively navigate the child-serving systems and assists the family to build natural supports. High fidelity to the wraparound model ensures the CFTs occur on a monthly basis during the Implementation phase but may be more or less frequent based on the family's needs and level of risk (crisis situations).

Wraparound is structured around four phases, with each phase having distinct activities. These essential activities make-up the wraparound process:

**Phase 1 – Engagement and Team Preparation**
- Orient/Engage the Child and Family
- Stabilize Crises
- Strengths, Needs and Culture Discovery (Assessment)
- Engagement of Team Members

**Phase 2 – Initial Plan Development**
- Develop an Initial Plan of Care
- Crisis/Safety Plan

**Phase 3 – Implementation**
- Care Plan Implementation
- Revisit/Track and update the Plan

**Phase 4 - Transition**
- Transition Plan for cessation of formal wraparound

Community Based Wraparound Services must be provided by one of the following qualified practitioners:

1. **Wraparound Care Coordinators** who:
   - Have a bachelor's degree from an accredited university or college with a major in counseling, social work, psychology, criminal justice, nursing, rehabilitation, special education, health education, or a related human services field (a related human services field is one in which major course work includes the study of human behavior and development); **AND,**
   - Have completed System of Care and Wraparound Training prior to the provision of services to the child and family; **AND,**
Have a minimum of one year of full time or equivalent experience working with children with serious emotional disturbances; OR,

Have a bachelor's degree from an accredited university or college and three years full time or equivalent experience working with children with serious emotional disturbances.

OR,

2. Family Partners providing services must:
   - Be a Certified Recovery Peer Specialist certified by the Florida Certification Board and work under the supervision of a bachelor's level practitioner, master's level CAP, or higher; AND,
   - Have completed System of Care and Wraparound Training prior to the provision of services to the child and family.

   OR,

   - Be a parent or caregiver of a child with SED and agree to complete Recovery Peer Specialist Family certification within one year of initially providing Medicaid services; AND,
   - Work under the supervision of a bachelor's level practitioner, master’s level CAP, or higher. (If the certification is not completed within one year, the provider agency cannot continue to bill Medicaid for services rendered by the parent partner).

**Family Training Counseling**

**Code:** T1027  
**Substitution For:** Office-based therapy and/or TBOS.  
**Service Limits:** Medical necessity applies and no more than 16 units per day.

Family Training and Counseling (FTC) is a psycho-educational service. This service is delivered by, at a minimum, a Bachelor's-level clinician and is designed to assist families with their understanding of SED (Severe Emotional Disturbances). Services must support the family and child in treatment. They must be resiliency focused and provide meaningful supports to allow the family, caregivers, and child to participate fully in the treatment process. FTC gives information, suggestions for behavior management, support- often in the form of support groups- and services for the affected children. It does not include paperwork or case management services, does not include telephone calls to families, travel time, transportation of consumers, services to support appointment coordination, or other administrative services. Services may be ordered for a specified period of time to assess the benefit and effectiveness.

**Infant Mental Health Assessments**

**Code:** T1023HA  
**Substitution For:** Not applicable for assessments.  
**Service Limits:** No more than 40 units per year.

This service is delivered by a Masters level or above with 2 years’ experience working with infant mental health OR Master Level Clinician under the supervision of a Masters Level or above with at least 2 years’ experience working in Infant Mental Health. Individuals administering the tests are to be operating within the scope of their professional licensure, training, test protocols and competencies, and in accordance with applicable statutes. This service includes Infant Mental Health Pre and Post Testing Services including: tests, inventories, questionnaires, structured interviews, structured observations, and systematic assessments that are administered to help assess the caregiver-child relationship and to help aid in the development of the treatment plan. These assessment services are available to children in the care management program upon their recommendation once per fiscal year.
Mental Health Services for High-Risk Children in the Child Welfare System
(Specialized Therapeutic In-Home Services)

**Code:** H0046HK  
**Substitution For:** Office-based therapy and/or TBOS.  
**Service Limits:** Medical necessity applies and no more than one (1) unit per week.

Specialized therapeutic in-home service is a flexible in-home support service designed for children in the child welfare system, ages 5 through 17, who are stepping down from or at high risk for residential care and institutional services. Services are delivered by a team led by a licensed clinician and a targeted case manager, a Master’s-level therapist and a psychiatrist. Providing therapeutic support in addition to helping parents in developing parenting skills, specialized therapeutic in-home services are designed to aid in the transition to community-based outpatient services by providing intensive therapeutic services plus 24 hour crisis response services for an anticipated length of stay of up to 120 days.

The specialized therapeutic in-home services team is led by a licensed clinician who coordinates the services of the treatment team, which includes a mental health targeted case manager, master’s level therapist and psychiatrist. Individualized treatment plans within 14 days of admission, treatment plan reviews biweekly by the treatment team with the youth and family and updated as needed. Weekly written progress updates are provided in addition to a weekly face-to-face or telephonic staffing with the Community Based Care agency responsible for the child's care. A minimum of four face-to-face contacts per week are required and must include both individual and family therapy. A minimum of three contacts per week are to be made in the home by the primary clinician. These services may be ordered for a specified period of time to assess the benefit and effectiveness.

Mobile Crisis Services (All Ages)

**Code:** H2011HO  
**Substitution For:** Emergency Room and Crisis Center  
**Service Limits:** Medical necessity applies and no more than eight (8) unit per day or 96 units per year.

Mobile Crisis Services provide onsite, mobile assessment to individuals in an active state of crisis (24 hours per day, 7 days per week). The service is delivered by a Masters-level clinician under the supervision of a Master’s level licensed clinician. The purpose of Mobile Crisis Services is to rapidly respond, effectively screen, and provide early intervention to help those individuals who are in crisis, and insure their entry into the continuum of care at the appropriate level. Services also identifies services and alternatives that will minimize distress and aid in crisis stabilization, and provide referral and case management services to link individuals with other service providers and community supports that can assist with maintaining maximum functioning in the least restrictive environment. Mobile Crisis Services are typically done using a team of mental health professionals, paraprofessionals, registered nurses, and peer specialists, with oversight by a psychiatrist. This service may be provided in community settings, private residences, or other locations in response to requests by police, providers, community-based agencies, family members, guardians or the individual in crisis. Crisis stabilization requires flexibility in the duration of the initial intervention, the individuals participating in the treatment, and the number and type of follow-up services. It is crucial that the patient and the patient's family or other primary caretakers and/or social supports participate in the stabilization process whenever possible. The desired goal is to activate the individual's personal strengths and family/system resources to defuse the crisis and maintain the individual in the community whenever possible. Licensure and credentialing requirements specific to facilities and individual practitioners do apply and are found in our provider manual/credentialing information.

Self-Help / Peer Specialist Services

**Code:** H0038  
**Substitution For:** Clubhouse.  
**Service Limits:** Medical necessity applies and no more than sixteen (16) units per day.
Peer support is a collegial service and an evidence-based practice delivered in a variety of places such as community settings, individuals' homes, provider offices, or ER departments by those qualified by training and certification to perform this service under the supervision of a Master's-level licensed clinician. Services may be delivered face-to-face or telephonically, and may occur one-on-one or in a group. Peer support services are provided directly by adult consumers of mental health services who are presently stable regarding their mental illness. The services are targeted toward the support of an individual with SMI. Such services are supportive in nature and may be rehabilitative in focus and are initiated when there is a reasonable likelihood that such services will benefit the individual's functioning and assist him/her in maintaining community tenure. Services may include: peer specialist activities, peer mentoring, peer education, recovery coach services and mental health services provided by peers. Does not include: paperwork for consumers, attendance at NAMI or other consumer support meetings, offering meeting space for consumer meetings, travel time or transportation of consumers, peer specialist time that is not spent on education or self-help activities, or other administrative services.

Recovery/Self-Help Groups: A common form of peer support, recovery groups meet regularly on a formal or informal basis to share ideas, information, resources, and experiences and offer mutual support. These groups are run by and for people who have behavioral health issues. They are typically designed to share experiences and support around a common issue including living with a specific illness. They may have a focus on support- where personal stories are shared and the group works together in problem solving or have more of an educational focus on a specific skill or subject. Groups may have components of both activities, and may or may not have a spiritual component as well.

Peer support specialists may supplement other services and programs by assisting the individual in whole health, wellness, and resiliency services, crisis self-management strategies, developing goals for wellness-self management (e.g., Peer Support Whole Health and Resiliency or WRAP®) and linking individuals to community supports and resources, including mutual self-help groups and other peer-provided services. This level of involvement is appropriate for individuals who are actively involved in their recovery and choose to have a Peer Support Services as an essential element in their individualized Recovery Plan. Peer Support Services must be provided by a Florida Certified Recovery Peer Specialist. These individuals must provide a documented support and/or treatment benefit to PMHP enrollees. Services must be individualized and demonstrate a recovery and resiliency focus. These services may be ordered for a specified period of time to assess the benefit and effectiveness.

Respite Services

Code: H0046HE
Substitution For: Inpatient / Crisis Stabilization Unit (CSU) / Residential / Statewide Inpatient Psychiatric Program (SIPP).
Service Limits: Medical necessity applies and no more than sixteen (16) units per day.

Respite Services are community and home-based services and can be provided in a variety of settings for short-term environmental/mental health symptom stabilization and is intended to be used for one to three continuous twenty-four (24) hour periods, not to exceed 72 hours. Services are provided by those qualified by 2 years of experience with the mental health population and have completed 30 hours of training which includes psychopathology, medication management, family dynamics, and crisis intervention or those licensed as a regular foster care home and certified as a specialized therapeutic foster home. Enrollee must be in active treatment, supported by documentation to support the respite care will assist family or caregivers while providing an option to de-escalate a situation while avoiding hospitalization.

POSITION STATEMENT

Applicable To:

☑ Medicaid – Florida

Members must be in the Plan’s Care Management Program to qualify for these services. If the Care Management Team feels these services would be beneficial they will be authorized after verbal consent of the member. Providers must document the member’s approval for using a substitution service, that it is clinically warranted, and that the
member understands this is a substitution service for other standard Community Mental Health Services in the member’s clinical record.

**Adult Therapeutic Behavioral On-Site Services (TBOS)**

**Exclusions** for TBOS include:
- Member’s clinical problem is primarily social, financial, and/or medical in nature and there is an absence of a primary psychiatric diagnosis.
- Site of service is not where the primary problems or behaviors of the psychiatric diagnosis are manifested.
- Member is simultaneously receiving similar therapeutic services of equal or greater intensity via another resource.

Adult Therapeutic Behavioral On-Site Services (TBOS) *are a covered benefit* when the following are met:

1. Member has received a mental health diagnoses and symptoms that can be addressed by the service; **AND**,  
2. Member is a participant in the Staywell Care Management Program and is referred for this service by the program staff; **AND**,  
3. Services are recommended by the Staywell care management team in conjunction with the member; the family if appropriate; and to the extent possible, other persons who provide natural, informal support to the family; **AND**,  
4. There is adequate evidence to indicate that the member is at risk for a more intensive, restrictive and costly behavioral health placement; **AND**,  
5. Treatment at a lower level of care has been given serious consideration and there is adequate evidence to indicate that the member’s condition and functional level cannot improve with a less intensive service; **AND**,  
6. The member has experienced:
   - Trauma such as physical abuse, sexual abuse, severe neglect, witnessed life threatening violence; or death of a caretaker; or failure to thrive (due to emotional or psychosocial causes, not solely medical issues; **OR**,  
   - Member has atypical development of temperament, or behavior that interferes with social interaction and relationship development.  
   **AND**,  
7. Score in at least the moderate impairment range on behavior and functional rating scale

For **Continued Stay** the following must be met:

1. Member continues to meet the criteria defined in above Admission Criteria; **AND**,  
2. The initial trial of the service seems effective; **AND**,  
3. There is a reasonable expectation that the member will benefit from the continuation of Home/Community Services; **AND**,  
4. Treatment promotes appropriate behavior, activities, skills and social skills for the member in his/her natural context through focusing on his/her individual strengths and needs; **AND**,  
5. Techniques are employed in treatments that are time limited in nature; **AND**,  
6. Appearance of new problems or symptoms which meet admission guidelines **OR** the Member requires the continuation of a treatment support system while in the community until an effective family and community support network can be activated.

**NOTE:** Within six months of the original start date of services and every six months thereafter, those involved in the member’s treatment team must document that the member continues to meet the continued stay criteria above.
Members must meet the following Discharge Criteria:
- Member no longer meets Continued Stay Criteria; AND,
- Member meets the individualized discharge criteria. Within 45 days of admission to therapeutic behavioral on-site services, a plan must be developed with each member that contains specific discharge criteria. The discharge plan must be placed in the member’s clinical record.

**Community Outreach Services**

Exclusions for Community Outreach Services include:
- Admission Criteria do not apply to the member.
- The member’s clinical problem is primarily social, financial, and/or medical in nature and there is an absence of a primary psychiatric diagnosis

Community Outreach Services are covered when the following Admission Service Components are met:
1. Member is a participant in the Staywell Care Management Program and is referred for this service by the program staff; AND,
2. Member is at risk of involvement in the justice system due to symptoms of mental illness; AND,
3. Member is willing and able to participate in a jail-diversion program; AND,
4. Services are recommended by the Staywell care management team in conjunction with the family; the child if appropriate; and to the extent possible, other persons who provide natural, informal support to the family

For Continued Stay the following must be met:
1. The admission criteria still applies; AND,
2. The trial of the service seems to be beneficial.

Members must meet the following Discharge Criteria:
- Member no longer meets Continued Stay Criteria; AND,
- Goals have been met; AND,
- Exclusion criteria have developed.

**Community Based Wraparound Services**

Exclusions for Community Based Wraparound Services include:
- Admission Criteria do not apply to the member.
- The member’s clinical problem is primarily social, financial, and/or medical in nature and there is an absence of a primary psychiatric diagnosis.
- Member is simultaneously receiving similar therapeutic services of equal or greater intensity via another resource.

Community Based Wraparound Services are covered for a specified period of time to assess the benefit and effectiveness when the following are met:
1. Member is a participant in the Staywell Care Management Program and is referred for this service by the program staff; AND,
2. Member is age 18 or less; AND,
3. Member has received a mental health diagnoses and symptoms that can be addressed by the service; AND,
4. Prior to a member receiving community-based wraparound, a physician or a LPHA experienced in the diagnosis of mental disorders in children must provide written certification that the member meets the service eligibility criteria; AND,
5. Services can be expected to slow deterioration, or maintain or improve the member’s condition and functional level; AND,
6. Member’s condition or functional level cannot be improved in a less intensive level of care; **AND**,  
7. Member is stepping down from a residential setting, or there is adequate evidence to indicate that the child is at risk for a more intensive, restrictive and costly behavioral health placement; **AND**,  
8. Treatment at a lower level of care has been given serious consideration and there is adequate evidence to indicate that the child’s condition and functional level cannot improve with a less intensive service; **AND**,  
9. The child has experienced:  
   - Trauma such as physical abuse, sexual abuse, severe neglect, witnessed life threatening violence; or death of a caretaker; or failure to thrive (due to emotional or psychosocial causes, not solely medical issues; **AND**,  
   - Atypical development of temperament, or behavior that interferes with social interaction and relationship development.  
   **AND**,  
10. Score in at least the moderate impairment range on behavior and functional rating scale with behaviors that are not considered to be a temporary response to a stressful situation; **AND**,  
11. There are no other case management services being rendered; **AND**,  
12. There are no other behavioral health in-home services being rendered; **AND**,  
13. Services are recommended by the Staywell care management team in conjunction with the family; the child if appropriate; and to the extent possible, other persons who provide natural, informal support to the family.  

For **Continued Stay** the following must be met:  
- Child continues to meet the criteria defined in above Admission Criteria.  
- The initial trial of the service seems to be effective.  
- There is a reasonable expectation that the child will benefit from the continuation of services.  
- Treatment promotes appropriate behavior, activities, skills and social skills for the child in his/her natural context through focusing on his/her individual strengths and needs.  
- Techniques are employed in treatments that are time limited in nature.  
- Appearance of new problems or symptoms which meet admission guidelines.  
- Child requires the continuation of a treatment support system while in the community until an effective family and community support network can be activated.  

Members must meet the following **Discharge Criteria**:  
- Member no longer meets Continued Stay Criteria; **AND**,  
- Goals have been met; **AND**,  
- Exclusion criteria have developed.  

**Family Training Counseling**  

**Exclusions** for Family Training Counseling include:  
- The member is over age 18; **OR**,  
- There is no Serious Emotional Disturbance (SED) diagnosis; **OR**,  
- The services do not seem to be appropriate for the member/family/situation; **OR**,  
- The family is not able or willing to participate.  

Family Training Counseling **is covered** when the following Admission Service Components are met:  
1. The member is a participant in the Staywell Care Management Program and is referred for this service by the program staff; **AND**,  
2. Member is age 18 or younger; **AND**,  
3. Member is diagnosed with a Serious Emotional Disturbance (SED) condition; **AND**,
4. Member's family is willing to participate in services.

For Continued Stay the following must be met:
- Admission criteria are still met; AND,
- The initial trial of services seems to be effective; AND,
- The child and/or family are actively participating in the program.

Members must meet the following Discharge Criteria:
- Member no longer meets Continued Stay Criteria; AND,
- Goals have been met; AND,
- Exclusion criteria have developed.

**Infant Mental Health Assessments**

**Exclusions** for Infant Mental Health Assessments include:
- The admission criteria are not met.

Infant Mental Health Assessments are a covered benefit when the following are met:
1. Member is a participant in the Staywell Care Management Program and is referred for this service by the program staff; AND,
2. Services are recommended by the Staywell care management team in conjunction with the family; the child if appropriate; and to the extent possible, other persons who provide natural, informal support to the family; AND,
3. The member is 0-5 years of age; AND,
4. The member’s caregiver / family is willing to participate in the assessment process.

Continued Stay and Discharge Criteria are not applicable.

**Mental Health Services for High-Risk Children in the Child Welfare System**

**(Specialized Therapeutic In-Home Services)**

**Exclusions** for Mental Health Services for High-Risk Children in the Child Welfare System (Specialized Therapeutic In-Home Services) include:
- The Admission Criteria do not apply; OR,
- Child's clinical problem is primarily social, financial, and/or medical in nature and there is an absence of a primary psychiatric diagnosis. Child is simultaneously receiving similar therapeutic services of equal or greater intensity via another resource.

Mental Health Services for High-Risk Children are a covered benefit when the following are met:
1. Member is a participant in the Staywell Care Management Program and is referred for this service by the program staff; AND,
2. The child is in the Child Welfare system; AND,
3. The child has a mental health diagnoses and symptoms that can be addressed by the service; AND,
4. Services are recommended by the Staywell care management team in conjunction with the family; the child if appropriate; and to the extent possible, other persons who provide natural, informal support to the family; AND,
5. The child is stepping down from a residential setting, or there is adequate evidence to indicate that the child is at risk for a more intensive, restrictive and costly behavioral health placement; AND,
6. Treatment at a lower level of care has been given serious consideration and there is adequate evidence to indicate that the child’s condition and functional level cannot improve with a less intensive service; AND,
7. The child has experienced:
   - Trauma such as physical abuse, sexual abuse, severe neglect, witnessed life threatening violence; or death of a caretaker; or failure to thrive (due to emotional or psychosocial causes, not solely medical issues OR atypical development of temperament, or behavior that interferes with social interaction and...
relationship development.

AND,

8. Score in at least the moderate impairment range on behavior and functional rating scale; AND,
9. There are no other in-home services being rendered.

For **Continued Stay** the following must be met:
1. Child continues to meet the criteria defined in above Admission Criteria; AND,
2. The initial trial of the service seems to be effective; AND,
3. There is a reasonable expectation that the child will benefit from the continuation of Home/Community Services; AND,
4. Treatment promotes appropriate behavior, activities, skills and social skills for the child in his/her natural context through focusing on his/her individual strengths and needs; AND,
5. Techniques are employed in treatments that are time limited in nature; AND,
6. Appearance of new problems or symptoms which meet admission guidelines; AND,
7. Child requires the continuation of a treatment support system while in the community until an effective family and community support network can be activated.

Members must meet the following **Discharge Criteria**:
- Child no longer meets Continued Stay Criteria; OR,
- Goals have been met; OR,
- Exclusion criteria have developed.

**Mobile Crisis Services (All Ages)**

**Exclusions** for Mobile Crisis Services include:
- The presenting situation does not demonstrate elements of an acute crisis that are of a life-threatening nature or are likely to significantly impact the individual's life, environment, or family dysfunction; OR,
- The member can be safely and appropriately transported to a facility or clinical office; OR,
- The community setting in which the crisis is occurring is judged to have unwarranted risks for the deployment of the Mobile Crisis Services Team.

**Mobile Crisis Services are a covered benefit** when the following are met:
1. Member is a participant in the Staywell Care Management Program and is referred for this service by the program staff; AND,
2. The member must be in an active state of crisis with the ability to communicate and to comprehend and participate in proposed resolution strategies; AND,
3. The Intervention must be reasonably expected to improve/stabilize the individual's condition and/or resolve the crisis safely in the community.

In addition to the three (3) items above, at least one of the following must be present:
- The member demonstrates suicidal/assaultive/destructive ideas, threats, plans, or attempts which present risk to self or others as evidenced by degree of intent, lethality of plan, means, hopelessness or impulsivity; OR,
- The member demonstrates an incapacitating or debilitating disturbance in mood/thought/behavior that is disruptive to interpersonal, familial, or occupational functioning to the extent that immediate intervention is required.

**Continued Stay** is not applicable.

Members must meet at least one of the following **Discharge Criteria**:
- The member is released or transferred to an appropriate treatment setting based on crisis screening, evaluation, and resolution; OR,
- A plan of aftercare follow-up is in place and believed to be able to reasonably continue to provide services and prevent exacerbation of the crisis.
Self-Help / Peer Specialist Services

Exclusions for Self-Help / Peer Specialist Services include:
- Member’s condition/syptoms are too severe and a higher level of care is needed for member safety.
- The member is not cognitively able to participate in the services.
- The member refuses the services.

Self-Help / Peer Specialist Services are a covered benefit when the following are met:
1. Member is a participant in the Staywell Care Management Program and is referred for this service by the program staff; AND,
2. Services are recommended by the Staywell care management team in conjunction with the member and to the extent possible, other persons who provide natural, informal support to the family; AND,
3. A clinical evaluation was completed which indicates that the member needs Self Help/Peer Support Services, to assist in social, interpersonal, and/or family functioning; AND,
4. A clinical evaluation indicates that that expected benefits from this intervention cannot be provided by other resources available to the member; AND,
5. The member has sufficient cognitive ability at this time to benefit from admission to Self Help/Peer Support Services and participate in those services; AND,
6. Symptoms and functional deficits are related to the primary diagnosis; AND,
7. Risk to self, others, or property is considered to be low; AND,
8. The individual is medically stable and does not require a level of care that includes more intensive medical monitoring.

For Continued Stay the following must be met:
1. The initial trial of the service seems to be effective; AND,
2. The member condition does not require a higher level of care; AND,
3. The member continues to express desire to participate in the services; AND,
4. The goals/benefits of the service have not been achieved; AND,
5. Services are individualized and modified to reflect the member’s strengths, goals, and progress; AND,
6. Transition plans are in place to facilitate a move to natural community supports.

Members must meet the following Discharge Criteria:
- Member no longer meets continued stay criteria; AND,
- Member goals have been met; AND,
- A transition/discharge plan had been developed including:
  a. A recommended aftercare plan which contains the signature of the member or involved others; AND,
  b. Natural supports are activated and successful.

Respite Services

Exclusions for Respite Services include:
- Member meets the criteria for a more or less intensive and restrictive level of care.
- Member is at risk to harm self, others or property.
- Member has medical condition(s) that prevent utilization of Respite care.

Respite Services are a covered benefit when the following conditions are met:
1. Plan respite provider is licensed at the 24 hour care level by the State of Florida and staff must have access to a Florida-licensed independent mental health professional. 
   AND,
2. Staff shall have training in the following areas:
   - Basic training in mental health symptomatology; AND
   - Emergency response training, (e.g., basic life support [BLS], CPR, etc.); AND
• Training in crisis identification and response procedures.

AND,

3. Available bed(s) and designated staff are assigned for 24 hour supervision.

AND,

4. Ability to coordinate with other providers regarding the treatment and discharge planning of members in respite care.

AND,

5. A licensed independent mental health practitioner is on-call 24 hours per day, seven days per week. Individual(s) should be employed or contracted with the in/out-of-home respite provider; and/or member’s psychiatrist or other licensed physician who is available by phone for consultation 24 hours per day, seven days per week.

AND,

6. In a crisis presentation, the member must be evaluated by a licensed mental health practitioner within the first 24 hours.

AND,

7. Continuous documentation of member activities/progress and any Case Management activity while in respite care. All notes should be co-signed by the appropriate clinical health staff.

AND,

8. There must be immediate access to local emergency services.

Admission Criteria

Members must meet all of the following admission criteria:

• Outpatient services, including TBOS and wraparound services, will not meet the family’s needs for support, education and crisis intervention; AND,
• The member will benefit from a temporary separation from family and caregiver to address the mental health needs of the family system; AND,
• Family and caregivers are unable to participate in the normal activities of daily life in the community as a result of caring for the member, thus putting the member at risk for out-of-home service level beyond the scope of Respite Care; AND,
• The member is medically stable.

Continued Stay Criteria

This service may be used for up to 72 hours. Beyond that the member should be referred to Specialized Therapeutic Foster Care, Crisis Intervention criteria.

Discharge Criteria

Members must meet one of the following:

• Treatment plan goals and objectives have been substantially met; OR,
• The crisis that precipitated admission has been stabilized and ongoing family system needs have been identified for follow up intervention in a less restrictive level of care; OR,
• Member meets criteria for a more or less intensive and restrictive level of care; OR,
• Coverage is not applicable for all indications not listed above; OR,
• The 72 hours has expired.
**CODING**

**Adult Therapeutic Behavioral On Site Services.** This service requires prior authorization and is billed with code H2019HB in 15 minute increments.*NOTE: TBOS Services must be provided and documented in a manner consistent with the Florida CMHC Handbook requirements for the same service for children.*

H2019 - Therapeutic behavioral services, per 15 minutes

**Community Outreach Services.** Community Outreach Services will require prior authorization and will be reimbursed on a 15 minute unit bases using H2015 HE.

H2015 - Comprehensive community support services, per 15 minutes

**Community Based Wraparound Services.** Community-Based Wraparound Services will require prior authorization and will be reimbursed on a per diem using H2022.

H2022 - Community-based wrap-around services, per diem

**Family Training Counseling.** FTC does require prior authorization and is billed with code T1027 in 15 minute increments.

**Infant Mental Health Assessments.** This assessment does require prior authorization and is billed with code T1023 HA in 15 minute increments.

T1023 - Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project or treatment protocol, per encounter

**Mental Health Services for High-Risk Children in the Child Welfare System (Specialized Therapeutic In-Home Services).** Specialized therapeutic in-home services will be reimbursed on a weekly basis using H0046HK.

**Mobile Crisis Services (All Ages).** This service does not require prior authorization and is billed with code HH2011HO in 15 minute increments.

**Self-Help / Peer Specialist Services.** Self Help/Peer Support Services do not need prior approval. They are billed using H0038 in 15 minute increments.

**Respite Services.** Respite Services need prior approval. They are billed using H0046HE for a daily per diem.

H0046 - Mental health services, not otherwise specified

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 laws.

**MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>1/8/2015</td>
<td>Approved by MPC. Additional language included regarding respite services.</td>
</tr>
<tr>
<td>12/4/2014</td>
<td>Approved by MPC. Updated coding section.</td>
</tr>
<tr>
<td>11/6/2014</td>
<td>Approved by MPC. New.</td>
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Clinical Coverage Guideline