

POLICY AND PROCEDURE

POLICY NAME: Life Skills Development Expanded Benefit	POLICY ID: FL.UM.13.00
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 11/18	PRODUCT(S): Child Welfare (CW) Specialty Plan
REVIEWED/REVISED DATE: 05/19, 6/20, 7/21, 08/22	
REGULATOR MOST RECENT APPROVAL DATE(S): 08/18	

POLICY STATEMENT: It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved Life Skills Development when medically necessary as an expanded benefit. Sunshine Health considers coverage of Life Skills Development when appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

PURPOSE: To establish clinical criteria on which to review requests for Life Skills Development as an expanded benefit for Sunshine Health's CW Specialty Plan products. The goal is to provide Life Skills Development when medically necessary, as an expanded benefit and to define criteria and limitations established for the use of this service.

SCOPE: Sunshine Health Utilization Department for the Child Welfare (CW) Specialty Plan product. This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:

Life Skills Development provides supervision and specific training activities for children and adolescents with developmental disabilities that assist the recipient to acquire, maintain, or improve skills related to activities of daily living in order to live more independently. These services will be provided in the home, school, community, or outpatient setting and is limited to children aged 12 years old and up to 21 years old. Life Skills Development services focus on personal hygiene skills, social and adaptive skills, homemaking skills such as food preparation, vacuuming, and laundry as well as managing finances, employment preparation and support, and accessing community resources that enable the recipient to reside in the community. This training is provided in accordance with a formal implementation plan, developed by the provider with direction from the member/guardian and reflects the member/guardian's goals from the current support plan.

POLICY:

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PROCEDURE:

Review Process

To assist in determining the medical necessity of Life Skills Development services, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02.00 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Clinical Decision Criteria and Application FL.UM.02.00
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and Notifications FL.UM.05.00

Specific Clinical Information/Criteria

Life Skills Development services is considered medically necessary when all of the following criteria are met:

- Have one of the following:
 - Diagnosis of Autism
 - Intelligence Quotient (IQ) of 70 or below
 - Cerebral Palsy
 - Down syndrome
 - Prader-Willi Syndrome
 - Spina Bifida

- Must require assistance with activities of daily living
- Must require assistance with social and adaptive skills
- Must require assistance to support and maintain the lowest level of care in the community such as living with a guardian, group home, or independently

Information Required for Review

The following information and documentation should be submitted with any request for Life Skills Development services, to assess medical necessity:

- Clinical documentation to substantiate the eligibility criteria as noted above in the “**Specific Clinical Information/Criteria**” section
- The requesting provider must submit treatment goals, objectives and clinical documentation (including individual progress notes) that is directly related to an active treatment plan of care.

Redetermination

Prior to the expiration of the initial authorization period, the requesting practitioner must submit to Sunshine Health’s utilization management department information on the member’s status in order for a review for a subsequent approvals using the “Specific Clinical Information/Criteria” stated in this policy.

Limitations / Exclusions

The following limitations or exclusions apply:

- Member’s age does not fall between 12-21
- Member is not enrolled in the Child Welfare Specialty Plan
- Member is enrolled in the Florida Medicaid Home and Community Based Waiver through the Agency for Persons with Disabilities

REFERENCES:

Agency for Health Care Administration (AHCA) Florida Medicaid Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook: Residential Habilitation Services

Florida Administrative Code 65G-4.015 Agency of Persons with Disabilities Eligibility Criteria

FL.UM.05.00 Timeliness of UM Decisions and Notifications policy and procedure

FL.UM.02.00 Use of Clinical Criteria

FL.UM.02.02 Clinical Decision Criteria and Application

FL.UM.02.01 Medical Necessity Review

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy Created	07/25/2018
Archer reload to fix system	No content reviewed or revised	05/16/2019
Annual Review	Updated policies’ name and number and changed approver #3 to VP Medical Affairs. No content changes, adjusted language in exclusions.	06/30/2020
Annual Review	No changes needed	07/23/2021
Annual Review	No changes needed	08/10/2022

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company’s P&P management software, is considered equivalent to a signature.

SVP Compliance _____

Senior Dir. Compliance _____