

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> Mental Health Assessments Expanded Benefit/ Behavioral Health Assessment/Evaluation Services	<b>POLICY ID:</b> FL.UM.28
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 11/18	<b>PRODUCT(S):</b> Medicaid, Comprehensive Long-Term Care (LTC), and Serious Mental Illness (SMI) and Children’s Medical Services (CMS), Child Welfare (CW)
<b>REVIEWED/REVISED DATE:</b> 05/19, 6/20, 7/21, 2/22, 2/23, 03/2024	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> Please refer to system of record – Archer	

**POLICY STATEMENT:**

All Areas and Departments within Centene Corporation and its subsidiaries must have written Policies and Procedures that address core business processes related to, among other things, compliance with laws and regulations, accreditation standards and/or contractual requirements.

**PURPOSE:**

The purpose to this policy is to establish clinical criteria on which to review additional unit requests beyond the state plan covered benefit limits for Mental Health Assessments as expanded benefits for Sunshine Health’s MMA, Comprehensive Long-Term Care (LTC), and Serious Mental Illness (SMI), Children’s Medical Services (CMS), and Child Welfare (CW) products. It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved expanded benefit when medically necessary, appropriate, and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy.

**SCOPE:**

This policy applies to employees of Medicaid, Comprehensive Long-Term Care (LTC), and Serious Mental Illness (SMI) and Children’s Medical Services (CMS), Child Welfare (CW) in the Utilization Management Department. This includes officers, directors, consultants, and temporary workers (collectively, the “Plan”).

**DEFINITIONS:**

Mental Health (MH) Assessments are restricted to the administration of the:

- In-depth Assessment, New Patient for MH,
- In-depth Assessment, Established Patient for MH,
- Bio-Psychosocial Evaluation for MH, and
- Limited Functional Assessment for MH

Mental Health Assessments evaluate the well-being of cognitive, emotional, and behavioral patterns via a series of questions designed to diagnosis mental health conditions, differentiate between mental health and physical health problems, provide the basis for the development of or modifications to the treatment plan, and to assist in developing discharge criteria.

**POLICY:**

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved expanded benefit when medically necessary, appropriate, and consistent with good medical practice.

**PROCEDURE:**

**Review Process:** To assist in determining the medical necessity of an expanded benefit, 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 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend, or terminate services must be made by the Health Plan’s Medical Director or contracted vendor as outlined in the policy Clinical Decision Criteria and Application FL.UM.02
- 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

**Specific Clinical Information/Criteria**

In-depth Assessment, New Patient for MH, In-depth Assessment, Established Patient for MH, Bio-Psychosocial Evaluation for MH, and Limited Functional Assessment for MH do not require prior authorization.

FL.UM.28\_Mental Health Assessments Expanded Benefit/ Behavioral Health Assessment/Evaluation Services

A Mental Health Assessment is considered medically necessary when one or more of the following criteria are met:

- At the onset or suspected onsite of any mental health or substance abuse illness or when the recipient first presents for treatment.
- An extended hiatus of over two months in any behavioral health treatment setting.
- Marked changes in mental health status to include significant shift in emotional or behavioral well-being.
- Member is being considered for admission or readmission into higher or lower level of psychiatric care.
- When there is difficulty determining a mental health diagnosis or where there are differential mental health diagnostic impressions.
- When additional information is needed to evaluate or redirect treatment efforts.

**Discharge Criteria**

Not Applicable

**Limitations / Exclusions**

The following limitations or exclusions apply:

- Coverage over the benefit maximum if applicable

**REFERENCES:**

Agency for Health Care Administration (AHCA) Behavioral Health Assessment Services Coverage Policy-Admin code November 2019; In-depth Assessment, Bio-Psychosocial Assessment, and Limited Functional Assessment.  
 FL.UM.05 Timeliness of UM Decisions and Notifications policy and procedure  
 FL.UM.02 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:** State review and approval required for any substantial changes and upon request

**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy created	7/23/18
Archer reload to fix system issue	No content reviewed or revised	5/16/19
Annual Review	updated approver #3 to VP Medical Affairs. Updated reference to administrative code for November 2019 and policies' name and number	6/30/20
Annual Review	Added contacted vendors may complete reviews to deny, reduce, suspend, or terminate services. Removal of PA requirement for initial and redetermination as these do not require PA. Removal of age exclusions.	7/28/21
Policy Update	Updated lines of business	2/25/2022
Annual Review	Added date of last policy review to Review/Revised Date section (added 2/22).  Added Child Welfare product throughout the document.	2/22/2023

	<p>Under 'Purpose', removed goal language.</p> <p>Under 'Policy', removed "and after review on an individual basis for the specific indications outlined in this policy"</p> <p>Under Limitations/Exclusions, added "If applicable"</p>	
Annual Review	<p>Updated "Policy Statement"</p> <p>Added previous policy statement to "Purpose"</p> <p>Updated "Scope" to current verbiage</p> <p>Added Policy ID and Name to "Footer"</p> <p>Made minor grammatical changes</p>	03/2024

**POLICY AND PROCEDURE APPROVAL**

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