

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> Detoxification or Addiction Receiving Facility In Lieu of Service	<b>POLICY ID:</b> FL.UM.47
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 10/01/2021	<b>PRODUCT(S):</b> Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Children’s Medical Service (CMS) and Child Welfare (CW)
<b>REVIEWED/REVISED</b> 06/18, 05/19, 06/2020, 09/2020, 9/2021, 1/2022, 1/2023, 2/2023, 02/2024	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> Please refer to system of record – Archer	

### **POLICY STATEMENT:**

To establish clinical criteria on which to review requests for Detoxification or Addiction Receiving Facility Services In Lieu of Services for Sunshine Health’s MMA, SMI, CMS and CW products.

### **PURPOSE:**

To establish clinical criteria on which to review requests for Detoxification or Addiction Receiving Facility Services In Lieu of Services for Sunshine Health’s MMA, SMI, CMS and CW products. The goal is to provide in-patient detoxification services when medically necessary, as an alternative to an existing state benefit, such as, Inpatient Detoxification Hospital Care, and to define criteria and limitations established for the use of Detoxification or Addictions Receiving Facility.

### **SCOPE:**

Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Children’s Medical Services (CMS) and Child Welfare (CW) product lines.

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the “Company”).

### **DEFINITIONS:**

Detoxification or Addictions Receiving Facility is a Clinically Managed Medium-Intensity Residential Services for adolescents and Clinically Managed High-Intensity Residential Services for adults, this level of care provides 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment. Patients in this level are able to tolerate and use full active milieu or therapeutic communities. Level 3 encompasses residential services that are described as co-occurring capable, co-occurring enhanced, and complexity capable services, which are staffed by designated addiction treatment, mental health, and general medical personnel who provide a range of services in a 24-hour treatment setting.

### **POLICY:**

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved In Lieu of Services when medically necessary as an alternative to a comparable state benefit. Sunshine Health considers coverage of services within a Detoxification or Addiction Receiving Facility when appropriate and consistent with good medical practice, and after review on an individual basis, for the specific indications outlined in this policy. The member must consent to the In Lieu of Services as an alternative to a covered state benefit.

### **PROCEDURE:**

#### **Review Process**

Emergency stabilization services at any facility do not require prior authorization from Sunshine Health. However, after day 1 post stabilization, the admission is subject to prior authorization for continued stay.

To assist in determining the medical necessity of Detoxification or Addictions Receiving Facility Services In Lieu of Service, 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 a Sunshine Health Medical Director or designated vendor as outlined in the policy Clinical Decision Criteria and Application FL.UM.02
- Terminations 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

- Post-stabilization services at any facility do require authorization from Sunshine Health for ongoing services. Once the member's emergency medical condition is stabilized, an authorization for follow-up care is required within (2) business days following the admission.

### **Specific Clinical Information/Criteria**

The requesting practitioner must provide information relative to the In Lieu of Service that is being requested.

Detoxification or Addiction Receiving Facility services are considered medically necessary when all of the following criteria are met:

ASAM Criteria Level 3.7 WM- Adult  
ASAM Criteria Level 3.7 WM- Adolescent

Sunshine Health utilizes the American Society of Addiction Medicine (ASAM) Adult/ Adolescent 3.7 WM criteria for Adult/Adolescent admissions and continued stay.

### **Provider Type Specifications**

Detoxification or Addiction Receiving Facility licensed under s.397, F.S.

### **Information Required for Review**

The following information and documentation should be submitted with any request for Detoxification or Addiction Receiving Facility services, in order to assess medical necessity:

- Medical documentation to support the criteria as noted above in the “**Specific Clinical Information/Criteria**” section
- Documentation that the member has consented to the In Lieu of Service as an alternative to a covered state benefit
- Emergency stabilization services at any facility do not require prior authorization from Sunshine Health. However, once the member's emergency condition is stabilized, an authorization for on-going care is required within two (2) business days following the admission.

### **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 approval using the “Specific Clinical Information/Criteria” stated in this policy.

### **Discharge Criteria**

- *Criterion A and at least one of criteria B-E must be met to satisfy criteria for discharge.*
  - A. An adequate continuing care plan has been established.
  - B. Goals of the Individualized Recovery Plan have been substantially met.
  - C. The member/family requests discharge and the member is not imminently dangerous.
  - D. Withdrawal signs and symptoms have failed to respond to treatment and have intensified (as confirmed by higher scores on CIWA-Ar or other comparable standardized scoring system) such that transfer to a more intensive level of detoxification service is indicated, or
  - E. The member has been unable to complete Level 3.7 despite an adequate trial and requires inpatient admission at a hospital.

### **Limitations / Exclusions**

The following limitations or exclusions apply:

- If any of the dimension 3 conditions are present, the Member must be admitted to a co-occurring capable or co-occurring enhanced program.
- The presence of a complicating psychiatric illness that requires inpatient.
- Concomitant medical condition and/or other behavioral health issues warrant inpatient.
- No other exclusions if medically necessary but would be subject to medical necessity review to assure that the level of services is commiserate with the care provided.
- Coverage that exceeds the benefit limit.
- No other exclusions if medically necessary but would be subject to medical necessity review to assure that the level of services is commiserate with the care provided.
- Members receiving these services more than 15 days per month will be subject to IMD exclusions.

<p><b>REFERENCES:</b> American Society of Addiction Medicine (ASAM) Adult Criteria Level 3.7 WM American Society of Addiction Medicine (ASAM) Adolescent Criteria Level 3.7 WM</p>
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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**

<b>REVISION TYPE</b>	<b>REVISION SUMMARY</b>	<b>DATE APPROVED &amp; PUBLISHED</b>
New Policy Document	Policy developed to meet the needs of new contract requirements: 2018 ITN Readiness Review.	06/20/2018
Archer reload to fix system issue	No content reviewed or revised	05/16/2019
Annual Review	Updated approver #3 to VP Medical Affairs and policy name and numbers. No content changes.	06/30/2020
Integration Review	- Update product type to add SMI, CMS, and LTC -Updated Medical necessity to not specify details of ASAM Criteria in order to eliminate the need to update the policy for future ASAM changes -Added IMD exclusion -Added alternative state benefit of inpatient detoxification hospital care under section "Purpose."	09/01/2020
Update	Line of Business on Product Type – Removed Comprehensive	09/28/2021
Update	Added designated vendor to clinical decision. Added that post stabilization requires a prior authorization.	01/13/2022
Annual Review	No changes	01/20/2023
Annual Review	No changes needed	2/7/2023
Annual Review	Updated Policy ID Added Policy ID and Name to "Footer" Made minor grammatical changes	02/2024

**POLICY AND PROCEDURE APPROVAL**

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