

POLICY AND PROCEDURE

POLICY NAME: Drop-In Services In Lieu of Service	POLICY ID: FL.UM.48
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 11/01/2018	PRODUCT(S): Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Children's Medical Services (CMS) and Child Welfare (CW)
REVIEWED/REVISED DATE: 06/18, 05/19, 6/20, 7/21, 02/23, 02/2024	
REGULATOR MOST RECENT APPROVAL DATE(S): Please refer to system of record – Archer	

POLICY STATEMENT:

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.

PURPOSE:

To establish clinical criteria on which to review requests for Drop-In Services In Lieu of Services for Sunshine Health's MMA, SMI, CMS, and CW products. The goal is to provide Drop-In Services when medically necessary, as an alternative to an existing state benefit and to define criteria and limitations established for the use of Drop-In Services.

SCOPE:

Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Serious Mental Illness (SMI), and 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:

A social club offering peer support and flexible schedule of activities: day program that may operate on weekdays, evenings and/or weekends. Activities focus on support, social and behavioral skills. Services can be provided 365 days a year with minimum age of 18 years old to access services.

POLICY:

Sunshine Health considers coverage of Drop-In Services 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

To assist in determining the medical necessity of the Drop-In 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 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

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

Drop-In Services is considered medically necessary when all of the following criteria are met:

- The Member must have a mental health diagnosis
- Member needs help with improving activities of daily living, socialization, and employment skills
- Member must be willing to actively participate and able to benefit from the program.

Provider Type Specification

- Certified Recovery Peer Specialist
- Certified Recovery Support Specialist
- Bachelor's level behavioral health practitioner

- Master’s level behavioral health practitioner
- All of the above must be under the supervision of a licensed behavioral health practitioner
- Licensed behavioral health practitioner
- Licensed Psychiatrist
- ARNP

Information Required for Review

The following information and documentation should be submitted with any request for Drop-In 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

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

- The Member can sustain on their own and meet their basic human needs and supports, initiating and engaging in activities that enable them to continue to maintain tenure in the community.
- Member refuses to participate or continue the service.

Limitations / Exclusions

The following limitations or exclusions apply:

- The Member does not have a behavioral health diagnosis
- The Member is not capable of benefitting from this program
- The severity of their mental illness requires a program of higher intensity
- Coverage that exceeds the benefit limit

REFERENCES: Agency for Health Care Administration (AHCA), Florida Medicaid, Community Behavioral Health Services Coverage and Limitations Handbook, March 2014, Community Support and Rehabilitation Services

FL.UM.05 Timeliness and Notifications of UM Decisions 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 developed to meet the needs of new contract requirements: 2018 ITN Readiness Review.	06/18/2018
Archer reload to fix system issue	No content reviewed or revised	05/16/2019
Annual Review	Updated approver #3 to VP Medical Affairs and policies’ name and number. No content changes.	06/30/2020
Annual Review	Added that the decision to deny, reduce, suspend or terminate services may be made by a contracted vendor. Added member	07/28/2021

	refusal to participate in service as Discharge Criteria. Changed psychiatric diagnosis to behavioral health under Exclusions.	
Annual Review	Added SMI and CMS to the products	02/07/2023
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.