

POLICY AND PROCEDURE

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| POLICY NAME: Family Training and Counseling for Child Development In Lieu of Service | POLICY ID: FL.UM.49 |
| BUSINESS UNIT: Sunshine State Health Plan | FUNCTIONAL AREA: Utilization Management |
| EFFECTIVE DATE: 10/01/2021 | PRODUCT(S): Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Children's Medical Service (CMS) and Child Welfare (CW) |
| REVIEWED/REVISED DATE: 06/18, 05/19,6/2020, 9/2020, 9/2021, 2/2023, 02/2024 | |
| REGULATOR MOST RECENT APPROVAL DATE(S): Please refer to system of record – Archer | |

POLICY STATEMENT:

The goal is to provide Family Training and Counseling for Child Development when medically necessary, for members between the ages of birth up to age 21, as an alternative to an existing state benefit and to define criteria and limitations established for the use of Family Training and Counseling for Child Development to provide education and support to family and member regarding member's behavioral health diagnosis in an effort to improve member's quality of development.

PURPOSE:

To establish clinical criteria on which to review requests for Family Training and Counseling for Child Development In Lieu of Services for Sunshine Health's MMA, SMI, CMS, and CW products.

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:

Family Training and Counseling for Child Development services may include support groups or individual sessions for family members which provide education regarding child development, emotional disturbances in children, family education, individual support, psychosocial activities, and other education and support activities related to serious emotional disturbances (SED) in children. Services assist the family of a member eligible for services in understanding the special behavioral health needs of the member as to enhance the member's development. Eligible member is not required to be present but may be, if appropriate. Family Training and Counseling for Child Development does not include services that require a professional clinical license. However, services must be consistent with the provider's qualifications.

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 Family Training and Counseling for Child Development 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 Family Training and Counseling for Child Development 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 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.

Family Training and Counseling for Child Development is considered medically necessary when all of the following criteria are met:

FL.UM.49_Family Training and Counseling for Child Development In Lieu of Service

- Member has a Serious Emotional Disturbance (SED) qualifying diagnosis
- Member's family is willing to participate in services.
- Services must be resiliency focused and provide meaningful supports to allow the family, caregivers, and member to participate fully in the treatment process.
- Member is at risk of out of home placement, juvenile justice involvement, or placement disruption in foster care.

Provider Type Specification

- Bachelor level behavioral health practitioner under supervision of a licensed behavioral health clinician

Information Required for Review

The following information and documentation should be submitted with any request for Family Training and Counseling for Child Development, 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

- Member no longer meets Continued Stay criteria.
- Goals have been met.
- Exclusion criteria have developed.

Limitations / Exclusions

The following limitations or exclusions apply:

- The member is over the age of 21.
- There is no serious emotional disturbance (SED) behavioral health diagnosis.
- The services do not seem appropriate for member/family/situation.
- The family is not able or willing to participate.
- Coverage that exceeds the benefit limitation

REFERENCES: Agency for Health Care Administration (AHCA), Florida Medicaid, Behavioral Health Intervention Services coverage policy-Admin code November 2019, Therapeutic Behavioral On-Site Services for Recipients Under the Age of 21 Years, Eligibility Criteria
 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 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. Updated policies' name and | 06/30/2020 |

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| | number and references to include most updated admin code. | |
| Integration review | <ul style="list-style-type: none"> - Updated product type to add SMI and FLCMS - Added "Member has a Serious Emotional Disturbance (SED) qualifying diagnosis" to Specific Clinical Information/Criteria - Changed "Family Training and Child Development" to "Family Training and Counseling for Child Development" | 09/08/2020 |
| Annual Review | Line of Business on Product Type | 09/28/2021 |
| Annual Review | (FLCMS) Florida Children's Medical Services changes to (CMS) Children's Medical Services for consistency across policies | 02/20/23 |
| Annual Review | <ul style="list-style-type: none"> 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.