

POLICY AND PROCEDURE

POLICY NAME: Community Wrap Around Service In Lieu of Service	POLICY ID: FL.UM.53
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 Services (CMS) and Child Welfare (CW)
REVIEWED/REVISED DATE: 06/18, 05/19, 6/2020, 9/2020, 9/2021, 1/2022, 2/2023, 02/2024	
REGULATOR MOST RECENT APPROVAL DATE(S): Please refer to system of record – Archer	

POLICY STATEMENT:

The goal is to provide intensive behavioral health wrap around services when medically necessary, as an alternative to Therapeutic Group Care (TGC) or Statewide Inpatient Psychiatric Program (SIPP) and to define criteria and limitations established for the use of Community Wrap Around Service (CBWA) services.

PURPOSE:

To establish clinical criteria on which to review requests for Community Wrap Around Service (CBWA) In Lieu of Services for Sunshine Health's MMA, SMI, CMS, and CW products. The goal is to provide intensive behavioral health wrap around services when medically necessary, as an alternative to Therapeutic Group Care (TGC) or Statewide Inpatient Psychiatric Program (SIPP) and to define criteria and limitations established for the use of CBWA 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:

CBWA is an intensive level of community-based services in order to prevent Therapeutic Group Care (TGC) and Statewide Inpatient Psychiatric Care (SIPP). The wraparound service delivery model is built around family team planning. Wraparound services include frequent assessment and treatment plan progress reviews, and treatment team meetings must include the full complement of professionals working with the family. Meeting frequency of member and family teams is guided by the family's needs and level of risk. Included in the wraparound services include intensive targeted case management, in-home intervention, crisis intervention, parenting, peer support, psychiatric services, and behavior analytical services.

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 CBWA 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 CBWA 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
- 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.

CBWA services are considered medically necessary when all of the following criteria are met:

- Member has a Serious Emotional Disturbance (SED) qualifying diagnosis and could benefit from CBWA services as a diversion to higher levels of residential care or shorten the length of stay in higher levels of residential care.
- Treatment at a lower level of care has been given serious consideration and there is adequate evidence to indicate that the member's condition and functional level cannot improve with a less intensive service.
- Score in at least the moderate impairment range on behavior and functional rating scale with behaviors that are not considered to be a temporary response to a stressful situation.

Provider Type Specification

- Provider type 91 - Mental Health Targeted Case Manager.
- Certified Targeted Case Management (TCM) Agency.
- Individual rendering services must be certified as a TCM through the Florida Certification Board and meet all credentials and educational requirements under that certification.
- Must complete 24 hours of a state approved Wraparound 101 training, or a similar health plan approved Wraparound training, prior to rendering services.
- Must be under supervision and coaching by a Certified TCM Supervisor trained and certified as a Wraparound Coach.
- Must obtain certification as Wraparound Facilitator within one (1) year of completion of approved initial Wraparound training.

Information Required for Review

The following information and documentation should be submitted with any request for CBWA, 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 is no longer at risk for TGC, SIPP, or out of home placement.
- Goals have been met.
- Exclusion criteria have developed.

Limitations / Exclusions

The following limitations or exclusions apply:

- Members over the age of 21.
- Member is not at risk for a more intensive, restrictive, and costly behavioral health placement.
- May not be combined with any other type of Targeted Case Management service on the same day, including Mental Health Targeted Case Management, Child Health Services Targeted Case Management, or Targeted Case Management for Children At-Risk of Abuse or Neglect.
- Member may not be receiving case management services under a home and community-based service waiver.
- The member's clinical problem is primarily social, financial, and/or medical in nature and there is an absence of a primary behavioral health diagnosis.
- Member is simultaneously receiving similar therapeutic services of equal or greater intensity via another resource.
- Coverage that exceeds the benefit limit.

REFERENCES: Agency for Health Care Administration (AHCA) Florida Medicaid Specialized Therapeutic Services Coverage and Limitations Handbook, March 2014- Therapeutic Group Care Criteria

Evidence Based Practice (Chapter 1.5) and Benefit Design/Service Array (Chapter 1.4) in Systems of Care: A Primer [Georgetown TA Center, 2002]

National Wraparound Initiative Wrap Around Basics- <http://nwi.pdx.edu/wraparound-basics/>- date last accessed is 06/30/20

Wraparound is Worth Doing Well: An Evidence-Based Statement [National Wraparound Initiative, 2015]

Agency for Health Care Administration (AHCA) Florida Medicaid Statewide Inpatient

Psychiatric Program Coverage Policy, December 2015

REFERENCES

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. No content changes.	06/30/2020
Integration review	<ul style="list-style-type: none">- Updated product type to add SMI and FLCMS- Replaced under Purpose- an existing state benefit with “Therapeutic Group Care (TGC) or Statewide Inpatient Psychiatric Program (SIPP)”- Added under Specific Clinical Information/Criteria-“or shorten the length of stay in higher levels of residential care”- Removed under Specific Clinical Information/Criteria-“Member meets clinical criteria for Therapeutic Group Care or SIPP”- Added under Provider Type Specification:<ul style="list-style-type: none">• Must complete 24 hours of a state approved Wraparound 101 training, or a similar health plan approved Wraparound training, prior to rendering services.• Must be under supervision and coaching by a Certified TCM Supervisor trained and certified as a Wraparound Coach• Must obtain certification as Wraparound Facilitator within one (1) year of completion of approved initial Wraparound training- Removed under Discharge Criteria-“Member no longer meets Continued Stay Criteria”	09/08/2020

	- Added under Discharge Criteria- "Member is no longer at risk for TGC, SIPP, or out of home placement.	
Update	Line of Business on Product Type – Removed Comprehensive	09/28/2021
Update	Added designated vendor for clinical decision.	01/13/2022
Annual Review	Changed FLCMS to CMS. Spelled out what CBWA stands for.	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.