

# POLICY AND PROCEDURE

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| <b>POLICY NAME:</b> Group Outpatient Therapy Expanded Benefit                            | <b>POLICY ID:</b> FL.UM.30  |
| <b>BUSINESS UNIT:</b> Sunshine State Health Plan   | <b>FUNCTIONAL AREA:</b> Utilization Management  |
| <b>EFFECTIVE DATE:</b> 11/18   | <b>PRODUCT(S):</b> Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Comprehensive LTC, Children’s Medical Services (CMS), Child Welfare (CW) |
| <b>REVIEWED/REVISED DATE:</b> 07/18, 05/19, 6/20, 7/21, 2/22, 2/23, 02/2024              |   |
| <b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> 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 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.

## PURPOSE:

The purpose of this policy is to establish clinical criteria on which to review additional unit requests beyond the state plan current benefit limits for group outpatient therapy for Sunshine Health’s MMA, SMI, CMS, CW and Comprehensive LTC products. The goal is to provide additional units of group therapy services per calendar year requiring prior authorization when medically necessary, as an expanded benefit and to define the prior-authorization criteria and limitations established for the use of these services if the state plan has benefit limits.

## SCOPE:

Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Comprehensive LTC, FL Children’s Medical Services (CMS), 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:** Group therapy services include the provision of cognitive behavioral or support therapy interventions to an individual recipient or the recipient’s family. In addition to counseling, group therapy services to recipient families or other responsible persons include educating, the sharing of clinical information, and guidance on how to assist the recipient.

## POLICY:

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## 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

The requesting practitioner must provide information relative to the expanded benefit service that is being requested.

- The following groups are considered medically appropriate:
  - Groups that focus on symptom management for specific psychiatric disorders (e.g., Depression Group, Anxiety Management Group, Comprehensive Group for Disruptive Behavior Disorder, etc.) or that are targeted to treat patients with dual disorders (chemical dependency and mental illness);
  - Multiple-Family Psychoeducation Groups for families of patients with psychiatric disorders (e.g., schizophrenia diagnosis, eating disorder diagnosis, etc.)
  - Dialectical Behavior Therapy (DBT) modules – for members having a diagnosis of borderline personality disorder

- Groups must have specific, documented admission criteria and clinical discharge criteria with documented goals, objectives and expected outcomes.

**Information Required for Review**

The following information and documentation should be submitted with any request for group outpatient therapy, in order to assess medical necessity:

- Medical documentation as noted above in the “**Specific Clinical Information/Criteria**” section
- Problem focused history and examination including assessment of the member’s:
  - Functional and cognitive deficits
  - Mental and emotional health
  - Psychosocial needs
  - Support system in the home and community
  - Member strengths and limitations
- S.M.A.R.T. treatment goals with expected completion dates, and clinical notes from each visit
- Treatment goal and objective updates at each concurrent review

**Redetermination**

If the state covered benefit limit has been exhausted, the requesting practitioner must submit prior authorization to Sunshine Health’s Utilization Management department including information on the member’s status and clinical justification for additional expanded benefit units using the “Specific Clinical Information/Criteria” stated in this policy.

**Discharge Criteria**

- The member no longer meets criteria as defined above
- The member withdraws from treatment
- The member is not an active participant or fails to make adequate progress toward treatment goals
- The member requires a different level of treatment or more specialized treatment
- Treatment goals are achieved
- Lack of communication from the member

**Limitations / Exclusions**

The following limitations or exclusions apply:

- Member has medical conditions or impairments that would prevent beneficial utilization of services.

**REFERENCES:** Agency for Health Care Administration (AHCA), Behavioral Health Therapy Services Coverage Policy-Admin code November 2019; Behavioral Health Therapy Services- Group Therapy 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

Bruce ML, Van Citters AD, Bartels SJ. Evidence-based mental health services for home and community. Psychiatric Clinic North Am. 2005;28(4):1039-1060.

**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   | 07/11/2018                |
| Archer reload to fix system issue | No content reviewed or revised   | 05/16/2019                |
| Annual Review                     | Updated approver #3 to VP Medical Affairs. Updated references to include | 06/30/2020                |

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|---------------|--|------------|
|               | most updated admin code and updated InterQual version from 2017 to 2019. Updates policies' name and number   |            |
| Annual Review | Added that the decision to deny, reduce, suspend or terminate services may be made by a contracted vendor. Removed InterQual being used for MNC criteria for this service. Removed "against advice" under Discharge Criteria. Removed exclusions on only MH diagnosis or age. Added Exclusion Criteria of member having a medical conditions or impairments that would prevent beneficial utilization of services. Deleted InterQual under References. | 07/28/2021 |
| Ad Hoc Review | Added the following lines of business to the policy and procedure (1) Serious Mental Illness (SMI), (2) Comprehensive LTC, (3) FL Children's Medical Services (FL CMS), and (4) Child Welfare (CW).  | 02/08/2022 |
| Annual Review | Added the following lines of business to the language within the policy: Serious Mental Illness (SMI), Comprehensive LTC, Children's Medical Services (CMS), Child Welfare (CW). Removed 'FL' from FL CMS.   | 02/07/2022 |
| Annual Review | No changes needed  | 02/2023    |
| Annual Review | Updated Policy ID<br>Added Policy ID and Name to "Footer"<br>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.