

# POLICY AND PROCEDURE

<b>POLICY NAME:</b> Individual and Family Outpatient Therapy Expanded Benefit	<b>POLICY ID:</b> FL.UM.31.00
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 11/2018	<b>PRODUCT(S):</b> Managed Medical Assistance (MMA) and Comprehensive (those with MMA and Long Term Care)
<b>REVIEWED/REVISED DATE:</b> 07/18, 05/19, 6/20, 8/21, 8/22	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> 07/2018	

## 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:

To establish clinical criteria on which to review additional unit requests beyond the state plan current benefit limits for individual and family outpatient therapy for Sunshine Health's MMA product. The goal is to provide additional units of individual and family 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 beyond the state plan benefit limits.

**SCOPE:** Sunshine Health Utilization Department for Managed Medical Assistance (MMA) and Comprehensive (those with MMA and Long-Term Care) members.

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

## DEFINITIONS:

Individual and family therapy services include the provision of insight-oriented, cognitive behavioral or supportive therapy interventions to an individual recipient or a recipient's family.

Individual and family therapy may involve the recipient, the recipient's family without the recipient present, or a combination of therapy with the recipient and the recipient's family. The focus or primary beneficiary of individual and family therapy services must always be the recipient.

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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.02.00 – 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.02.00
- 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.05.00

## Specific Clinical Information/Criteria

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

Individual or Family therapy must be based on evidence-based treatment models and targeted to treat symptoms that significantly impair the member's functioning (e.g. affective instability, self-harming behaviors, depression, anxiety, and trauma).

## Information Required for Review

The following information and documentation should be submitted with any request for individual and family 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 Service- Individual and Family Therapy

FL.UM.05.00 Timeliness of UM Decisions and Notifications policy and procedure  
 FL.UM.02.00 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: N/A**

**REVISION LOG**

<b>REVISION TYPE</b>	<b>REVISION SUMMARY</b>	<b>DATE APPROVED &amp; PUBLISHED</b>
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 most updated admin code and updated InterQual version from 2017	06/30/2020

	to 2019. Updated 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
Annual Review	No changes needed	08/12/2022

### POLICY AND PROCEDURE APPROVAL

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

SVP Compliance \_\_\_\_\_

Senior Dir. Compliance \_\_\_\_\_