

POLICY AND PROCEDURE

POLICY NAME: Self-Help/Peer Support In Lieu of Service	POLICY ID: FL.UM.52.00
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 11/01/2018	PRODUCT(S): Managed Medical Assistance (MMA), Comprehensive (MMA and Long Term Care) and Child Welfare (CW)
REVIEWED/REVISED DATE: 06/18, 05/19,6/20, 7/21, 8/22	
REGULATOR MOST RECENT APPROVAL DATE(S): 06/18/2018	

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. Sunshine Health considers coverage of Self-Help/Peer Support 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.

PURPOSE:

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

SCOPE: Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Comprehensive (MMA and Long Term Care) 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:

Peer support services are provided to members with behavioral health conditions provided by Certified Peer Support Specialists with similar lived experience in recovery from a mental health and/or substance use condition, family member or caregiver to another person who is living with a mental health and/or substance use condition, or experienced significant life challenge(s) and is now living a wellness and/or recovery-oriented lifestyle. Certified Peer Support Specialists serve as role models and advocates for members and their families. In addition, they provide information and support for enhancing wellness management, coping and independent living skills. Self-Help/Peer Services are intended to provide ongoing support and assistance and focus on aspects of recovery and reintegration into the community.

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 Self-Help/Peer Support 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 Self-Help/Peer Support In Lieu of Service (ILOS), 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 In Lieu of Service that is being requested.

The provider should ensure to document in the member's clinical record that the member agrees to the ILOS.

Self-Help/Peer Support is considered medically necessary when all of the following criteria are met:

Criteria A and either B, C, D, E, or F must be met to satisfy admission criteria.

- A. Member must have a primary mental health or substance use condition.
- B. Member requires and will benefit from support of peer professionals for the acquisition of skills needed to manage symptoms and utilize community resources.
- C. Member may need assistance to develop self-advocacy skills to achieve decreased dependency on the behavioral health system.
- D. Member may need assistance and support to prepare for a successful work experience.
- E. Member may need peer modeling to take increased responsibilities for his/her own recovery.
- F. Member may need peer supports to develop or maintain daily living skills.

Provider Type Specification

- Certified Peer Support Specialists in behavioral health recovery who are trained in delivering effective peer support.

Information Required for Review

The following information and documentation should be submitted with any request for Self-Help/Peer Support, in order to assess medical necessity:

- Medical documentation to support the criteria, as noted above in the “**Specific Clinical Information/Criteria**” section

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 subsequent approvals using the “Specific Clinical Information/Criteria” stated in this policy.

Discharge Criteria

Criteria A and either B, C, or D must be met to satisfy discharge criteria.

- A. An adequate continuing care plan has been established.
- B. Goals of the Individualized Resiliency Plan have been substantially met.
- C. Member/family requests discharge or declines continued services.
- D. Transfer to another service/level is more clinically appropriate.

Limitations / Exclusions

The following limitations or exclusions apply:

- A. The following conditions are exclusions unless there is clearly documented evidence of a psychiatric condition overlaying the primary diagnosis: mental retardation, autism, organic mental disorder, or traumatic brain injury.

REFERENCES:

Agency for Health Care Administration (AHCA), Florida Medicaid, Community Behavioral Health Services Coverage and Limitations Handbook, March 2014, Qualifications, Enrollment and Requirements & Community Support and Rehabilitation Services

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

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: N/A

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 to the definition of Certified Peer Specialists. Changed mental health to behavioral health. Added Substance use. Added that contracted vendors may deny, reduce, suspend or terminate. Updated language regarding the provider ensuring documentation in member's clinical record of member's agreement to ILOS. Removed exclusion of substance use.	07/28/2021
Annual Review	<p>Changed "Self-Health/Peer Support is considered medically necessary when all of the following criteria are met:" to read "Self-Help/Peer Support is considered medically necessary when all of the following criteria are met:"</p> <p>Changed "Information Required for Review"</p> <p>The following information and documentation should be submitted with any request for Self-Health/Peer Support, in order to assess medical necessity: " to read "Information Required for Review"</p> <p>The following information and documentation should be submitted with any request for Self-Help/Peer Support, in order to assess medical necessity:</p> <p>Changed "a subsequent approvals" to read "subsequent approvals"</p>	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 _____