

# POLICY AND PROCEDURE

<b>POLICY NAME:</b> Infant Mental Health Pre and Post Testing In Lieu of Service	<b>POLICY ID:</b> FL.UM.50
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 10/01/2021	<b>PRODUCT(S):</b> Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Florida Children's Medical Service (CMS) and Child Welfare (CW)
<b>REVIEWED/REVISED DATE:</b> 06/18, 05/19,6/2020, 9/2020, 9/2021, 1/2022, 1/2023, 2/2023, 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 In Lieu of Services when medically necessary as an alternative to a comparable state benefit.

## PURPOSE:

To establish clinical criteria on which to review requests for Infant Mental Health Pre and Post Testing In Lieu of Services for Sunshine Health's MMA, SMI, CMS, and CW products. The goal is to provide Infant Mental Health Pre and Post Testing when medically necessary, as an alternative to Psychological Testing and to define criteria and limitations established for the use of Infant Mental Health Pre and Post Testing for member's age birth up to age 5.

## SCOPE:

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

Tests, inventories, questionnaires, structured interviews, structured observations, and systematic assessments that are administered to help assess the caregiver-child relationship and to help aid in the development of the treatment plan.

## POLICY:

Sunshine Health considers coverage of Infant Mental Health Pre and Post Testing 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 Infant Metal Health Pre and Post Testing 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.

Infant Metal Health Pre and Post Testing is considered medically necessary when all of the following criteria are met:

- Child has developmental delays, or a clinician or medical doctor has concerns about child bonding with parents or caregivers.
- Parents are struggling with child rearing.
- Child has received screening services that are used to determine consideration for the child/family to participate in a specified program for the treatment of children ages birth up to age 5.

### Provider Type Specification

FL.UM.50\_Infant Mental Health Pre and Post Testing In Lieu of Service

- Masters level practitioner or above under supervision of a licensed practitioner of the healing arts with two (2) years of experience working with recipients under the age of 6 years.
- Must have training and experience in infant, toddler, and early childhood development and the observation and assessment of young children under the age of 6.
- 20 hours of documented training required in the following areas: early childhood development, behavior observation, developmental screening, parent and child intervention and interaction, functional assessment, developmentally appropriate practice for serving infants, young children and their families, psychosocial assessment and diagnosis of young children, crisis intervention training.
- Individuals administering the tests are to be operating within the scope of their professional licensure, training, test protocols and competencies and in accordance with applicable statutes.

**Information Required for Review**

The following information and documentation should be submitted with any request for Infant Mental Health Pre and Post testing, 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 criteria for ILOS service.
- Exclusion criteria have developed.

**Limitations / Exclusions**

The following limitations or exclusions apply:

- The child is not between the age of birth to 5 years old.
- The parent or caregiver is not willing to participate in the assessments or Infant Mental Health treatment.
- Coverage that exceeds the benefit limit.

**REFERENCES:** Agency for Health Care Administration (AHCA), Florida Medicaid, Community Behavioral Health Services Coverage and Limitations Handbook, March 2014, Qualifications, Enrollment and Requirements  
 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 policies’ name and number and approver #3 to VP Medical Affairs. No content changes.	06/30/2020
Integration review	- Updated product type to add Comprehensive, SMI, and FLCMS	09/08/2020

	- Replaced under <b>Purpose-</b> an existing state benefit with "Psychological Testing"	
Annual Review	Updated: Line of Business on Product Type – Removed Comprehensive	09/28/2021
Update	Added designated vendor for clinical decisions. Added Discharge criteria of member no longer meets criteria for ILOS service and exclusion criteria have developed.	01/13/2022
Annual Review	No Changes	01/27/2023
Annual Review	No Changes needed	02/7/2023
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.