

POLICY AND PROCEDURE

POLICY NAME: Therapeutic Behavioral On-site Services	POLICY ID: FL.UM.68
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 08/2019	PRODUCT(S): Managed Medical Assistance (MMA), Serious Mental Illness (SMI), Children's Medical Services (CMS) and Child Welfare (CW)
REVIEWED/REVISED DATE: 08/2020, 2/2022, 02/2023, 02/2024	
REGULATOR MOST RECENT APPROVAL DATE(S): 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 TBOS services 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 requests for Therapeutic Behavioral On-site Services (TBOS) for Sunshine Health's MMA, SMI, CMS, and CW products. The goal is to provide onsite therapy services when medically necessary and to define criteria and limitations established for the use of Therapeutic Onsite 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) members.

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

DEFINITIONS:

Therapeutic Behavioral On-Site Services are designed to stabilize the symptoms of behavioral health disorders to provide transitional treatment after an acute episode or to reduce or eliminate the need for more intensive levels of care. TBOS services assist complex-need enrollees under the age of 21 and their families in an effort to prevent the need for a more intensive, restrictive behavioral health placement. Services may include, therapy, behavior management and/or support services. Therapy includes a strength-based, clinical assessment of the mental health, substance abuse, or behavioral disorders in order to evaluate, define, and delineate treatment needs; individual and family therapy as agreed to by the child and family; assessment and engagement of the child or adolescent and family's natural support system to assist in implementation of the treatment plan; and, development, implementation, and monitoring of behavior programming for the child or adolescent.

Behavior management includes an assessment of behavior problems and the functions of these problems and related skill deficits and assets, including identifying primary and other important caregiver skill deficits and assets related to the client's behaviors and the interactions that motivate, maintain or improve behavior; development of an individual behavior plan with measurable goals and objectives; training for caregivers and other involved persons in the implementation of the behavior plan; monitoring of the child and caregiver progress and revision as needed; and, coordination of services on the treatment plan with the treatment team.

Support Services must be related to the enrollee's treatment goals and objectives and must include one or more of the following services: one-to-one supervision and intervention with the child or adolescent during therapeutic activities in accordance with the child's treatment plan; skill training of the child or adolescent for restoration of those basic living and social skills necessary to function in the child or adolescent's own environment; or, assistance to the child or adolescent and family in implementing the behavioral goals identified through family counseling and development of the treatment plan.

POLICY:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved TBOS services 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

PROCEDURE:

Review Process: To assist in determining the medical necessity, 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 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 FL.UM.05

Specific Clinical Information/Criteria

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

Therapeutic Behavioral On-site services is considered medically necessary when one of the following criteria are met:

- Enrolled in a special education program for the seriously emotionally disturbed (SED) or the emotionally handicapped
- Scored 60 or below on the Axis V Children’s Global Assessment of Functioning Scale within the last 6 months
- There is evidence to indicate that the recipient is at risk for a more intensive, restrictive, and costly behavioral health placement
- There is evidence to indicate that the recipient’s condition and functional level cannot be improved with a less intensive service such as individual or family therapy or group therapy

Information Required for Review

The following information and documentation should be submitted with any request for Therapeutic Behavioral On-site Services, in order to assess medical necessity:

- Problem focused history and documentation of the member’s:
 - Functional and cognitive deficits
 - Mental and emotional health
 - High risk behaviors
 - Support system in the home and community
 - Past history of outpatient treatment
 - 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

Discharge Criteria

- The member no longer meets criteria as defined above
- 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 participation from the member and/or member’s family

Limitations / Exclusions

The following limitations or exclusions apply:

- The service does not meet the medical necessity criteria
- The member does not meet the eligibility requirements
- The service unnecessarily duplicates another provider’s service
- Member is age 21 or over

REFERENCES: Behavioral Health Intervention Services Coverage Policy, Agency for Health Care Administration, November 2019
 FL.UM.05 Timeliness of UM Decisions 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 created	08/2019
Annual Review	<p>Updated policy to remove reference to Community Behavioral Health Services Coverage and Limitations Handbook 2014 and replaced with Behavioral Health Intervention Services Coverage Policy, Agency for Health Care Administration, November 2019</p> <p>Revised medical necessity to include special education, GAF score of 60 or lower, and deleted special considerations for children under the age of 2 and ages 2-5. Revised exclusion criteria to reflect the medical necessity and eligibility requirements.</p> <p>While updating the policy in 08/2020, it got stuck on "Draft" status in the Archer system. The IT Help desk could not do anything with it and recommended the policy be deleted and recreated. History log is system was lost due to system issue.</p>	08/2020
Annual Review	<p>Changed recipient to member under limitations.</p> <p>Updated Product Lines of Business</p>	2/2022
Annual Review	Updated products to include SMI and CMS	2/2023
Annual Review	<p>Updated Policy ID</p> <p>Added Policy ID and Name to "Footer"</p> <p>Made minor grammatical changes</p>	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.