

**POLICY AND PROCEDURE**

<b>POLICY NAME:</b> Behavioral Health Expanded Benefits	<b>POLICY ID:</b> FL.UM.87.00
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management, Customer Service, and Case Management
<b>EFFECTIVE DATE:</b> 10/1/2021	<b>PRODUCT(S):</b> Medicaid, Comprehensive Long-Term Care (LTC), and Serious Mental Illness (SMI) and Florida Children’s Medical Services (FL CMS)
<b>REVIEWED/REVISED:</b> 2/2022, 4/22, 4/23	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> 2/25/2022	

**POLICY STATEMENT:**

Expanded Benefits are those services the Plan provides in addition to a service covered under contract because the Plan has determined that the health status and quality of life for the member is expected to be better using the value-added service. The Plan has opted to offer expanded services and benefits to members in addition to those benefits and services specified in contract. These expanded services and benefits are, in the judgment of the Plan, medically appropriate and cost-effective. Sunshine Health Medicaid, Comprehensive Long-Term Care (LTC), Serious Mental Illness (SMI), and Florida Children’s Medical Services (FL CMS) members will provide coverage for expanded benefits. Services can be provided on an unlimited basis.

**PURPOSE:**

To establish clinical criteria for expanded benefit for Sunshine Health’s MMA, SMI Comprehensive LTC, and FL CMS.

**SCOPE:**

Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Comprehensive Long-Term Care (LTC), Serious Mental Illness (SMI) and Florida Children’s Medical Services (FL CMS) members product.

**DEFINITIONS:**

**POLICY:**

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.

**PROCEDURE:**

Members can access said services by contacting an in-network behavioral health provider who offers these service. Providers can check the Pre-Auth Tool on the Plan’s website to see if the expanded benefit requires a prior authorization.

Customer Service

Should a member contact Customer Service for the expanded benefit, please refer the member to an in-network provider by utilizing the Find a Provider: Set Location (sunshinehealth.com). Please use the Keyword/Specialty lookup options.

Case Management

Should a member contact a case manager for the expanded benefit, please refer the member to an in-network provider for drug screening services by utilizing the Find a Provider: Set Location (sunshinehealth.com). Please use the Keyword/Specialty lookup option.

### Utilization Management

If the expanded benefit requires prior authorization, then the Utilization Manager will review requests to determine if medically necessary criteria is met using AHCA's Community Behavioral Health Services Coverage and Limitations Handbook.

### **DEFINITIONS:**

#### **POLICY:**

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### **DESCRIPTION OF BENEFITS:**

The following is a description of the expanded benefits and any applicable limitations, covered by this policy for Managed Medical Assistance (MMA), Comprehensive Long-Term Care (LTC), Serious Mental Illness (SMI), and Florida Children's Medical Services (FL CMS) members product.

#### **MEDICAL NECESSITY DETERMINATION:**

To assist in determining the medical necessity for specific expanded benefits, the clinical criteria established in this policy will be applied to expanded benefits that require a prior authorization. Providers can check the Pre-Auth Tool on the Plan's website to see if the expanded benefit requires a prior authorization.

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 Medical Necessity Review, FL.UM.02.01 and Use of Clinical Criteria, FL.UM.02.00.

Sunshine Health will respond to requests within the timelines as outlined in the policy Timeliness of UM Decisions FL.UM.05.00.

Processing Utilization Management Requests and Documentation, FL.UM.06.00, policy will be used by utilization management (UM) to base their decision on relevant clinical information and to ensure associated clinical decision rationale is documented consistently and appropriately to support UM decisions. For services that the Plan has determined requires prior authorization, only the minimally necessary information will be obtained.

### **Below are the Behavioral Health Expanded Benefits**

#### **Behavioral Health Day Services/Day Treatment- Applicable to MMA, SMI, and Comprehensive LTC only**

This expanded benefit is for members 21 and above to help them function successfully in the community in the least restrictive environment and to restore or enhance ability for personal, social, and prevocational life management services. Behavioral health day services utilize an intensive therapeutic treatment approach to stabilize the symptoms of behavioral health disorders. These services should be used to provide transitional treatment after an acute episode or to reduce or eliminate the need for more intensive levels of care. Services are designed to strengthen individual and family functioning, prevent more restrictive placement of recipients, and provide an integrated set of interventions to promote

behavioral and emotional adjustments. Services must be provided in a therapeutic milieu that allows for a broad range of therapeutic activities designed for the treatment of specific social, emotional, and behavioral problems. Services must be delivered in a coordinated manner and must be appropriate for the developmental age of the recipient. Services must be individualized and directly related to the treatment plan goals and the long-term goal of returning the recipient to regular day care, preschool, or the least restrictive environment possible.

**Behavioral Health Medical Services- Applicable to MMA, SMI, and Comprehensive LTC only**

This expanded benefit is for members 21 and above for unlimited as medically necessary for verbal interaction, medication management, and drug screening for members as medically necessary.

**Behavioral Health Psychosocial Rehabilitation Eligibility Criteria- Applicable to MMA, SMI, and Comprehensive LTC only**

This expanded benefit is for members 21 and above for unlimited as medically necessary for community support and rehabilitative services are appropriate for members exhibiting psychiatric, behavioral or cognitive symptoms, addictive behavior, or clinical conditions of sufficient severity to bring about significant impairment in day-to-day personal, social, prevocational, and educational functioning.

Psychosocial rehabilitation services are intended to restore a recipient's skills and abilities essential for independent living. Activities include: development and maintenance of necessary daily living skills; food planning and preparation; money management; maintenance of the living environment; and training in appropriate use of community services. This service combines daily medication use, independent living and social skills training, housing services, prevocational and transitional employment rehabilitation training, social support, and network enhancement to recipients and their families.

These services are designed to assist the recipient to eliminate or compensate for functional deficits and interpersonal and environmental barriers created by their disabilities, and to restore social skills for independent living and effective life management. This activity differs from counseling and therapy in that it concentrates less upon the amelioration of symptoms and more upon restoring functional capabilities. The service may also be used to facilitate cognitive and socialization skills necessary for functioning in a work environment, focusing on maximum recovery and independence. It includes work readiness assessment, job development on behalf of the recipient, job matching, on the job training, and job support. Psychosocial rehabilitation services may be provided in a facility, home, or community setting.

**Behavioral Health Screening Services- Applicable to MMA, SMI, and Comprehensive LTC only**

This expanded benefit is for members 21 and above for unlimited as medically necessary for psychiatric evaluation; psychiatric diagnostic evaluation; psychiatric diagnostic evaluation with medical services; brief behavioral health status exam; limited functional assessment, mental health and substance; in-depth assessment, mental health and substance abuse; biopsychosocial evaluation, mental health and substance abuse; psychological testing; mental health assessment by non-physician; administration of patient-focused health risk assessment instrument with scoring and documentation, per standardized instrument.

**Computerized Cognitive Behavioral Therapy- Applicable to MMA, SMI, and Comprehensive LTC only**

This expanded benefit is for members 21 and above for unlimited units as medically necessary of computer supported direct delivery of behavioral health care to our members. Self-directed care which is computer aided for members as part of their behavioral therapy. Computerized interventions may be provided to members as an expanded benefit to expand access to care. Member must have access to a computer. Online cognitive behavioral therapy may be provided to the member. Including, but not limited to the following: health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires, health and behavioral interviews (individual, group, family (with or without the patient)

**Computerized Cognitive Behavioral Analysis for Non-Medicaid Caregivers – FL CMS Only**

This expanded benefit is for members 20 and under. For unlimited units as medically necessary, including, but not limited to the following: health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires, health and behavioral interviews (individual, group, family (with or without the member)).

**Caregiver Behavioral Health Services for Non-Medicaid Caregivers- Applicable to FL CMS Only**

This expanded benefit covers unlimited as medically necessary of caregiver counseling provided in an individual or group setting for non-Medicaid caregivers of members to help address any needs he or she may have (e.g. burnout, depression, high stress levels) to help caregivers to continue caring for the member(s).

**Medication Assisted Treatment (MAT) Services- Applicable to MMA, SMI, and Comprehensive LTC only**

This expanded benefit is for members 21 and above for unlimited units as medically necessary of medication-assisted treatment is reimbursed for opioid addiction treatment by a program licensed by the state and certified by the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), in accordance with state and federal regulations. Members receiving methadone treatment can be prescribed take-home doses after 30 days of treatment, if it is clinically indicated. In order to qualify for take-home doses, it must be documented that the member is participating in an education-assisted treatment services must be provided under the supervision of a physician or a psychiatrist. methadone maintenance regimen, in addition to meeting the conditions outlined in Rule 65D-30.014, F.A.C. MAT services are reimbursable 52 times, per recipient, per year. The service is billed one time per seven days.

**Therapeutic Behavioral On-Site Services- Applicable to MMA, SMI, and Comprehensive LTC only**

This service is expanded to ages 21 and above for unlimited units as medically necessary of Therapeutic Behavioral On-Site Services (TBOS) as medically necessary. TBOS 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 members 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 member; assessment and engagement of the member and family's natural support system to assist in implementation of the treatment plan; and, development, implementation, and monitoring of behavior programming for the member. Reference FL.UM.68.00 for additional information on medically necessary criteria.

**Mental Health Assessment/Evaluation Services- Applicable to MMA, SMI, and Comprehensive LTC only**

This expanded service for ages 21 and above for unlimited units as medically necessary of Mental Health Assessments is an expanded benefits for Sunshine Health's MMA product to provide unlimited assessments per service when medically necessary. Reference FL.UM.28.00 for additional information on medically necessary criteria for Mental Health Assessment.

**Expressive Therapy of Equine, Art, and Pet Therapy- Applicable to MMA, SMI, and Comprehensive LTC only**

Reference FL.UM.32.00 for additional information on medically necessary criteria for Expressive therapy.

**Group Therapy (Behavioral Health)- Applicable to MMA, SMI, and Comprehensive LTC only**

This expanded service is for ages 21 and above for unlimited units as medically necessary of 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. Reference FL.UM.30.00 for additional information on medically necessary criteria.

**Individual/Family Therapy- Applicable to MMA, SMI, and Comprehensive LTC only**

This expanded service is for ages 21 and above for unlimited units as medically necessary of Individual and family therapy services include the provision of insight-oriented, cognitive behavioral or supportive therapy interventions to an individual member or a member's family. Individual and family therapy may involve the member, the member's family without the member present, or a combination of therapy with the member and the member's family. The focus or primary beneficiary of individual and family therapy services must always be the member. Reference FL.UM.31.00 for additional information on medically necessary criteria.

**Mental Health Targeted Case Management- Applicable to MMA, SMI, and Comprehensive LTC only**

These expanded services is for ages 21 and above for unlimited units as medically necessary of Targeted Case Management (TCM) is a coordinated approach to the delivery of health, substance abuse, mental health, and social services, linking members with appropriate services to address specific needs and achieve stated goals. TCM focuses on the whole individual and stresses comprehensive assessment, service planning, and service coordination to address multiple aspects of a member's life. TCM is effective as an adjunct to substance abuse treatment as the principal goal of case management is to keep members engaged in treatment and recovery in addition to improving member's success when their other problems are addressed concurrently with substance abuse. Reference FL.UM.27.00 for additional information on medically necessary criteria.

**Individual Therapy Sessions for Caregivers- Applicable to LTC only-**

This expanded service is for ages 18 and above for LTC and FL CMS for ages 0-20 with unlimited units as medically necessary of Individual therapy for caregivers services that include the provision of insight-oriented, cognitive behavioral or supportive therapy interventions to the member's caregiver. Reference FL.UM.31.00 for additional information on medically necessary criteria.

**REFERENCES:**

- FL.UM.02.00
- FL.UM.02.01
- FL.UM.05.00
- FL.UM.06.00
- FL.UM.27.00
- FL.UM.28.00
- FL.UM.30.00
- FL.UM.31.00
- FL.UM.32.00
- FL.UM.68.00
- AHCA COMMUNITY BEHAVIORAL HEALTH SERVICES COVERAGE AND LIMITATIONS HANDBOOK

**ATTACHMENTS: N/A**

**ROLES & RESPONSIBILITIES: Utilization Management, Case Management, and Customer Service**

<b>REGULATORY REPORTING REQUIREMENTS:</b> N/A
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**REVISION LOG**

<b>REVISION TYPE</b>	<b>REVISION SUMMARY</b>	<b>DATE APPROVED &amp; PUBLISHED</b>
New Policy Document	New Policy Created	2/25/2022
Updates to Policy	Deleted duplicate "Behavioral Health Psychosocial Rehabilitation listing  Added "Computerized Cognitive Behavioral Therapy for Non-Medicaid Caregivers"- FL CMS only  Updated age limits for Individual Therapy Sessions for Caregivers and added FL CMS  Removed benefit details for "Expressive Therapy" and added policy to reference.	4/20/2022
Annual Review	No changes	3/24/2023

**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 \_\_\_\_\_