

MEDICAID
IN LIEU OF SERVICES
RESOURCE GUIDE



Your Guide to Behavioral Health Treatment Options

We are proud to work with you to improve the physical and behavioral health of our members, your patients. Sunshine Health's new In Lieu of Services (ILOS) offer alternative services that are medically appropriate substitutes for state plan benefits. These services are offered with the intent of avoiding or eliminating the need for higher level of care or more intensive costly services in the future.

Our members, your patients, may choose the state plan covered Medicaid benefit, rather than the in lieu of service benefit. Please be sure to document this choice in the member's clinical record.

This Resource Guide describes the ILOS services, eligibility requirements, limits and prescribing rules. If you have any questions, please call Provider Services at 1-844-477-8313.

Table of Contents

CRISIS STABILIZATION UNIT (CSU).....	4
DETOXIFICATION OR ADDICTION RECEIVING FACILITY	6
PARTIAL HOSPITALIZATION SERVICES	8
MOBILE CRISIS ASSESSMENT AND INTERVENTION.....	12
AMBULATORY DETOXIFICATION SERVICES.....	14
SELF-HELP/PEER SERVICES.....	16
DROP-IN CENTERS	18
INFANT MENTAL HEALTH PRE- AND POST- TESTING SERVICES	20
FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT	22
COMMUNITY BASED WRAPAROUND SERVICES.....	24
SUBSTANCE ABUSE SHORT-TERM RESIDENTIAL TREATMENT (SRT)	26
NURSING FACILITY SERVICES	28

Crisis Stabilization Unit (CSU)

In lieu of: Inpatient Psychiatric Hospital

Procedure
Code
129

Service Limits	Medical necessity applies. No day limit per calendar year.
Service Type	Per day
Prior Authorization	Prior authorization is not required for the first 24 hours of an emergency admission. After stabilization, admission is subject to prior authorization for continued stay.
Eligible Members	All ages who meet medical necessity criteria and can be diverted from Inpatient Psychiatric Hospitalization, Emergency Room or Out of Home Placement.
Provider Type	Must be provided in a Licensed Crisis Stabilization Unit.

Service Description

A Crisis Stabilization Unit is a short-term alternative to inpatient psychiatric hospitalization and provides brief intensive services for patients presenting in acute crisis.

The purpose of a Crisis Stabilization Unit is to examine, stabilize and redirect members to the most appropriate and least restrictive treatment settings consistent with their needs. Treatment is aimed at restoring members' ability to maintain safety while enhancing their recovery so they can successfully return to the community.

Services include: assessment and treatment services 24 hours a day, 7 days a week for children, adolescents and adults; psychiatric evaluation; medication management; and psychiatrist rounds daily.

Detoxification or Addiction Receiving Facility

In lieu of: Inpatient Detoxification Hospital Care

Procedure
Code
169

Service Limits	Medical necessity applies. Maximum of 15 days per month.
Service Type	Per day
Prior Authorization	Prior authorization is not required for the first 24 hours of an emergency admission. After stabilization, admission is subject to prior authorization for continued stay.
Eligible Members	All ages for whom detoxification is indicated, meets ASAM Criteria Level 3.7 WM, and can be diverted from Inpatient Detoxification Hospitalization, Emergency Room or Out of Home Placement.
Provider Type	Must be provided in a Detoxification or Addiction Receiving Facility licensed under s. 397, F.S.

Service Description

A Detoxification or Addiction Receiving Facility provides emergency substance abuse services within a free-standing detoxification center.

At this level of care, physicians are available 24 hours per day by telephone. A physician should be available to assess the patient within 24 hours of admission (or sooner, if medically necessary) and should be available to provide onsite monitoring of care and further evaluation on a daily basis. An RN or other qualified nursing specialist should be present to administer an initial assessment. A nurse must be responsible for overseeing the monitoring of the patient's progress and medication administration on an hourly basis, if needed. Appropriately licensed and credentialed staff should be available to administer medications.

Services include: 24-hour supervision; observation; and support for patients who are intoxicated or experiencing withdrawal.

Partial Hospitalization Services

In lieu of: Inpatient Psychiatric Hospital Care

Procedure
Codes
912, 913

Service Limits	Medical necessity applies. No day limit per calendar year.
Service Type	Per day
Prior Authorization	Prior authorization is required.
Eligible Members	All ages with mental health or substance use disorder(s) where PHP services can shorten the length of stay in an inpatient facility or eliminate the need for an inpatient stay.
Provider Type	Licensed hospital

Service Description

Partial Hospitalization Services typically include four-six hours of daily structured programming offered five days per week where member is required to attend the program daily. PHP offers a therapeutic milieu; nursing; psychiatric evaluation; medication management; and group, individual and family therapy. Partial Hospitalization Services can be used as a transitional (step down from inpatient) program to shorten the length of stay in an inpatient facility or to eliminate the need for an inpatient stay when clinically appropriate.

Within 24 hours of admission, the following must be completed:

- An initial diagnostic interview by psychiatrist/physician
- A multidisciplinary bio-psychosocial assessment that includes an alcohol/drug screening and assessment, as needed, and an initial treatment/recovery plan.

The initial treatment/recovery plan must:

- Integrate individual strengths, needs, abilities and preferences
- State measurable goals
- Include a documented discharge and relapse prevention plan completed within 24 hours of admission

Additional services can include: consultation for general medical needs; psychological, pharmacy, laboratory and emergency medical services; dietary services if meals are served within the program; other diagnostic services; recreation and social services; access to community based rehabilitation/social services to help patients transition to the community; face-to-face psychiatrist (ARNP under psychiatrist supervision) visits 4 of 5 days; and treatment/recovery plan reviewed weekly or more often as necessary.



Mobile Crisis Assessment and Intervention

In lieu of: Emergency Behavioral Health Care

Procedure
Code
S9484

Service Limits	No more than 24 hours per calendar year. Maximum of 2 hours per day.
Service Type	Per hour
Prior Authorization	Prior authorization is not required.
Eligible Members	All ages who are experiencing a behavioral health crisis and may benefit from the service as a diversion to the Emergency Room, Inpatient Admission, or Out of Home Placement.
Provider Type	Master's level behavioral health clinician under supervision by a licensed behavioral health clinician. Mobile Crisis Team must include at least one licensed behavioral health clinician.

Service Description

A Mobile Crisis Team works to stabilize patients in crisis and connect them to ongoing behavioral health, or other services to promote their stability. Mobile Crisis Services may be appropriate in a number of different settings, including home, school, placement settings, emergency rooms, office and other community locations.

Services include: onsite mobile crisis assessment; service referral; crisis intervention and behavioral health triage services for members identified as being in an acute crisis state.

Ambulatory Detoxification Services

In lieu of: Inpatient Detoxification Hospital Care

Procedure
Code
S9475

Service Limits	Medical necessity applies. Members 0- 21 years old; Up to 3 hours a day and no limits per calendar year. Members over 21; Up to 3 hours per day and a 30 day limit per calendar year.
Service Type	Per day
Prior Authorization	Prior authorization is required.
Eligible Members	All ages with a substance use disorder and for whom ambulatory detoxification services can shorten the length of stay in an inpatient detoxification hospital or eliminate the need for an inpatient stay.
Provider Type	Licensed Ambulatory Detoxification Facility.

Service Description

Ambulatory Detoxification Services without extended onsite monitoring provides clinical and medical management of physical and psychological withdrawal symptoms (from alcohol and other drugs) on an outpatient basis in a community setting.

These services are intended to stabilize the patient physically and psychologically using accepted detoxification protocols. Rendering provider agencies must be licensed as an Ambulatory Detoxification Facility.

Services include assessment and patient observation; medical history; monitoring of vital signs; treatment of withdrawal symptoms; substance abuse counselor consultation and referrals for ongoing addiction and substance abuse treatment.

Self-Help/Peer Services

In lieu of: Psychosocial Rehabilitation Services

Procedure
Code
H0038*

Service Limits	Medical necessity applies. Maximum 16 units or 4 hours per day.
Service Type	Per unit (1 unit = 15 minutes)
Prior Authorization	Prior authorization is required.
Eligible Members	All ages with mental health or substance use disorder(s).
Provider Type	Certified recovery peer specialist under supervision of a licensed behavioral health clinician.

* No modifier; HQ for Group.

Service Description

Peer support services are provided to members with behavioral health or substance use conditions provided by certified peer support specialists with similar behavioral health or substance use experiences. These peer support specialists are in recovery and are trained in delivering effective peer support.

These specialists serve as role models and advocates and are intended to provide ongoing support for enhancing wellness management, coping skills, independent living skills and assistance with recovery.

Services include offering support and teaching skills that promote recovery and positive social networking. These services supplement existing treatment with education, empowerment and system navigation.

Drop-In Center Services

In lieu of: Clubhouse Services

Procedure
Code
S5102 HE

Service Limits	Medical necessity applies. Maximum of 20 days per calendar year.
Service Type	Per day
Prior Authorization	Prior authorization is required.
Eligible Members	Members 18 years or older with a behavioral health diagnosis who could benefit from social skills support.
Provider Type	Certified recovery peer specialist, certified recovery support specialist, bachelor's or master's level behavioral health practitioner. All require supervision by a licensed behavioral health clinician. Psychiatric ARNP.

Service Description

A day club offering peer support and a flexible schedule of activities where clients can learn, practice and apply life skills that promote greater independence and enhance quality of life. Activities include social and recreational programs and outings that help develop specific skills intended to promote integration within the local community.

Infant Mental Health Pre & Post Testing Services

In lieu of: Psychological Testing

Procedure
Code
T1023HA

Service Limits	Medical necessity applies. Maximum of 40 units or 10 hours per calendar year.
Service Type	Per unit (1 unit = 15 minutes)
Prior Authorization	Prior authorization is required.
Eligible Members	Children ages 0-5 years old experiencing developmental delays or having difficulty bonding with caregivers who may benefit from specialized programs.
Provider Type	Master's level practitioner or above under supervision of a licensed practitioner of the healing arts with two years of experience working with children under age 6; training and experience in infant, toddler and child assessments; and 20 hours of documented training in:

Provider Type (Continued)

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.

Service Description

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. These services are appropriate when a clinician or medical doctor identifies risk factors associated with child's attachment or bonding with parent(s) or caregiver(s); a child's parents or caregivers have demonstrated risk factors associated with child rearing; or a child has been identified as in need of assessment to determine whether the child/family may benefit from participation.

Family Training & Counseling for Child Development

In lieu of: Therapeutic Behavioral Onsite Services

Procedure
Code
T1027

Service Limits	Medical necessity applies. Maximum of 36 units or 9 hours per month.
Service Type	Per unit (1 unit = 15 minutes)
Prior Authorization	Prior authorization is required.
Eligible Members	Members 0-21 years old with a Serious Emotional Disturbance (SED) diagnosis whose care givers could benefit from assistance.
Provider Type	Bachelor's level behavioral health practitioner under supervision of a licensed behavioral health clinician.

Service Description

Services to help caregiver(s) understand and manage a member's behavioral needs related to a Serious Emotional Disturbance (SED) diagnosis to promote the member's development. Member is not required to be present, but may be if appropriate.

Services include: support groups or individual sessions for family members; psychosocial activities; and other education and support activities related to SED in children.

Family training and support does not include services that require a professional clinical license. However, services must be consistent with the provider's qualifications.

Community Based Wraparound Services

In lieu of: Therapeutic Group Care Services or Statewide Inpatient Psychiatric Program Services

Procedure
Code
H2022

Service Limits	Medical necessity applies. No day limits per calendar year.
Service Type	Per day
Prior Authorization	Prior authorization is required.
Eligible Members	Members 0-21 years old with a Serious Emotional Disturbance (SED) diagnosis who could benefit from community based wraparound as a diversion to higher levels of residential care.
Provider Type	Certified Targeted Case Management (TCM) agency. Individual rendering services must be certified as a TCM through the Florida Certification Board. Must be under supervision and coaching by a certified TCM supervisor trained and certified

Provider Type (Continued)

as a Wraparound Coach. Practitioner must obtain complete Wraparound 101, or a similar health plan approved wrap-around training prior to service provision. Must obtain certification as wraparound facilitator within one year of hire.

Service Description

Community Based Wraparound is an individualized care planning and management service for children with complex needs. It includes structured, creative team meetings and care plans designed to meet the unique needs of children, caregivers and families. Wraparound team meetings include a child's treatment team, social supports, non-traditional supports, and family members. Services are provided at flexible times and locations to accommodate the child and family's needs. Treatment/Service Plans are frequently reviewed and updated. The emphasis is on integrating and maintaining the child in the community and building the child and family's support network.

Substance Abuse Short-Term Residential Treatment (SRT)/Residential Outpatient Services

In lieu of: Inpatient Detoxification Hospital Care

Procedure
Code
H0018

Service Limits	Medical necessity applies. Maximum 60 days per calendar year. Members receiving these services for more than 15 days per month will be subject to IMD exclusion.
Service Type	Per day
Prior Authorization	Prior authorization is required.
Eligible Members	Pregnant members with a substance abuse diagnosis that are 21 years old or older.
Provider Type	Licensed substance abuse residential treatment center.

Service Description

These services are intended for adults with a primary Axis I diagnosis of substance dependence requiring a more restrictive treatment environment to prevent the abuse of substances. This service is highly structured and located within a licensed substance abuse residential treatment center. This treatment approaches substance abuse as disorders of the whole person that are reflected in problems with conduct, attitudes, moods, values and emotional management. Level III.5 programs are designed to treat members with significant social and psychological problems. The goals of treatment are to promote abstinence from substance use and antisocial behavior and to effect a global change in member's lifestyle, attitudes and values.

Nursing Facility Services

In lieu of: Inpatient Hospital Services

Service Limits	60 days per calendar year.
Service Type	Per day
Prior Authorization	Prior authorization is required.
Eligible Members	Members for whom a skilled nursing facility can shorten the length of stay in an inpatient facility, or eliminate the need for an inpatient stay.
Provider Type	Licensed skilled nursing facility.

Procedure
Codes

**99304, 99305,
99306, 99307,
99308, 99309,
99310, 99315,
99316, 99318**

Service Description

Skilled nursing refers to a member's need for care or treatment that can only be provided by licensed nurses. Nursing facility services provide 24-hour medical and nursing care in a residential setting, institution or a distinct part of an institution.

Examples of skilled nursing needs include bed and board, complex wound dressings, medications, supplies, equipment, social services, rehabilitation, tube feedings or rapidly changing health status.

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