

SUNSHINE HEALTH - FLORIDA

Effective Date: 4.30.19

BEHAVIORAL HEALTH IN-LIEU OF SERVICES

MMA (including Child Welfare Specialty Plan)

CRISIS STABILIZATION UNIT (CSU)

Code: Revenue Code 129

In-lieu of: Inpatient Psychiatric Hospital Care

Service Limits: Medical necessity applies and no day limit per fiscal year

Service Type: Per Day

PA Required: Prior authorization is not required for the first 24 hours of an emergency admission. After stabilization, the 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 individuals presenting in acute crisis. The purpose of a Crisis Stabilization Unit is to examine, stabilize and redirect people to the most appropriate and least restrictive treatment settings consistent with their needs. Treatment is aimed at restoring the ability of the residents 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

Code: Revenue Code 169

In-lieu of: Inpatient Detoxification Hospital Care

Service Limits: Medical necessity applies and no more than 15 days per month

Service Request Type: Per Day

PA Required: Prior authorization is not required for the first 24 hours of an emergency admission. After stabilization, the admission is subject to prior authorization for continued stay

Eligible Members: All ages for whom detoxification is indicated and 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: Detoxification or Addictions Receiving Facility provides Medically Monitored Intensive IP Services within a freestanding detoxification center. Services include offer 24-hour supervision, observation, and support for patients who are intoxicated or experiencing withdrawal. 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 will 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 in accordance with physician orders. Service must be delivered at a Detoxification or Addiction Receiving Facility that is licensed under s.397. F.S.

PARTIAL HOSPITALIZATION SERVICES

Code: Revenue Codes 912 and 913

In-lieu of: Inpatient Psychiatric Hospital Care

Service Limits: Medical necessity applies. No day limit per fiscal year

Service Request Type: Per Day

PA Required: Yes

Provider Type: Licensed Partial Hospitalization Program

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.

Service Description: Partial Hospitalization Services include therapeutic milieu, nursing, psychiatric evaluation, medication management, group, individual and family therapy. Clinical services typically include 4-6 hours of daily structured programming offered five days per week where Member is required to attend the program daily. 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 as an alternative, when clinically appropriate.

An initial diagnostic interview by psychiatrist/physician is completed within 24 hours of admission; A history and physical within 24 hours of admission; Multidisciplinary bio-psychosocial assessment within 24 hours of admission including alcohol/drug screening and assessment as needed; Initial treatment/recovery plan integrating individual strengths, needs, abilities and preferences, stating measurable goals, and including a documented discharge and relapse prevention plan completed within 24 hours of admission.

Additional services include consultation for general medical needs, psychological, pharmacy, and emergency medical services, laboratory, dietary if meals are served within the program and other diagnostic services; Readily available on-site nursing services; Individual, Group and Family therapy services; Recreation and social services; Access to community based rehabilitation/social services to be used to help the individual transition to the community; Face to face psychiatrist (ARNP under psychiatrist supervision) visits 4 of 5 days; Treatment/Recovery plan reviewed weekly or more often as necessary.

MOBILE CRISIS ASSESSMENT AND INTERVENTION

Code: S9484

In-lieu of: Emergency Behavioral Health Care

Service Limits: No more than 24 hours per fiscal year; maximum of 2 hours per day

Service Request Type: Per Hour

PA Required: No

Eligible Members: All ages who are experiencing a behavioral health crisis and may benefit from the service as a diversion to an inpatient admission, emergency room, 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: Mobile Crisis Assessment and Intervention 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. All efforts are made by the Mobile Crisis team to stabilize the individual in crisis and support them in access 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.

AMBULATORY DETOXIFICATION SERVICES

Code: S9475

In-lieu of: Inpatient Detoxification Hospital Care

Service Limits: Medical Necessity applies and:

- Members 21 years old and younger can receive up to 3 hours a day and no day limitations per year.
- Members 21 years and over can receive up to 3 hours a day and up to 30 days per year.

Service Request Type: Per Day

PA Required: Yes

Eligible Members: All ages with a substance use disorder that meets ASAM Criteria Level 1 WM 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 the physical and psychological process of withdrawal from alcohol and other drugs on an outpatient basis in a community based setting. This service is intended to stabilize the recipient physically and psychologically using accepted detoxification protocols. Rendering provider agencies must be licensed as an Ambulatory Detoxification Facility.

SELF-HELP/PEER SERVICES

Code: H0038 no modifier; HQ modifier for group

In-lieu of: Psychosocial Rehabilitation Services

Service Limits: Medical necessity applies and maximum of 16 units per day or 4 hours.

Service Request Type: Per Unit (1 Unit= 15 minutes)

PA Required: Yes

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

Service Description: Peer support services are provided to members with mental health or substance use conditions provided by Certified Peer Support Specialists with similar mental health or substance use experiences, are in recovery and are trained in delivering effective peer support. Certified Peer Support Specialists serve as role models and advocates for members, as well as 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.

DROP-IN CENTER

Code: S5102 HE

In-lieu of: Clubhouse Services

Service Limits: Medical necessity applies and a maximum of 20 days per year

Service Request Type: Per Day

PA Required: Yes

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. Additionally, a Psychiatric ARNP is an authorized provider type for this service.

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 AND POST TESTING SERVICES

Code: T1023 HA

In-lieu of: Psychological Testing

Service Limits: Medical Necessity applies. Maximum of 40 units or 10 hours per year.

Service Request Type: Per Unit (1 unit= 15 minutes)

PA Required: Yes

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: 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 which includes 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.

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 in a specified program or treatment approach for young children and their families.

FAMILY TRAINING AND COUNSELING FOR CHILD DEVELOPMENT

Code: T1027

In-lieu of: Therapeutic Behavioral Onsite Services

Service Limits: Medical Necessity applies. Maximum of 36 units or 9 hours per month.

Service Request Type: Per Unit (1 Unit= 15 minutes)

PA Required: Yes

Eligible Members: Members 0-21 years old and with a Serious Emotional Disturbance (SED) qualifying diagnosis whose caregivers could benefit from assistance in understanding their child's behavioral health needs.

Provider Type: Bachelor's Level Behavioral Health Practitioner under supervision of a Licensed Behavioral Health clinician

Service Description: Services may include support groups or individual sessions for family members which provide education regarding child development, emotional disturbances in children, family education, individual support, psychosocial activities, and other education and support activities related to serious emotional disturbances (SED) in children. Services assist the family of a member eligible for services in understanding the special behavioral health needs of the member as to enhance the member's development. Eligible member is not required to be present but may be, if appropriate. 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

Code: H2022

In-lieu of: Therapeutic Group Care Services (TGC) or Statewide Inpatient psychiatric Program Services (SIPP)

Service Limits: Medical necessity applies and 1 unit per day with no day limits per year

Service Request Type: Per Day

PA Required: Yes

Eligible Members: Members 0-21 years old with a Serious Emotional Disturbance (SED) qualifying diagnosis who could benefit from community based wraparound services 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 as a Wraparound Coach. Practitioner must obtain complete Wraparound 101, or a similar health plan approved Wraparound training, prior to service provision. Must obtain certification as Wraparound Facilitator within one (1) year of completion of approved initial Wraparound training.

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

SUBSTANCE ABUSE SHORT TERM RESIDENTIAL TREATMENT (SRT)/RESIDENTIAL OUTPATIENT SERVICES

Code: H0018

In-lieu of: Inpatient Detoxification Hospital Care

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 Request Type: Per Day

PA Required: Yes

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.

MEDICAL IN-LIEU OF SERVICE

NURSING FACILITY SERVICES

Code: 99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318

In-lieu of: Inpatient Hospital Services

Service Limits: Medical necessity applies. 60 days per calendar year

Service Request Type: Per Day

PA Required: Yes

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.

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.