

are intended to assist the person with successful recovery from opioid addiction Service components include:

- 1) Assessments
- 2) Laboratory services
- 3) Physician services including Medication Evaluation and Management
- 4) Medication Administration
- 5) Therapy Services
- 6) Medical Services
- 7) Pharmacy Services

6.3.2.3.1- BH Opioid Use Disorder

6.3.2.3.2- BH Alcohol Use Disorder

6.3.2.3.3- BH Other

6.3.2.4- BH Peer Support
Provided for: Mental Health Substance Use Disorder

UHC and Molina cover:

Peer support is limited to two hundred (200) fifteen (15) minute units per calendar year.

Peer Support Services

Peer Support Services are non-clinical activities with a rehabilitation and resiliency/recovery focus that allow a person receiving mental health services and substance use services and their family members the opportunity to build skills for coping with and managing psychiatric symptoms, substance use issues and challenges associated with various disabilities while directing their own recovery. Natural resources are utilized to enhance community living skills, community integration, rehabilitation, resiliency and recovery. Peer Support is a helping relationship between peers and/or family members that is directed toward the achievement of specific goals defined by the person. Peer Support Services are provided by Certified Peer Support Specialist Professionals. A Certified Peer Support Specialist Professional is a person with significant life-altering experience, also referred to as lived experience, who has successfully completed peer support competencies-based training and testing.

6.3.2.5- BH Caregiver Support
Provided for: Mental Health Substance Use Disorder

6.3.2.6- BH Respite Care
Provided for: Mental Health Substance Use Disorder

6.3.2.7- BH Intensive in-home services
Provided for: Mental Health Substance Use Disorder

UHC and Molina covers:

PACT services are limited to sixteen hundred (1600) units (15 minute unit) per state calendar year and forty (40) units per day. Prior authorization required.

Program of Assertive Community Treatment (PACT) is an individual-centered, recovery-oriented mental health service delivery model for facilitating community living, psychological rehabilitation and recovery for persons who have the most severe and persistent mental illnesses, have severe symptoms and impairments, and have not benefited from traditional outpatient programs. The important characteristics of Programs of Assertive Community Treatment (PACT) are:

1. PACT serves individuals who may have gone without appropriate services. Consequently, the individual group is often over represented among the homeless and in jails and prisons, and has been unfairly thought to resist or avoid involvement in treatment.
2. PACT services are delivered by a group of multidisciplinary mental health staff who work as a team and provide the majority of the treatment, rehabilitation, and support services individuals need to achieve their goals. Many, if not all, staff share responsibility for addressing the needs of all individuals requiring frequent contact.
3. PACT services are individually tailored with each individual and address the preferences and identified goals of each individual. The approach with each individual emphasizes relationship building and active involvement in assisting individuals with severe and persistent mental illness to make improvements in functioning, to better manage symptoms, to achieve individual goals, and to maintain optimism.
4. The PACT team is mobile and delivers services in community locations to enable each individual to find and live in their own residence and find and maintain work in community jobs rather than expecting the individual to come to the program.
5. PACT services are delivered in an ongoing rather than time-limited framework to aid the process of recovery and ensure continuity of caregiver. Severe and persistent mental illnesses are episodic disorders and many individuals benefit from the availability of a longer-term treatment approach and continuity of care. This allows individuals opportunity to recompensate, consolidate gains, sometimes slip back, and then take the next steps forward until they achieve recovery.

PACT Admissions criteria includes:

PACT Teams serve individuals with severe and persistent mental illness as listed in the most current edition of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association that seriously impair their functioning in community living. Priority is given to people with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), and bipolar disorder because these illnesses more often cause long-term psychiatric disability. Individuals with other psychiatric illnesses are eligible dependent on the level of the long-term disability. (Individuals with a primary diagnosis of a substance abuse disorder, intellectual disability or other Axis II disorders are not the intended individual group. Additionally, individuals with a chronically violent history may not be appropriate for this service.)

Individuals with significant functional impairments as demonstrated by at least one of the following conditions:

1. Significant difficulty consistently performing the range of practical daily living tasks required for basic adult functioning in the community (e.g., caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions; meeting nutritional needs; maintaining personal hygiene) or persistent or recurrent difficulty performing daily living tasks except with significant support or assistance from others such as friends, family, or relatives.
2. Significant difficulty maintaining consistent employment at a self-sustaining level or significant difficulty consistently carrying out the homemaker role (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities).
3. Significant difficulty maintaining a safe living situation (e.g., repeated evictions or loss of housing).

Individuals must have one or more of the following problems, which are indicators of continuous high-service needs (i.e., greater than eight hours per month):

1. High use of acute psychiatric hospitals (e.g., two [2] or more admissions per year) or psychiatric emergency services.
2. Intractable (i.e., persistent or very recurrent) severe major symptoms (e.g., affective, psychotic, suicidal).
3. Coexisting substance abuse disorder of significant duration (e.g., greater than six [6] months).
4. High risk or recent history of criminal justice involvement (e.g., arrest, incarceration).
5. Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or in imminent risk of becoming homeless.
6. Residing in an inpatient or supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available.
7. Difficulty effectively utilizing traditional office-based outpatient services

6.3.2.8- BH Intensive outpatient
Provided for: Mental Health Substance Use Disorder

UHC and Molina cover:

Effective 9/1/2020 Intensive Community Outreach and Recovery Team (ICORT) (previously referred to as Intensive Outpatient Psychiatric (IOP)) is limited to two hundred seventy (270) days of service provision per calendar year. Prior authorization required. ICORT is provided in the community setting.

ICORT is a recovery and resiliency oriented, intensive, community-based rehabilitation and outreach service for children and adults with a severe and persistent mental illness. It is a team-oriented approach to mental health rehabilitation intervention and supports necessary to assist people in achieving and maintaining rehabilitative, resiliency and recovery goals. ICORT services are provided primarily in natural settings and are delivered face-to-face with the person and their family/significant other as appropriate, to the primary well-being and benefit of the recipient. Intensive Community Outreach and Recovery assists in the setting and attaining of individually defined recovery/resiliency goals. ICORT primary treatment objective is to assist in keeping the people receiving the service in the community in which they live, avoiding placement in state-operated behavioral health service locations.

6.3.2.9- BH Psychosocial rehabilitation
Provided for: Mental Health Substance Use Disorder

UHC covers:

Psychosocial Rehabilitation Services are limited to five (5) hours per day, five (5) days a week.

Molina covers:

Psychosocial Rehabilitation Services are limited to five (5) hours per day, five (5) days a week. Prior authorization required.

Psychosocial Rehab

Psychosocial Rehabilitative Services (PSR) consists of a network of services designed to support and restore community functioning and well-being of adults with a serious and persistent mental illness. The purpose of the service is to promote recovery, resiliency, and empowerment of the person in his/her community. Service activities aim to improve reality orientation, social skills and adaptation, coping skills, effective management of time and resources, task completion, community and family integration, vocational and academic skills, and activities to incorporate the person into independent community living; as well as to alleviate psychiatric decompensation, confusion, anxiety, disorientation, distraction, preoccupation, isolation, withdrawal and feelings of low self-worth. PSR Psychosocial Rehabilitative Services must utilize systematic, curriculum-based interventions for recovery skills development for participants. The curriculum-

based interventions must be evidence-based or recognized best practices in the field of mental health as recognized by Substance Abuse and Mental Health Services Administration (SAMHSA).

Guidance: If the state considers day treatment and partial hospitalization to be the same benefit, please indicate that in the benefit description. If there are differences between these benefits, such as the staffing or intensity of the setting, please specify those in the description of the benefit's amount, duration, and scope.

6.3.3- BH Day Treatment

Provided for: Mental Health Substance Use Disorder

UHC and Molina covers:

Beneficiaries may participate in the program a maximum of five (5) hours per day, five (5) days per week. Prior authorization required.

Day Treatment

Day Treatment Services are the most intensive outpatient services available to children/youth with serious emotional disturbance. The services must provide an alternative to residential treatment or acute psychiatric hospitalization or serve as a transition from these services. Day Treatment Services are a behavioral intervention and strengths-based program, provided in the context of a therapeutic milieu, which provides primarily school-age children/adolescents with serious emotional disturbances the intensity of treatment necessary to enable them to live in the community. Day Treatment Services are based on behavior management principles and include, at a minimum, positive feedback, self-esteem building and social skills training. Additional components are determined by the needs of the participants at a particular service location and may include skills training in the areas of impulse control, anger management, problem solving, and/or conflict resolution.

6.3.3.1- BH Partial Hospitalization

Provided for: Mental Health Substance Use Disorder

UHC covers and Molina covers with prior authorization:

Acute Partial Hospitalization Services are limited to one hundred (100) days per calendar year.

Acute Partial Hospitalization Services provide medical supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to people who are experiencing a period of such acute distress that their ability to cope with normal life circumstances is severely impaired. Acute Partial Hospitalization Services are designed to provide an alternative to inpatient hospitalization for such people or to serve as a bridge from inpatient to outpatient treatment. Service content may vary based on need but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms. Acute Partial Hospitalization Services may be provided to children/youth with serious emotional disturbance or people with substance use disorders.

6.3.4- BH Inpatient services, including services furnished in a state-operated mental hospital and including residential or other 24-hour therapeutically planned structural services (Sections 2110(a)(10) and 2110(a)(18))

Provided for: Mental Health Substance Use Disorder

UHC and Molina cover:

No limitations, prior authorization required.

Guidance: If applicable, please clarify any differences within the residential treatment benefit (e.g. intensity of services, provider types, or settings in which the residential treatment services are provided).

6.3.4.1- BH Residential Treatment

Provided for: Mental Health Substance Use Disorder

UHC and Molina cover:

Psychiatric residential treatment facilities (PRTFs) are residential services for children under twenty-one (21). Prior authorization required.

Psychiatric Residential Treatment Facility

Psychiatric Residential Treatment Facility is defined as any non-hospital establishment with permanent facilities which provides a twenty-four (24) hour program of care by qualified therapists for children under the age of 21, with an average length of stay of 6 months. These services include, but are not limited to, duly licensed mental health professionals, psychiatric mental health nurse practitioners, psychiatrists, psychologists and licensed certified social workers, for emotionally disturbed children and adolescents referred to such facility by a court, local school district or by the Department of Human Service. These children are not in an acute phase of illness requiring the services of a psychiatric hospital, and are in need of such restorative treatment services. For purposes of this service, the term "serious emotionally disturbed" means a condition exhibiting one or more of the following characteristics over along period of time and to a marked degree, which adversely affects educational performance:

1. An inability to learn which cannot be explained by intellectual, sensory or health factors;
2. An inability to build or maintain satisfactory relationships with peers and teachers;
3. Inappropriate types of behavior or feelings under normal circumstances;
4. A general pervasive mood of unhappiness or depression; or
5. A tendency to develop physical symptoms or fears associated with personal or school problems.

6.3.4.2- BH Detoxification

Provided for: Substance Use Disorder

UHC and Molina cover:

No limitations. Prior authorization required. Ambulatory detox in the outpatient setting is provided if it does not require 24 hour medical observation but if so, it would be provided in an inpatient detox setting.

Detox

Detoxification is a set of interventions aimed at managing acute and intoxication and withdrawal. It denotes a clearing of toxins from the body of the patient who is acutely intoxicated and/or dependent on substances of abuse. Detoxification seeks to minimize the physical harm caused by the abuse of substances and is available in the acute, sub-acute and residential setting.

Guidance: Crisis intervention and stabilization could include services such as mobile crisis, or short term residential or other facility based services in order to avoid inpatient hospitalization.

6.3.5- BH Emergency services

Provided for: Mental Health Substance Use Disorder

UHC and Molina cover:

Emergency services are not limited and do not require prior authorization.

Emergency/Crisis Response Services

Emergency crisis services are available at all emergency rooms in the state for members on a walk in basis or if 911 and emergency transport is involved. Emergency/crisis response in the community mental health setting is defined as a time-limited intensive intervention, available twenty-four (24) hours a day, seven (7) days a week. Crisis response services allow for the assessment of the crisis and ability to activate a mobile crisis team. Trained crisis response staff provides crisis stabilization directed toward preventing hospitalization. Children or adults requiring crisis services are those who are experiencing a significant emotional/behavioral crisis. A crisis situation is defined as a situation in which an individual's mental health and/or behavioral health needs exceed the individual's resources, in the opinion of the mental health professional assessing the situation. Staff must be able to triage and make appropriate clinical decisions, including accessing the need for inpatient services or less restrictive alternatives. These services are available throughout the entire state and catchment areas.

6.3.5.1- BH Crisis Intervention and Stabilization

Provided for: Mental Health Substance Use Disorder

UHC and Molina covers:

Crisis Response Services are not limited. No prior authorization required.

Crisis Residential Services are limited to sixty (60) days per calendar year. Prior authorization required.

Crisis Response is an intensive therapeutic service which allows for the assessment of and intervention in a mental health crisis. Crisis Response Services are provided to children/youth who are experiencing a significant emotional/behavioral crisis in which the person's mental health and/or behavioral health needs exceed the person's resources (in the opinion of the mental health professional assessing the situation.) Trained Crisis Response personnel provide crisis stabilization directed toward preventing hospitalization. Employees triage and make appropriate clinical decisions, including assessing the need for inpatient services or less restrictive alternatives. Crisis Response Services facilitate and verify formal initial assessment and therapy appointments, when the crisis situation subsides, with the mental health provider of the person's choice (if the person is able to remain in the community) utilizing the "warm handoff" method. A "warm handoff" is an approach to care transitions in which health care providers directly link people with typical service providers, using face-to-face or phone transfer.

Crisis Residential Services are time-limited residential treatment services provided in a Crisis Residential Unit which provides psychiatric supervision, nursing services, structured therapeutic activities and intensive psychotherapy (individual, family and/or group) to people who are experiencing a period of acute psychiatric distress which severely impairs their ability to cope with normal life circumstances. Crisis Residential Services prevent civil commitment and/or longer term inpatient psychiatric hospitalization by addressing acute symptoms, distress and further decomposition. Crisis Residential Services content may vary based on each person's needs but must include close observation/supervision and intensive support with a focus on the reduction/elimination of acute symptoms.

6.3.6- BH Continuing care services
Provided for: Mental Health Substance Use Disorder

UHC and Molina covers:

Wraparound limited to one hundred (100) units (15 minute unit) per state calendar year and eight (8) units per day. No prior authorization required.

Wraparound

Wraparound facilitation is the creation and facilitation of a child and family team for the purpose of developing a single plan of care to address the needs of youth with complex mental health challenges and their families.

Activities include:

1. Engaging the family;
2. Assembling the child and family team;
3. Facilitating a child and family team meeting at a minimum every thirty (30) days;
4. Facilitating the creation of a plan of care, which includes a plan for anticipating, preventing and managing crisis, within the child and family team meeting;
5. Working with the team in identifying agency providers of services and other community resources to meet family and youth needs;

6. Making necessary referrals for youth;
7. Documenting and maintaining all information regarding the plan of care, including revisions and child and family team meetings;
8. Presenting plan of care for approval by the family and team;
9. Providing copies of the plan of care to the entire team including the youth and family parent(s)/legal guardian(s);
10. Monitoring the implementation of the plan of care and revising if necessary to achieve outcomes;
11. Maintaining communication between all child and family team members;
12. Monitoring the progress toward needs met and whether or not the referral behaviors are decreasing;
13. Leading the team to discuss and ensure the supports and services the youth and family are receiving continue to meet the caregiver and youth's needs;
14. Educating new team members about the wraparound process; and,
15. Maintaining team cohesiveness.

6.3.7- BH Care Coordination

Provided for: Mental Health Substance Use Disorder

UHC and Molina cover:

Community Support Services are limited to four hundred (400) fifteen (15) minute units per calendar year with no prior authorization.

Community Support Services are directed towards children, adolescents and families and will vary with respect to hours, type and intensity of services, depending on the changing needs of each person. The purpose/intent is to provide specific, measurable, and individualized services to each person served focusing on the person's ability to succeed in the community; to identify and access needed services; and, to show improvement in school, work, family, and community participation.

Community Support Services should be person-centered and focus on the person's recovery and ability to succeed in the community; to identify and access needed services; and, to show improvement in home, health, purpose and community.

6.3.7.1- BH Intensive wraparound

Provided for: Mental Health Substance Use Disorder

MYPAC is not covered by either UHC or Molina.

6.3.7.2- BH Care transition services

Provided for: Mental Health Substance Use Disorder

UHC and Molina cover:

Transition of Care program for CHIP members discharging for institutional or inpatient

settings.

Care Coordination/Transition of Care

Individuals with mental health and substance abuse disorders frequently rely on multiple organizations and treatment professionals to provide their health care. Additionally, a significant number of people with serious medical conditions also have behavioral health conditions.

Effectively coordinating care between these treatment professionals can lead to improved health outcomes, result in reduced healthcare costs, and benefit practitioners by enhancing networking with other professionals.

UHC and Molina provide a full array of care coordination services as well as a full transition of care program to their members ensuring the members are appropriately transitioned from any inpatient setting to the community to re-engage in life and work. This process begins with any hospital or residential setting notification of admission and the staff began to engage in discharge planning creating a transitional plan of care with the hospital staff, member, family, and outpatient professionals to ensure that there is a multi disciplinary team who is supporting the member.

6.3.8- BH Case Management

Provided for: Mental Health Substance Use Disorder

UHC covers:

Targeted Case Management – no prior authorization but conducts outlier medical necessity review per member.

Molina covers:

Targeted Case Management are limited to two hundred sixty (260) fifteen (15) minute units per calendar year.

Targeted Case Management

Targeted Case Management is defined as services that provide information/referral and resource coordination to the member and/or his/her collaterals. Case Management Services are directed towards helping the member maintain his/her highest possible level of independent functioning. Case managers monitor the treatment plan and ensure team members complete tasks that are assigned to them, that follow up and follow through occur and help identify when the treatment team may need to review the treatment plan for updates if the established plan is not working.

Targeted case management may be provided face-to- face or via telephone and is not designed to be a mobile service, but there is no prohibition on services being provided in a location other than the community mental health center. Targeted case management must be included in the individual's treatment plan and the frequency of case

management services will be determined by the complexity of the case and the need of the beneficiary, but shall not occur less than once monthly.

6.3.9- BH Other

Provided for: Mental Health Substance Use Disorder

UHC covers and Molina covers with prior authorization:
Neonatal alcohol fetal syndrome treatment.

6.4- BH Assessment Tools

6.4.1- BH Please specify or describe all of the tool(s) required by the state and/or each managed care entity: United Healthcare utilizes all tools check except InterQual. Molina only utilizes InterQual. The Division of Medicaid does not require specific assessment tools to be used.

ASAM Criteria (American Society Addiction Medicine)
 Mental Health Substance Use Disorders

InterQual
 Mental Health Substance Use Disorders

Molina only utilizes this tool.

MCG Care Guidelines
 Mental Health Substance Use Disorders

CALOCUS/LOCUS (Child and Adolescent Level of Care Utilization System)
 Mental Health Substance Use Disorders

CASII (Child and Adolescent Service Intensity Instrument)
 Mental Health Substance Use Disorders

CANS (Child and Adolescent Needs and Strengths)
 Mental Health Substance Use Disorders

State-specific criteria (e.g. state law or policies) (please describe)
 Mental Health Substance Use Disorders

Plan-specific criteria (please describe)
 Mental Health Substance Use Disorders

Other (please describe)
 Mental Health Substance Use Disorders

United Healthcare also utilized ESPII.

- No specific criteria or tools are required
 Mental Health Substance Use Disorders

Guidance: Examples of facilitation efforts include requiring managed care organizations and their networks to use such tools to determine possible treatments or plans of care, providing education, training, and technical resources, and covering the costs of administering or purchasing the assessment tools.

6.4.2- BH Please describe the state's strategy to facilitate the use of validated assessment tools for the treatment of behavioral health conditions.

Providers are encouraged to use -validated assessment tools for the treatment of behavioral health conditions. The CCOs are responsible for conducting trainings and communications to providers to utilize - validated assessment tools. The CCOs are responsible for follow-up for compliance. The CCOs encourage use through education, bulletins and clinical reviews.

6.2.5- BH Covered Benefits The State assures the following related to the provision of behavioral health benefits in CHIP:

All behavioral health benefits are provided in a culturally and linguistically appropriate manner consistent with the requirements of section 2103(c)(6), regardless of delivery system.

The state will provide all behavioral health benefits consistent with 42 CFR 457.495 to ensure there are procedures in place to access covered services as well as appropriate and timely treatment and monitoring of children with chronic, complex or serious conditions.