



CUSTODIAL CARE (INPATIENT & RESIDENTIAL SERVICES)

Policy Number: BH727CCCDG_032018

Effective Date: March 14, 2018

Table of Contents	Page
BENEFIT CONSIDERATIONS	1
COVERAGE RATIONALE	1
EVIDENCE-BASED CLINICAL GUIDELINES	2
LEVEL OF CARE GUIDELINES	2
UNITEDHEALTHCARE BENEFIT PLAN DEFINITIONS	3
REFERENCES	4
HISTORY/REVISION INFORMATION	4

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

Pre-Service Notification

Admissions to an inpatient, residential treatment center, or a partial hospital/day treatment program require pre-service notification. Notification of a scheduled admission must occur at least five (5) business days before admission. Notification of an unscheduled admission (including Emergency admissions) should occur as soon as is reasonably possible. Benefits may be reduced if Optum is not notified of an admission to these levels of care. Check the member’s specific benefit plan document for the applicable penalty and provision for a grace period before applying a penalty for failure to notify Optum as required.

COVERAGE RATIONALE

Services provided in psychiatric inpatient and residential treatment settings that are not active and are solely for the purpose of Custodial Care as defined below are **excluded**.

Custodial Care in a psychiatric inpatient or residential setting is any of the following (Certificate of Coverage, 2011):

- Non-health-related services, such as assistance in activities of daily living (examples include feeding, dressing, bathing, transferring, and ambulating).
- Health-related services that are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function (even if the specific services are considered to be skilled services), as opposed to improving that function to an extent that might allow for a more independent existence.
- Services that do not require continued administration by trained medical personnel in order to be delivered safely and effectively.

Active Treatment in an inpatient or residential treatment setting is a clinical process involving the 24-hour care of members that includes assessment, diagnosis, intervention, evaluation of care, treatment and planning for discharge and aftercare under the direction of a psychiatrist that cannot be managed in a less restrictive setting (CMS Psychiatric Inpatient Local Coverage Determinations, 2017).

- Active Treatment is indicated by services that are all of the following (CMS Benefit Policy Manual, Chapter 2, 30.2.2.1):
 - Supervised and evaluated by a physician;
 - Provided under an individualized treatment or diagnostic plan; and
 - Reasonably expected to improve the member’s condition or for the purpose of diagnosis.

Improvement of the member's condition is indicated by the reduction or control of the acute symptoms that necessitated hospitalization or residential treatment (CMS Psychiatric Inpatient Local Coverage Determinations, 2016).

- Improvement is measured by weighing the effectiveness of treatment and the risk that the member's condition would deteriorate or relapse if inpatient or residential treatment were to be discontinued (CMS Psychiatric Inpatient Local Coverage Determinations, 2017).

Optum maintains that inpatient or residential treatment should be consistent with nationally recognized scientific evidence as available, prevailing medical standard and clinical guidelines, and cannot be provided in a less restrictive setting (Certificate of Coverage, 2011).

All services must be provided by or under the direction of a properly qualified behavioral health provider

EVIDENCE-BASED CLINICAL GUIDELINES

Clinical best practice in inpatient and residential settings does not include services that are for the purpose of providing custodial care, respite for the family, increasing social activity, or purely for antisocial (or runaway/truancy) behavior or legal problems, but is for the treatment of a behavioral health condition.

In determining whether a member is receiving custodial care, Optum considers whether:

- The member is receiving active treatment as defined above;
- There has been improvement in the member's condition as defined above;
- Services are non-health-related, such as assistance in activities of daily living (examples include feeding, dressing, bathing, transferring and ambulating).
- Services are provided for the primary purpose of meeting the personal needs of the patient or maintaining a level of function (even if the specific services are considered to be skilled services), as opposed to improving that function to an extent that might allow for a more independent existence.
- Services require continued administration by trained medical personnel in order to be delivered safely and effectively.
- Discharge planning has occurred to prevent custodial care and enable a successful transition to the next most appropriate level of care

The following situations may indicate that custodial care is occurring:

- Days awaiting placement with no active treatment (may authorize a couple of days);
- The patient is uncooperative and not participating in treatment;
- Essential services have been delayed without active discharge planning anticipating the member's needs;
- The patient is unresponsive to an appropriate treatment plan;
- The patient is otherwise not improving.

Additional considerations include:

- The administration of medications expected to significantly improve a member's presenting symptoms would be termed "active treatment" with the expectation that all other elements of the definition are met. However, the sole administration of medication without an expectation of significant improvement of the presenting symptoms requiring 24-hour care does not on its own constitute active treatment (CMS Psychiatric Inpatient Local Coverage Determinations, Retrieved March, 2017).
- Provider participation is an essential ingredient of "active treatment." It is the responsibility of the provider to periodically evaluate the therapeutic program and determine the extent to which treatment goals are being realized and whether changes in direction or emphasis are needed (CMS Psychiatric Inpatient Local Coverage Determinations, Retrieved March, 2017).
 - Optum establishes that there must be daily documented visits by the prescribing provider if medication management or management of a co-occurring medical condition is part of the acute inpatient treatment plan. For RTC, the frequency of visits by the prescribing provider should be weekly (Optum Level of Care Guidelines, 2017).
- If the only activities prescribed for the patient are primarily to provide social and recreational outlet, (i.e., to provide some social or recreational outlet for the patient), it would not be regarded as treatment to improve the patient's condition (i.e., active treatment) (CMS Benefit Policy Manual, Chapter 2, 30.2.2.1, Retrieved March, 2017).
- Optum does not solely base the determination of custodial care on diagnosis, type of condition, degree of functional limitation, or rehabilitation potential.

LEVEL OF CARE GUIDELINES

Optum / OptumHealth Behavioral Solutions of California Level of Care Guidelines are available at: <https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

The Level of Care Guidelines are a set of objective and evidence-based behavioral health guidelines used to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and wellbeing.

UNITEDHEALTHCARE BENEFIT PLAN DEFINITIONS

For plans using 2001 and 2004 generic UnitedHealthcare COC/SPD, unless otherwise specified

Covered Health Service(s)

Those health services provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.

A Covered Health Service is a health care service or supply described in *Section 1: What's Covered--Benefits as a Covered Health Service*, which is not excluded under *Section 2: What's Not Covered--Exclusions*.

For plans using 2007 and 2009 generic UnitedHealthcare COC/SPD, unless otherwise specified

Covered Health Service(s)

Those health services, including services, supplies, or Pharmaceutical Products, which we determine to be all of the following:

- Provided for the purpose of preventing, diagnosing or treating a sickness, injury, mental illness, substance abuse, or their symptoms.
- Consistent with nationally recognized scientific evidence as available, and prevailing medical standards and clinical guidelines as described below.
- Not provided for the convenience of the Covered Person, Physician, facility or any other person.
- Described in the *Certificate of Coverage* under *Section 1: Covered Health Services* and in the *Schedule of Benefits*.
- Not otherwise excluded in the *Certificate of Coverage* under *Section 2: Exclusions and Limitations*.

In applying the above definition, "scientific evidence" and "prevailing medical standards" shall have the following meanings:

- "Scientific evidence" means the results of controlled clinical trials or other studies published in peer-reviewed, medical literature generally recognized by the relevant medical specialty community.
- "Prevailing medical standards and clinical guidelines" means nationally recognized professional standards of care including, but not limited to, national consensus statements, nationally recognized clinical guidelines, and national specialty society guidelines.

For plans using 2011 and more recent generic UnitedHealthcare COC/SPD, unless otherwise specified

Covered Health Care Service(s) - health care services, including supplies or Pharmaceutical Products, which we determine to be all of the following:

- Medically Necessary.
- Described as a Covered Health Care Service in the *Certificate* under *Section 1: Covered Health Care Services* and in the *Schedule of Benefits*.
- Not excluded in the *Certificate* under *Section 2: Exclusions and Limitations*.

Medically Necessary - health care services provided for the purpose of preventing, evaluating, diagnosing or treating a Sickness, Injury, Mental Illness, substance-related and addictive disorders, condition, disease or its symptoms, that are all of the following as determined by us or our designee.

- In accordance with Generally Accepted Standards of Medical Practice.
- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders, disease or its symptoms.
- Not mainly for your convenience or that of your doctor or other health care provider.
- Not more costly than an alternative drug, service(s) or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms.

Generally Accepted Standards of Medical Practice are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Doctor specialty society recommendations or professional standards of care may be considered. We have the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Doctor specialty society

recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be determined by us.

We develop and maintain clinical policies that describe the Generally Accepted Standards of Medical Practice scientific evidence, prevailing medical standards and clinical guidelines supporting our determinations regarding specific services.

REFERENCES*

Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, Chapter 2, Inpatient Psychiatric Hospital Services. Retrieved from: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c02.pdf>

Centers for Medicare and Medicaid Services, Medicare Benefit Policy Manual, Chapter 16, General Exclusions from Coverage. Retrieved from: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf>

Centers for Medicare and Medicaid Services, Local Coverage Determination (L34183; L33624)for Psychiatric Inpatient Hospitalization. Retrieved from: <https://www.cms.gov/medicare-coverage-database/search/search-results.aspx?NCAId=241&TAId=41&NCDId=23&ncdver=1&CoverageSelection=Both&NCSelection=NCA%7CCAL%7CNC%7CMEDCAC%7CTA%7CMCD&ArticleType=Ed%7CKey%7CSAD%7CFAQ&PolicyType=Final&Keyword=inpatient+rehabilitation&KeywordLookUp=Doc&KeywordSearchType=And&kg=true&bc=IAAABAAAAAAAAA%3D%3D&>

UnitedHealthcare Custodial and Skilled Care Services Coverage Determination Guideline. Retrieved from: https://www.unitedhealthcareonline.com/ccmcontent/Provider11/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Tools%20and%20Resources/Policies%20and%20Protocols/Medical%20Policies/Medical%20Policies/Skilled_and_Custodial_Care_Services.pdf

*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines

HISTORY/REVISION INFORMATION

Date	Action/Description
03/14/2017	<ul style="list-style-type: none">Version 1 (Approved by UMC)
3/14/2018	<ul style="list-style-type: none">Annual Update: Updates to formatting and references