United Behavioral Health

Coverage Determination Guideline: Custodial Care (Inpatient & Residential Services)

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**Table of Contents**
- Introduction
- Instructions for Use
- Benefit Considerations
- Coverage Rationale
- Evidence-Based Clinical Guidelines
- References
- Revision History

**INTRODUCTION**

*Coverage Determination Guidelines* are a set of objective and evidence-based behavioral health criteria used by Commercial plans that don’t have a provision for medical necessity to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing for behavioral health benefit plans that are managed by Optum®.

**INSTRUCTIONS FOR USE**

This guideline provides assistance in interpreting UnitedHealthcare Commercial benefit plans, and is used to make coverage determinations as well as to inform discussions about evidence-based practices and discharge planning for behavioral health benefit plans managed by Optum. When deciding coverage, the member’s specific benefits must be referenced.

All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using this guideline. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this guideline and the member’s specific benefit, the member’s specific benefit supersedes this guideline. Other clinical criteria may apply. Optum reserves the right, in its sole discretion, to modify its clinical criteria as necessary using the process described in *Clinical Criteria*.

This guideline is provided for informational purposes. It does not constitute medical advice.

Optum may also use tools developed by third parties that are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Optum may develop clinical criteria or adopt externally-developed clinical criteria that supersede this guideline when required to do so by contract or regulation.

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1 Optum is a brand used by United Behavioral Health and its affiliates.
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.

Per the Medicare Benefit Policy Manual, Chapter 16; Section 110 Custodial Care; Custodial care is excluded from coverage.

- Custodial care serves to assist an individual in the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, and using the toilet, preparation of special diets, and supervision of medication that usually can be self-administered.
- Custodial care essentially is personal care that does not require the continuing attention of trained medical or paramedical personnel.

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, 2019).

- 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).

Services which are primarily social, recreational or diversion activities, or custodial or respite care are not reasonable and necessary for inpatient psychiatric services (CMS Psychiatric Inpatient Local Coverage Determinations, 2019).
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.
REFERENCES


Generic UnitedHealthcare Certificate of Coverage, 2011

REVISION HISTORY

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<tr>
<th>Date</th>
<th>Action/Description</th>
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<tbody>
<tr>
<td>03/14/2017</td>
<td>• Version 1 (Approved by UMC)</td>
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<tr>
<td>03/14/2018</td>
<td>• Annual Update: Updates to formatting and references</td>
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<tr>
<td>05/20/2019</td>
<td>• Annual Update: Updates to formatting and references</td>
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<tr>
<td>08/19/2019</td>
<td>• Update per Medicare Benefit Policy Manual custodial care language</td>
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