



LEVEL OF CARE GUIDELINES: STATEWIDE INPATIENT PSYCHIATRIC PROGRAM – FLORIDA MEDICAID MMA

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Relevant Services
<ul style="list-style-type: none"> Statewide Inpatient Psychiatric Program – Florida Medicaid MMA

Related Behavioral Clinical Policies & Guidelines:
<ul style="list-style-type: none">

INTRODUCTION

The *Level of Care Guidelines* is a set of objective and evidence-based behavioral health criteria used to standardize coverage determinations, promote evidence-based practices, and support members’ recovery, resiliency, and wellbeing¹ for behavioral health benefit plans that are managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”)).

The *Level of Care Guidelines* is derived from generally accepted standards of behavioral health practice. These standards include guidelines and consensus statements produced by professional specialty societies, as well as guidance from governmental sources such as CMS’ National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). The *Level of Care Guidelines* is also derived from input provided by clinical personnel, providers, professional specialty societies, consumers, and regulators.

For more information on guiding principles for the *Level of Care Guidelines* and their development, approval, dissemination, and use, please see the *Introduction to the Level of Care Guidelines*, available at: www.providerexpress.com > Clinical Resources > Level of Care Guidelines.

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

STATEWIDE INPATIENT PSYCHIATRIC PROGRAM

STATEWIDE INPATIENT PSYCHIATRIC PROGRAM (SIPP) services are sub-acute medical and mental health-related services provided by or under the direction of professional or technical personnel, in an institution that is privately owned, licensed as a psychiatric hospital or residential treatment center for children and adolescents, and enrolled as a SIPP provider in the Florida Medicaid program.

¹ The terms “recovery” and resiliency” are used throughout the Psychological and Neuropsychological Testing Guidelines. SAMHSA defines “recovery” as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. SAMHSA defines “resilience” as the ability to adapt well over time to life-changing situations and stressful conditions. The American Society of Addiction Medicine defines “recovery” as a process of overcoming both physical and psychological dependence on a psychoactive substance, with a commitment to sobriety, and also refers to the overall goal of helping a patient to achieve overall health and well-being.

SIPP serves high-risk Medicaid members under age 21 who require placement in a psychiatric residential setting due to a primary diagnosis of serious mental illness or emotional disturbance. Members served in SIPP typically require a level of service beyond that which is provided in community-based services or acute inpatient settings.

SIPP is intended to stabilize and adequately resolve presenting problems and symptoms, incorporate permanency, design effective aftercare treatment plans, and ensure coordination with State agencies and community services where applicable with the goals of reducing recidivism and relapse, and reducing the length and frequency of acute inpatient admissions.

1. Admission Criteria

- see "*Common Criteria and Best Practices for All Levels of Care*":
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
AND
- The member is under 21 years of age and is eligible under one of the following Medicaid categories:
 - TANF-related;
 - Supplemental Social Security (SSI);
 - SSI-related.AND
- If under State care and custody, the child has been assessed by a qualified evaluator, and the need for SIPP is indicated.
OR
- If in parental custody, the child has been assessed by a psychologist or psychiatrist, and the assessment has determined that the child has an emotional disturbanceⁱ or a serious emotional disturbanceⁱⁱ.
AND
- Services are medically necessaryⁱⁱⁱ

2. Continued Service Criteria

- see "*Common Criteria and Best Practices for All Levels of Care*":
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

3. Discharge Criteria

- see "*Common Criteria and Best Practices for All Levels of Care*":
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>

4. Clinical Best Practices

- see "*Common Criteria and Best Practices for All Levels of Care*":
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
- see "*Clinical Best Practices*" in the Level of Care Guideline, *Assertive Community Treatment*:
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
- Prior to admission, the member's parent or guardian should receive an explanation of why SIPP is being recommended. The explanation should include the nature, purpose and expected length of treatment.
- The treatment plan should:
 - Be developed and implemented within 14 calendar days of admission.
 - Be based on the findings of the initial evaluation.
 - Be developed by a multidisciplinary team that includes the member's parent, guardian or legal representative.
 - Prescribe an integrated program of therapies, activities, and experiences.
 - Provide for on-site educational services.
 - Reflect coordination with the member's designated Child Welfare or Community Based Care counselor and permanency plan if the member is in state custody as well as with any assigned Targeted Case Manager during the last 120 calendar days of admission.
 - Be focused on allowing the member's safe return to the family and community services as soon as possible.
 - Include an initial formulation of the discharge plan.

- Treatment should be active, individualized, family-centered, culturally sensitive, trauma-informed, and focused on the problems that necessitated SIPP.
- The treatment plan is reviewed within 30 days of admission and monthly thereafter.
- The psychiatrist shall at a minimum:
 - Be on call 24 hours a day;
 - Interview the member weekly, or more often if medically necessary, to assess progress toward meeting treatment goals;
 - Supervise treatment for members who are on psychotropic medications;
 - Coordinate care with the member's primary care physician when indicated by the member's medical condition;
 - Attend member staffings.
- The provider shall at a minimum deliver:
 - 1 individual session and 1 family therapy session weekly, based on clinical best practices and accepted clinical guidelines, and provided in accordance with the member's individual needs.
 - If the member is unable to participate in 60 minute individual and family therapy sessions, shorter and more frequent sessions should be offered to provide comparable intervention duration.
 - The member's developmental and cognitive style may indicate the need for weekly individual sessions with a behavioral analyst in place of weekly individual therapy.
 - Weekly group therapy services.
 - Therapeutic home assignments to allow the member and the member's family to practice skills learned in the program.
 - Assistance with helping the member and the member's parent learn to manage behaviors in age appropriate ways.
- The behavioral analyst completes a behavioral review of any of the following:
 - Members ages 10 and under, upon admission.
 - Members who have an IQ of 69 or less, upon admission.
 - Members whose rate of time out is not decreasing in the timeframe anticipated by the treatment team.
 - As used here, time out does not include voluntary time outs that the member requests or initiates in the process of learning and practicing self-management of behavior.
 - Members whose behavior has required seclusion or restraint.
- The behavior review shall:
 - Identify behaviors contributing to the need for residential treatment so they may be addressed in the treatment plan.
 - Identify factors contributing to the need for time out, seclusion and restraint so early intervention measures can be taken.
 - Assess the seriousness of the member's behavior and identify trends to determine if additional assessment or a behavior plan is necessary.
 - Ensure that the level or point system, if one is used, or other similar method is appropriate and understood by the member.
- The behavioral analyst completes a Comprehensive Behavior Analysis Assessment when any of the following occur:
 - A member has been restrained at least 2 times within a 30-day period.
 - A member has been in seclusion at least 3 times within a 30-day period.
 - A member is referred for assessment by the treatment team.
- The Comprehensive Behavior Analysis Assessment:
 - Describes the target behaviors.
 - Identifies the events, times and situations when the target behaviors occur.
 - Describes the antecedents and consequences controlling the target behaviors.
 - Describes the assessment methods.
 - Describes the direct observation of the member.
 - Displays the data collected in graphic form.
 - Summarizes the findings of the assessment and individualized recommendations.
- The behavioral analyst develops a behavior plan in consultation with the treatment team.
- The behavioral analyst trains and monitors staff to implement the interventions and collect data.
- Within 30 calendar days of the planned discharge, the primary therapist contacts the following to coordinate discharge:
 - The discharge setting;
 - The member's school;
 - The receiving treatment provider;
 - The Regional Substance Abuse and Mental Health office;

- o Other agencies, programs, or community services from which the member will receive assistance.
- Within 1 week prior to discharge, the provider ensures that community supports and aftercare treatment services are in place.

REFERENCES*

1. Armstrong, M., et al. (2003). Statewide inpatient psychiatric program: Report 4 – June 2003. Tampa FL: Louis de la Parte Florida Mental Health Institute. University of South Florida.
2. State of Florida, Administrative Code. (2008). 65E-9.008, Mental Health Program, Licensure of Residential Treatment Centers, Admission.
3. State of Florida, Administrative Code. (2008). 65E-9.009, Mental Health Program, Licensure of Residential Treatment Centers, Treatment Planning.
4. State of Florida, Administrative Code. (2008). 65E-9.010, Mental Health Program, Licensure of Residential Treatment Centers, Length of Stay.
5. State of Florida, Administrative Code. (2008). 65E-9.011, Mental Health Program, Licensure of Residential Treatment Centers, Discharge and Discharge Planning.
6. State of Florida, Agency for Healthcare Administration. (2015). Statewide inpatient psychiatric program coverage policy handbook.

*Additional reference materials can be found in the reference section(s) of the applicable Level of Care Guidelines and in the related Behavioral Clinical Policy

HISTORY/REVISION INFORMATION

Date	Action/Description
April, 2014	• Version 1
January, 2015	• Version 2
January, 2016	• Version 3
January, 2017	• Version 4

ⁱ Per F.S. 394.492 an emotional disturbance is present when a child is diagnosed with a mental, emotional, or behavioral disorder of sufficient duration to meet one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of the American Psychiatric Association, but who does not exhibit behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community. The emotional disturbance must not be considered to be a temporary response to a stressful situation. The term does not include a child or adolescent who meets the criteria for involuntary placement.

ⁱⁱ Per F.S. 394.492 a serious emotional disturbance is present when a child diagnosed as having a mental, emotional, or behavioral disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association; and exhibits behaviors that substantially interfere with or limit his or her role or ability to function in the family, school, or community, which behaviors are not considered to be a temporary response to a stressful situation.

ⁱⁱⁱ Rule 59G-1.010 (166), Florida Administrative Code defines “medically necessary” or “medical necessity” as follows: “The medical or allied care, goods, or services furnished or ordered must meet the following conditions: 1) be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain 2) be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs 3) be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational 4) reflect the level of services that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide 5) be furnished in a manner, not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider. The fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services, does not, in itself, make such care, goods or services medically necessary or a covered service.”