



LEVEL OF CARE GUIDELINES: COMMUNITY PSYCHIATRIC SUPPORT AND TREATMENT – OPTUM LOUISIANA

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- Relevant Services**
- Optum Louisiana Community Psychiatric Support and Treatment

- Related Behavioral Clinical Policies & Guidelines:**
- Optum Community Psychiatric Support and Treatment

INSTRUCTIONS FOR USE

This guideline 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®^{1[1]}. 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. 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.

COMMUNITY PSYCHIATRIC SUPPORT AND TREATMENT

COMMUNITY PSYCHIATRIC SUPPORT AND TREATMENT (CPST) is a comprehensive service which focuses on reducing the disability resulting from mental illness, restoring functional skills of daily living, building natural supports and solution-oriented interventions intended to achieve goals or objectives as set forth in the individualized treatment plan. CPST is a face-to-face² intervention with the individual present; however, family or other collaterals also may be involved. A minimum of 51 percent of CPST contacts must occur in community locations where the person lives, works, attends school and/or socializes.

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

² Face-to-face for CPST includes a therapist in a different room/location from the member/family, but in the same building, with real-time visual and audio transmission from the therapy room and two-way audio transmission between member and/or family member and therapist. Must be provided by licensed or qualified MA-level staff. MA-level staff must have appropriate licensed mental health professional oversight when providing treatment through real-time visual and audio transmission. The practice must be in accord with documented Evidence Based Practices or promising practices approved by the Office of Behavioral Health.

CPST may include the following components:

- Assist the member and family members or other collaterals to identify strategies or treatment options associated with the member's mental illness, with the goal of minimizing the negative effects of mental illness symptoms or emotional disturbances or associated environmental stressors which interfere with the member's daily living, financial management, housing, academic and/or employment progress, personal recovery or resilience, family and/or interpersonal relationships, and community integration.
- Individual supportive counseling, solution focused interventions, emotional and behavioral management, and problem behavior analysis with the member, with the goal of assisting the member with developing and implementing social, interpersonal, self-care, daily living, and independent living skills to restore stability, to support functional gains and adapt to community living.
- Participation in, and utilization of, strengths-based planning and treatments, which include assisting the member and family members or other collaterals to identify strengths and needs, resources, and natural supports and developing goals and objectives to use personal strengths, resources, and natural supports to address functional deficits associated with the member's mental illness.
- Assist the member with effectively responding to or avoiding identified precursors or triggers that would risk the member remaining in a natural community location, including assisting the member and family members or other collaterals to identify a potential psychiatric or personal crisis, develop a crisis management plan, and/or as appropriate, to seek other supports to restore stability and functioning.
- Restoration, rehabilitation and support to develop skills to locate, rent and keep a home, landlord/tenant negotiations, selecting a roommate and renter's rights and responsibilities.
- Assisting the individual to develop daily living skills specific to managing their own home, including managing their money, medications and using community resources and other self-care requirements.

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 requested service is Medically Necessary in accordance with Louisiana³.
- AND
- Services must be recommended by a licensed mental health professional (LMHP) or physician, or under the direction of a licensed practitioner.
- AND
- The member meets 1915(i) criteria for individuals 21 years and over.
- AND
- Members aged 19 and older must be assessed using the Level of Care Utilization System (LOCUS).
- OR
- Members aged 6 through 18 must be assessed using the Child Adolescent Level of Care Utilization System (CALOCUS). (CALOCUS is not required for members under the age of 6).
- AND
- The member meets medical necessity criteria for rehabilitation services for children under the age of 21.
- AND
- Services provided to children and youth must include communication and coordination with the family and/or legal guardian.
 - Coordination with other child-serving systems should occur, as needed, to achieve the treatment goals.

³ According to LAC 50:I.1101:

A. Medically necessary services are defined as those health care services that are in accordance with generally accepted evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care.

B. In order to be considered medically necessary, services must be:

(1) Deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction.

(2) Those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the recipient.

C. Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment and neither more nor less than what the recipient requires at that specific point in time.

D. Although a service may be deemed medically necessary, it doesn't mean the service will be covered under the Medicaid program. Services that are experimental, non-FDA approved, investigational or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary".

1. The Medicaid director, in consultation with the Medicaid medical director, may consider authorizing services at his discretion on a case-by-case basis.

- All coordination must be documented in the child/youth’s record.
 - Providers must submit CALOCUS/LOCUS ratings on a form that includes the rating in each dimension, the criteria to support the rating, independent criteria, the composite score, the level of care, a section to document notes, a signature line with credentials, and a rating date.
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>
 AND
 - A CALOCUS/LOCUS rating must be completed and submitted every 180 days.
 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>
 AND
 - A CALOCUS/LOCUS rating be completed and submitted at discharge. In the event a member is not available to conduct a final rating upon discharge, the provider should make a note in the member’s record and notify OPTUM. For the discharge rating, a comprehensive assessment is not required.
 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>

REFERENCES*

1. Louisiana Department of Health Behavioral Health Services Provider Manual, Chapter Two, March (2017). Retrieved from: <http://www.lamedicaid.com/provweb1/providermanuals/manuals/BHS/BHS.pdf>.
2. Louisiana Department of Health and Hospitals and Louisiana Behavioral Health Partnership (LBHP) Service Definitions Manual, Version 9, July, (2014). Retrived from: http://www.dhh.louisiana.gov/assets/docs/BehavioralHealth/LBHP/2014_RFP_Procurement_Library/LBHP_Service_Definitions_Manual_8.15.14.pdf.

*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
January, 2016	• Version 1
January, 2017	• Version 2
April, 2018	• Version 3