



United Behavioral Health

## Level of Care Guidelines: Mississippi

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### Table of Contents

[Instructions for Use](#)

[Common Criteria](#)

[Common Clinical Best Practices](#)

[Assertive Community Treatment \(ACT\)](#)

[Community Support Services](#)

[Day Treatment](#)

[Intensive Outpatient Treatment](#)

[References](#)

[Revision History](#)

### 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®<sup>1</sup>. 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.

### COMMON CRITERIA

#### Admission Criteria

- The member's current condition cannot be safely, efficiently, and effectively assessed and/or treated in a less intensive level of care.
  - Failure of treatment in a less intensive level of care is **not** a prerequisite for authorizing coverage.
  - The member's condition includes consideration of the acute and chronic symptoms in the member's history and presentation including co-occurring behavioral health or medical conditions, informed by the information collected by the provider following evaluation and treatment planning described in the Common Best Practices.

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<sup>1</sup> Optum is a brand used by United Behavioral Health and its affiliates.

- The member’s condition can be safely, efficiently, and effectively assessed and/or treated in the proposed level of care. Assessment and/or treatment of the member’s condition requires the intensity and scope of services provided in the proposed level of care.
- Co-occurring behavioral health and medical conditions can be safely managed in the proposed level of care.
- Services are medically necessary. Mississippi Administrative Code Title 23, Part 206 defines “medically necessary” as health care services that a provider, exercising prudent judgment prudent clinical judgment, would provide to a patient for the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:
  - Appropriate and consistent with the diagnosis of the treating provider and the omission of which could adversely affect the enrollee’s medical condition,
  - Compatible with the standards of acceptable medical practice in the United States,
  - Provided in a safe, appropriate and cost-effective community-based setting given the nature of the diagnosis and the severity of the symptoms,
  - Not provided solely for the convenience of the enrollee or family, or the convenience of any health care provider,
  - Not primarily custodial care,
  - There is no other effective and more conservative or substantially less costly treatment service and setting available,
  - The service is not experimental, investigational or cosmetic in nature, and
  - All Mississippi Medicaid regulations, program rules, exclusions, limitations, and service limits, etc., apply. The fact that a service is medically necessary does not, in itself, qualify the service for reimbursement.
- There is a reasonable expectation that service(s) will improve the member’s presenting problems.
  - Improvement of the member’s condition is indicated by the reduction or control of the signs and symptoms that necessitated treatment in a level of care.
  - Improvement in this context is measured by weighing the effectiveness of treatment against the evidence that the member’s signs and symptoms will deteriorate if treatment in the current level of care ends.

### **Continuing Stay Criteria**

- The admission criteria continue to be met and active treatment is being provided. For treatment to be considered “active”, service(s) must be as follows:
  - Supervised and evaluated by the admitting provider;
  - Provided under an individualized treatment plan consistent with Common Clinical Best Practices;
  - Reasonably expected to improve the member’s presenting problems.
- The factors leading to admission have been identified and are integrated into the treatment and discharge plans.
- Clinical best practices are being provided with sufficient intensity to address the member’s treatment needs.
- The member’s family and other natural resources are engaged to participate in the member’s treatment as clinically indicated and feasible.

### **Discharge Criteria**

- The continued stay criteria are no longer met. Examples include:
  - The member’s condition no longer requires care.

- The member's condition has changed to the extent that the condition now meets admission criteria for another level of care.
- Treatment is primarily for the purpose of providing social, custodial, recreational, or respite care.
- The member requires medical/surgical treatment.
- After an initial assessment the member is unwilling or unable to participate in treatment despite motivational support or intervention to engage in treatment, and involuntary treatment or guardianship is not being pursued.

## COMMON CLINICAL BEST PRACTICES

### **Introduction**

In assessing whether the criteria set forth in these guidelines is satisfied, staff should consider the clinical information collected from the provider following evaluation and treatment planning described in Common Clinical Best Practices. Staff should update the clinical information through continued consultation with the provider at appropriate intervals as the treatment progresses, including information about new or different symptoms or conditions that may emerge in the course of treatment.

### **Evaluation & Treatment Planning**

- The initial evaluation:
  - Gathers information about the presenting issues from the member's perspective, and includes the member's understanding of the factors that lead to requesting services;
  - Focuses on the member's specific needs;
  - Identifies the member's goals and expectations;
  - Is completed in a timeframe commensurate with the member's needs, or otherwise in accordance with clinical best practices.
- The provider collects information from the member and other sources, and completes an initial evaluation of the following:
  - The member's chief complaint;
  - The history of the presenting illness;
  - The factors leading to the request for service;
  - The member's mental status;
  - The member's current level of functioning;
  - Urgent needs, including those related to the risk of harm to self, others, and/or property;
  - The member's use of alcohol, tobacco, or drugs;
  - Co-occurring behavioral health and physical conditions;
  - The member's history of behavioral health services;
  - The member's history of trauma;
  - The member's medical history and current physical health status;
  - The member's developmental history;
  - Pertinent current and historical life information;
  - The member's strengths;
  - Barriers to care;
  - The member's instructions for treatment, or appointment of a representative to make decisions about treatment;

- The member's broader recovery, resiliency, and wellbeing goals.
- The provider uses the findings of the evaluation to assign a DSM-ICD diagnosis.
- The provider and, whenever possible, the member use the findings of the initial evaluation and diagnosis to develop a treatment plan. The treatment plan addresses the following:
  - The short- and long-term goals of treatment;
  - The type, amount, frequency, and duration of treatment;
  - The expected outcome for each problem to be addressed expressed in terms that are measurable, functional, time-framed, and related to the factors leading to admission;
  - How the member's family and other natural resources will participate in treatment when clinically indicated;
  - How treatment will be coordinated with other provider(s), as well as with agencies or programs with which the member is involved.
- As needed, the treatment plan also includes interventions that enhance the member's motivation, promote informed decisions, and support the member's recovery, resiliency, and wellbeing. Examples include psychoeducation, motivational interviewing, recovery and resiliency planning, advance directive planning, and facilitating involvement with self-help and wraparound services.
- The provider informs the member of safe and effective treatment alternatives, as well as the potential risks and benefits of the proposed treatment. The member gives informed consent acknowledging willingness and ability to participate in treatment and abide by safety precautions.
- Treatment focuses on the member's condition including the factors precipitating admission to the point that the member's condition can be safely, efficiently, and effectively treated in a less intensive level of care, or the member no longer requires care.
- The treatment plan and level of care are reassessed when the member's condition improves, worsens, or does not respond to treatment.
  - When the member's condition has improved, the provider determines if the treatment plan should be altered, or if treatment is no longer required.
  - When the member's condition has worsened or not responded to treatment, the provider verifies the diagnosis, alters the treatment plan, or determines if the member's condition should be treated in another level of care.
- In the event that all information is unavailable at the time of the evaluation, there must be enough information to provide a basis for the diagnosis, guide the development of the treatment plan, and support the need for treatment in the proposed level of care.

### **Discharge Planning**

- The provider and, whenever possible, the member develops an initial discharge plan at the time of admission, and estimates the length of treatment.
- The provider and, whenever possible, the member updates the initial discharge plan during the admission, ensuring that:
  - An appropriate discharge plan is in place prior to discharge;
  - The discharge plan is designed to mitigate the risk that the factors precipitating admission will reoccur;
  - The member agrees with the discharge plan.
- For members continuing treatment:
  - The discharge plan includes the following:
    - The discharge date;
    - The post-discharge level of care, and the recommended forms and frequency of treatment;

- The name(s) of the provider(s) who will deliver treatment;
  - The date of the first appointment, including the date of the first medication management visit;
  - The name, dose, and frequency of each medication, with a prescription sufficient to last until the first medication management visit;
  - An appointment for necessary lab tests;
  - Resources to assist the member with overcoming barriers to care, such as lack of transportation or child care;
  - Recommended self-help and community support services;
  - Information about what the member should do in the event of a crisis prior to the first appointment.
- For members not continuing treatment:
    - The discharge plan includes the following:
      - The discharge date;
      - Recommended self-help and community support services;
      - Information about what the member should do in the event of a crisis or to resume services.
    - The provider explains the risk of discontinuing treatment when the member refuses treatment or repeatedly does not adhere with the treatment plan.

#### ASSERTIVE COMMUNITY TREATMENT (ACT)

**ASSERTIVE COMMUNITY TREATMENT (ACT)** is a multi-disciplinary, self-contained clinical team approach providing comprehensive mental health and rehabilitative services. Team members provide long-term intensive care in natural community settings. The team provides all mental health services rather than referring individuals to different mental health providers, programs, and other agencies. Major activities may include: member-specific treatment planning – team meets daily to plan services, assesses individuals community status and share information to coordinate services; individual supports – for activities of daily living, financial management, skills training, medication support; coordination with collaterals – sharing information with healthcare and other providers; individual clinical interventions – therapy, diagnosis and assessment.

#### **Admission Criteria**

- See Common Admission Criteria  
AND
- The member's physician recommends ACT, and attests that inpatient care would be necessary without this service.

#### **Continuing Stay Criteria**

- See Common Continuing Stay Criteria  
AND
- The member is not receiving community based mental health services from any provider other than the ACT provider.  
AND
- The member is not receiving psychosocial rehabilitation, senior psychosocial rehabilitation, or day support simultaneously with ACT.

#### **Discharge Criteria**

- See Common Discharge Criteria

## Clinical Best Practices

- See Common Continuing Stay Criteria
- 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>
- See Common Clinical Best Practices
- The Individual Service Plan is developed within the first 14 calendar days.
- The Individual Service Plan is updated at least every 30 calendar days.
- At the time of discharge, the provider gives the parent/guardian:
  - A written copy of the final discharge plan; and
  - A written prescription for a 30-day supply of all medications for the member if the current supply does not exceed 30 days.

## COMMUNITY SUPPORT SERVICES (CSS)

**COMMUNITY SUPPORT SERVICES (CSS)** provides an array of support services delivered by community based mobile professionals. Services address the individualized mental health needs of the client. They are directed towards adults, children, adolescents and families and will vary with respect to hours, type and intensity of services, depending on the changing needs of each individual. The purpose/intent of CSS is to provide specific, measurable, and individualized services to each person served. CSS should be focused on the individual’s ability to succeed in the community; to identify and access needed services; and to show improvement in school, work and family and integration and contributions within the community.

CSS not only assists the individual in gaining access to needed services necessary for community integration and sustainability within the community, but may also provide direct services such as supportive counseling/reality orientation, skills training, enlisting social supports, financial management counseling, and monitoring physical and mental health status.

## Admission Criteria

- See Common Admission Criteria

## Continuing Stay Criteria

- See Common Continuing Stay 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>

## Discharge Criteria

- See Common Discharge Criteria
- The enrollee reaches twenty-two (22) years of age or “ages out”.
- The enrollee or family utilizes their freedom of choice to end services.
- The enrollee moves out of state.
- The enrollee no longer meets the criteria or needs the intensity of services.
- The enrollee is admitted to an acute care facility or Psychiatric Residential Treatment Facility (PRTF).

## Clinical Best Practices

- See Common Clinical Best Practices
- CSS includes the following as indicated:
  - Identification of strengths which will aid the enrollee in their recovery and the barriers that will challenge the development of skills necessary for independent functioning in the community.
  - Individual therapeutic interventions with an enrollee that directly increase the acquisition of skills needed to accomplish the goals set forth in the Individual Service Plan.
  - Monitoring and evaluating the effectiveness of interventions, as evidenced by symptom reduction and program toward goals.

- Psychoeducation on the identification and self-management of prescribed medication regimen and communication with the prescribing provider.
- Direct interventions in deescalating situations to prevent crisis.
- Assisting the enrollee and natural supports in implementation of therapeutic interventions outlined in the Individual Service Plan.
- Relapse prevention and disease management strategies.
- Psychoeducation and training of family, unpaid caregivers, and/or others who have a legitimate role in addressing the needs of the individual.
- Facilitation of the Individual Service Plan which includes the active involvement of the enrollee and the people identified as important in the enrollee's life.
- The Individual Service Plan is developed within the first 14 calendar days.
- The Individual Service Plan is updated at least every 30 calendar days.
- At the time of discharge, the provider gives the parent/guardian a written copy of the final discharge plan.

## DAY TREATMENT

**DAY TREATMENT** is a behavioral intervention program provided in the context of a therapeutic milieu, which provides primarily school age children/adolescents with Serious Emotional Disturbance (SED) the intensity of treatment necessary to enable them to live in the community. The program is based on behavior management principles and includes, at a minimum, positive feedback, self-esteem building and social skills training. Additional components are determined by the needs of the participants in a particular program and may include social skills training in the areas of impulse control, anger management, problem solving, and/or conflict resolution. The most important element of Day Treatment is the consistency and qualifications of the staff providing the service. Day Treatment is the most intensive outpatient program available to children and adolescents. Members may participate in the program a maximum of 5 hours per day, five days per week with a minimum of 4 hours per week.

Day Treatment provides an alternative to residential treatment or acute psychiatric hospitalization and/or serves as a transition from these services.

### Admission Criteria

- See Common Admission Criteria  
AND
- see "Admission Criteria" in the Level of Care Guideline, *Day Treatment*:  
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>  
AND
- The member has a Serious Emotional Disturbance<sup>1</sup>.

### Continuing Stay Criteria

- See Common Continuing Stay Criteria

### Discharge Criteria

- See Common Discharge Criteria
- The member reaches 22 years of age.

### Clinical Best Practices

- See Common Clinical Best Practices
- see "*Clinical Best Practices*" in the Level of Care Guideline, *Day Treatment*:  
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
  - Day Treatment includes involvement of the family or individuals acting in place of the parents as often as possible, but not less than twice per month, in order to achieve improvement that can be generalized across environments.

## INTENSIVE OUTPATIENT TREATMENT

**INTENSIVE OUTPATIENT TREATMENT** is an all-inclusive, psychiatric clinical suite of multifaceted services acting as a wrap-around to families with children/youth with Serious Emotional Disturbances (SED) for family stabilization in the home and community. It is used to diffuse a current crisis, stabilize the living arrangement and offer the family and children/youth alternatives to being crisis.

### Admission Criteria

- See Common Admission Criteria  
AND
- see "Admission Criteria" in the Level of Care Guideline, *Intensive Outpatient Program*:  
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>  
AND
- The member has a Serious Emotional Disturbance<sup>ii</sup>.  
AND
- The member has a full scale IQ of 60 or above or, if the score is less than 60, there is evidence that the IQ score is suppressed due to the member's behavioral health condition.  
AND
- Intensive Outpatient Program is recommended by the member's provider, or is otherwise indicated by the results of a biopsychosocial assessment.  
AND
- The member needs specialized services and supports from multiple agencies including case management, and an array of clinical interventions and family supports.

### Continuing Stay Criteria

- See Common Continuing Stay Criteria

### Discharge Criteria

- See Common Discharge Criteria
- The member reaches 22 years of age.

### Clinical Best Practices

- See Common Clinical Best Practices
- see "*Clinical Best Practices*" in the Level of Care Guideline, *Intensive Outpatient Treatment*:  
<https://www.providerexpress.com/content/ope-provexpr/us/en/clinical-resources/guidelines-policies/locg.html>
- Intensive Outpatient Program includes involvement of the family or individuals acting in place of the parents as often as possible, but not less than twice per month, in order to achieve improvement that can be generalized across environments.

## REFERENCES

1. State of Mississippi, Administrative Code. (2014). Title 23: Medicaid, Part 206, Mental Health Services.
2. State of Mississippi, Department of Mental Health. (2016). Department of Health Record Guide for Mental Health, Intellectual and Developmental Disabilities, and Substance Abuse Community Providers.
3. State of Mississippi, Mississippi Division of Medicaid. (2014). Mississippi Medicaid provider reference guide for Part 206.

## REVISION HISTORY

Date	Action/Description
05/09/2018	• Combined previously separate LOCGs into one document

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<sup>i</sup> The Mississippi Medicaid Provider Reference Guide defines “Serious Emotional Disturbance” as a diagnosable mental disorder found in youth that is so severe and long lasting that it seriously interferes with functioning in family, school, community or other major life activities, Public Law 102-321 states that: “The resulting definition of SED requires children to have a psychiatric diagnosis (excluding V codes, substance abuse, and developmental disorders occurring in the absence of another diagnosable disorder) and substantial impairment in family, school or community activities. Adding an impairment indicator was meant to distinguish between children with psychiatric disorders that significantly affected their ability to function in their environment and those having only mild impairments.”

<sup>ii</sup> The Mississippi Medicaid Provider Reference Guide defines “Serious Emotional Disturbance” as a diagnosable mental disorder found in youth that is so severe and long lasting that it seriously interferes with functioning in family, school, community or other major life activities, Public Law 102-321 states that: “The resulting definition of SED requires children to have a psychiatric diagnosis (excluding V codes, substance abuse, and developmental disorders occurring in the absence of another diagnosable disorder) and substantial impairment in family, school or community activities. Adding an impairment indicator was meant to distinguish between children with psychiatric disorders that significantly affected their ability to function in their environment and those having only mild impairments.”