United Behavioral Health

Supplemental Clinical Criteria: Mississippi Medicaid

Document Number: BH803MISSCC012021 
Effective Date: January 01, 2021

Table of Contents

Introduction and Instructions for Use
Assertive Community Treatment (ACT)
Community Support Services
Day Treatment
Intensive Outpatient Treatment
Mississippi Youth Programs Around the Clock (MYPAC) Services
Psychiatric Residential Treatment Facility (PRTF)
References
Revision History

INTRODUCTION AND INSTRUCTIONS FOR USE

The following State or Contract Specific Clinical Criteria\(^1\) defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”)).

Other Clinical Criteria\(^2\) may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum\(^3\). These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services. 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 these Clinical Criteria. 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 Clinical Criteria and the member’s specific benefit, the member’s specific benefit supersedes these Clinical Criteria.

- These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

---

\(^1\) Clinical Criteria (State or Contract Specific): Criteria used to make medical necessity determinations for mental health disorder benefits when there are explicit mandates or contractual requirements.

\(^2\) Clinical Criteria

(ASAM Criteria) Criteria used to make medical necessity determinations for substance-related disorder benefits.

(Level of Care Utilization System-LOCUS) Standardized level of care assessment tool developed by the American Association of Community Psychiatrists used to make medical necessity determinations and placement decisions for adults ages 19 and older.

(Child and Adolescent Service Intensity Instrument-CASII) - Standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry used to make medical necessity determinations and to provide level of service intensity recommendations for children and adolescents ages 6-18.

(Early Childhood Service Intensity Instrument-ECSI) - Standardized assessment tool developed by the American Academy of Child and Adolescent Psychiatry used to make medical necessity determinations and to provide level of service intensity recommendations for children ages 0-5.

\(^3\) Optum is a brand used by United Behavioral Health and its affiliates.
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
- The member’s physician recommends ACT, and attests that inpatient care would be necessary without this service.

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

Service Delivery
- Documentation of an initial treatment plan is developed and reviewed by the treatment team within thirty (30) days of completion of the biopsychosocial assessment, and subsequent reviews as individual case circumstances require, and at least annually.
- All services must be included in the treatment plan and must be approved by a licensed independent practitioner in accordance with the appropriate scope of practice. These practitioners are limited to: a Mississippi licensed Physician who holds a specialty in psychiatry, a Mississippi licensed physician with minimum of five (5) years’ experience in mental health, a Mississippi licensed Psychologist, a Mississippi Licensed Certified Social Worker (LCSW), a Mississippi Licensed Professional Counselor (LPC), a Mississippi Licensed Marriage and Family Therapist (LMFT), a Psychiatric Mental Health Nurse Practitioner under an approved protocol, or a Physician Assistant.

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
- Documentation that the CSS provided are medically necessary to maintain the child or adult in the least restrictive, yet appropriate environment within the community.
Service Delivery

- 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.

### 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, 5 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**

- The member has a Serious Emotional Disturbance.

**Service Delivery**

- 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.

- In order to participate in the Day Treatment program, a child or youth must be on the permanent roster for the program. They cannot participate on an intermittent basis.

### 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

- The member has a Serious Emotional Disturbance.
- A primary focus of symptoms and diagnosis related to the primary psychiatric disorder as defined in the most recent Diagnostic and Statistical Manual (DSM) and symptoms which require rehabilitative services
- An evaluating psychiatrist or licensed psychologist advising that the beneficiary needs IOP services
- Families that request treatment but cannot commit to the intensity of MYPAC services in their home and:
  - Can safely manage the crisis with clinical professional services and support two (2) to four (4) hours, three (3) to five (5) days per week,
  - Have sufficiently stabilized following ninety (90) days of MYPAC services and request or choose less intensive interventions than MYPAC to safely address and stabilize,
  - Have children/youth discharging from PRTF care greater than one hundred eighty (180) days, and/or
  - Have children/youth with greater than one (1) acute inpatient admission in the past six (6) months.
- Intensive Outpatient Program is recommended by the member’s provider or is otherwise indicated by the results of a biopsychosocial assessment.
- The member needs specialized services and supports from multiple agencies including case management, and an array of clinical interventions and family supports.

Service Delivery

- 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.
- The individual must have an individualized service plan that addresses services and the frequency provided, formal and informal support available to the participant and family, and a plan for anticipating, preventing and managing crises.

MISISSIPPI YOUTH PROGRAMS AROUND THE CLOCK (MYPAC) SERVICES

Mississippi Youth Programs Around the Clock (MYPAC) are defined as services that are all-inclusive home and community based services that assist members and their families in gaining access to needed mental health services as well as medical, social, educational and other services regardless of the funding source for those other services and includes service coordination that involves finding and organizing multiple treatment and support services. Services are provided to members up to the age of 21 with serious emotional disturbance (SED) that:

- Exceed the resources of a single agency or service provider;
- Experience multiple acute hospital stays;
- Have been recommended for residential care;
- Have had interruptions in delivery of services across a variety of agencies due to frequent moves, failure to show improvement, lack of previous coordination by agencies providing care, or reasons unknown;
- Are at immediate risk of requiring treatment in a Psychiatric Residential Treatment Facility (PRTF); or
- Are receiving services in a PRTF and are ready to transition back to the community.

Admission Criteria

- The member:
  - Must be up to the age of 21;
Must be diagnosed by a psychiatrist or licensed psychologist in the past 60 days with a mental, behavioral or emotional disorder of sufficient duration to meet diagnostic criteria for SED specified within the Diagnostic and Statistical Manual (DSM);

Must have a full-scale IQ of sixty (60) or above, or, if IQ score is lower than sixty (60), there is substantial evidence that the IQ score is suppressed due to psychiatric illness, and

Is currently a member of a PRTF or acute care facility who continues to meet the Level of Care (LOC) for residential treatment but can be transitioned into the community with MYPAC services or meets the same LOC for admission to a PRTF but can be diverted to MYPAC as an alternative to residential treatment.

- A member must be admitted prior to their 21st birthday; however, if a member is already receiving MYPAC services prior to age 21, they may remain in MYPAC until treatment is completed or the member's 22 birthday, whichever occurs first.

**Continued Service Criteria**
- Wraparound facilitation with progress notes
- Child and family team meetings with documented notes
- Medication management and monitoring documentation
- Psychotherapy sessions with notes

**Discharge Criteria**
- Discharge from MYPAC services occurs when:
  - The member reaches 22 years of age;
  - The family utilizes their freedom of choice to end services;
  - The member moves out of state;
  - The member no longer meets the criteria or needs the intensity of services provided; or
  - The member is admitted to an acute care facility or PRTF.
- The wraparound facilitator must access and link appropriate services to the member and family prior to discharge.
- At the time of discharge from MYPAC, the provider must give the parent/guardian:
  - A written copy of the final discharge plan; and
  - A written prescription for 30 day supply of all medications used for the management of the member’s SED if the current supply does not exceed 30 days.
- The provider must obtain signed consent from the member and family to provide copies of the final discharge plan to the providers of follow-up mental health, education and other agreed-upon services to be provided after discharge.

**Service Delivery**
- The Individual Service Plan (ISP) must be developed by the child and family team and is individualized for each MYPAC beneficiary.
  - The child and family team review the ISP at least every thirty (30) days through a child and family team meeting.
  - The ISP is updated or revised when warranted by changes in the beneficiary’s needs.
  - Treating planning includes ISP signed and dated by the child and family team and in place within fourteen (14) days of enrollment in MYPAC, and reviewed with wraparound team every thirty (30) days; the Individualized Crisis Management Plan (ICMP) is included in the ISP; documentation treatment planning is occurring in the child and family team meetings; treatment planning is directed by the MYPAC beneficiary and family.
- At the time of the member’s discharge from MYPAC services, the discharge/transition plan should be amended to include any of the following, if there is a change:
MYPAC services begin and end date;
- Reason for discharge;
- The name of the person or agency that cares for and has custody of the member;
- The physical location/address where the member resides;
- A list of the member’s diagnoses;
- Detailed information about the member’s prescribed medication(s) to treat their SED including:
  - Medication name;
  - Medication strength;
  - Medication dosage instructions in layman’s language;
  - Any special instructions for the medication, including but not limited to, lab work requirements.
- Information connecting the member and family with community resources and services, including but not limited to:
  - Address of where follow-up mental health services will be obtained with contact name and phone number;
  - Name and address of the school the member will attend with name and contact information of identified educational staff;
  - Other recommended resources, including recreational, rehabilitative, or other special programs including the corresponding contact information;
  - Date, time and location of any scheduled appointments.
- Detailed and specific recommendations about the member’s participation in the MYPAC program including successful techniques in areas of behavior management, mental health treatment and education; and
- The offer of a full array of community-based mental health services for members.

**PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF)**

**PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY (PRTF) services** are delivered 24 hours/7 days a week to members under age twenty-one (21) that do not require emergency or acute psychiatric care but do require supervision and treatment on a twenty-four (24) hour basis. The goal of PRTF treatment is to help the individual reach a level of functioning where the least restrictive treatment will be possible.

**Admission Criteria**

- The member does not require emergency or acute psychiatric care but does require supervision and treatment on a twenty-four (24) hour basis.
- A board-certified child/adolescent psychiatrist or a psychiatrist who has successfully completed an approved residency in child/adolescent psychiatry with admitting privileges must approve each admission.
- The member has a psychiatric disorder that is documented by the assignment of an appropriate diagnosis, as per the most current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
- The member can participate and process information as evidenced by an appropriate IQ for the program to which they have been admitted, unless there is substantial evidence that the IQ score is suppressed due to psychiatric illness.
- The member’s psychiatric symptoms are severe enough to warrant residential treatment under the direction of a psychiatrist.
• The referring psychiatrist or psychologist advises that residential treatment is needed.

• At least one (1) of the following:
  o The member has failed to respond to less restrictive treatment in the last three (3) months.
  o Adequate less restrictive options are not available in the member’s community.
  o The member is currently in an acute care facility whose professional staff advise that residential treatment is needed.
  o The admission has been certified as medically and psychologically necessary.

Continued Service Criteria
• Active treatment is being provided to include multidisciplinary diagnostic assessment, interdisciplinary treatment planning, therapeutic intervention, treatment evaluation/revision and discharge and aftercare planning.

• Documentation of treatment successes including which goals have been achieved/not achieved.

• Updates are made to the treatment plan including the re-assessment of the need for continued residential care or less restrictive care.

• Revisions are made to the discharge plan and discharge date as progress is made.

Discharge Criteria
• The member has reached age twenty-two (22).
  OR
• PRTF goals have been met.
  OR
• PRTF goals have not been met, the member is transferred to a more restrictive or less restrictive level of care.
  OR
• PRTF goals have not been met, the member or member’s guardian chooses to discontinue services.

Service Delivery
Evaluation and Treatment Planning
• The diagnostic evaluation must document the need for the PRTF level of care.

• Diagnostic evaluations must be completed within the first fourteen (14) days of admission.

• The assessment process must include, but is not limited to, the following:
  o A psychiatric evaluation.
  o A psychological evaluation signed by a licensed psychologist, which must have been completed in the sixty (60) days prior to admission. If no psychological evaluation has been conducted within the last twelve (12) months, one must be completed within fourteen (14) days following PRTF admission.
  o A medical history and examination.
  o A psychosocial assessment, which includes a psychological profile, a developmental profile, a behavioral assessment, and an assessment of the potential resources of the member’s family.
  o An educational evaluation.
  o A nursing assessment.
  o A nutritional assessment, if indicated.

• Treatment planning is a collaborative venture in which the members of varying disciplines jointly develop a comprehensive, individualized plan for the treatment of each member.
The treatment plan charts a course designed to help the member move to a less restrictive level of care as quickly as possible.

An initial treatment plan must be in effect within seventy-two (72) hours after the member’s admission to the facility.

The interdisciplinary treatment team must meet to discuss, approve and implement a more comprehensive treatment plan within fourteen (14) days after the member’s admission, once at the conclusion of the first (1st) month of stay, and once a month thereafter.

The treatment plan document must contain evidence of the member’s and his/her parent/guardian’s active participation in the treatment planning/review/revision process.

At a minimum, the team must include, either:

- A board-certified child/adolescent psychiatrist or a psychiatrist who has successfully completed an approved residency in child/adolescent psychiatry; or
- A Psychiatric Mental Health Nurse Practitioner (PMHNP) and a physician licensed to practice medicine or osteopathy; or
- A licensed psychologist and a physician licensed to practice medicine or osteopathy.

The team must also include one (1) of the following:

- A licensed certified social worker who has a minimum of one (1) years’ experience in treating children with serious emotional disturbances (SED); or
- A registered nurse who has a minimum of one (1) years’ experience in treating individuals with SED.

The treatment plan outlines all aspects of treatment including:

- Diagnosis;
- An assessment of the member’s immediate therapeutic needs;
- An assessment of the member’s long-range therapeutic needs;
- An assessment of the member’s personal strengths and liabilities;
- Identification of the clinical problems that are to be the focus of treatment;
- Measurable and realistic treatment goals for each identified problem;
- Observable, measurable treatment objectives that represent incremental progress towards goals, coupled with target dates for their achievement;
- Specific treatment modalities and/or strategies that will be employed to reach each objective.

**Discharge Planning**

An individualized discharge plan includes:

- Discharge criteria, indicating specific goals to be met;
- An estimated discharge target date; and
- No later than seven (7) days prior to discharge, the discharge plan must also include an aftercare plan that addresses coordination of family, school/vocational and community resources to provide the greatest possible continuity of care for the member;
- When applicable, a minimum of a seven (7) day supply of each of the member’s medication(s), and a prescription for a thirty day supply of each of the member’s medication(s).
REFERENCES

Mississippi Division of Medicaid Administrative Code, Title 23, Part 206: Assertive Community Treatment; Community Support Services; Day Treatment; Intensive Outpatient Psychiatric; Mississippi Youth Programs Around the Clock (MYPAC). Mississippi Division of Medicaid website: https://medicaid.ms.gov/providers/administrative-code/.

Mississippi Division of Medicaid Administrative Code, Title 23, Part 207, Chapter 4: Psychiatric Residential Treatment Facility. Mississippi Division of Medicaid website: https://medicaid.ms.gov/providers/administrative-code/.

REVISION HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/09/2018</td>
<td>Combined previously separate LOCGs into one document</td>
</tr>
<tr>
<td>10/1/2018</td>
<td>Added new MYPAC and PRTF guidelines</td>
</tr>
<tr>
<td>01/2020</td>
<td>Supplemental Criteria</td>
</tr>
<tr>
<td>01/2021</td>
<td>Removed Evidence Based Practice Criteria section, updated references</td>
</tr>
</tbody>
</table>

\[\text{The Mississippi Medicaid Provider Reference Guide defines “Serious Emotional Disturbance” as a diagnosable mental disorder found in youth that is so severe and long lasting that it seriously interferes with functioning in family, school, community or other major life activities, Public Law 102321 states that: “The resulting definition of SED requires children to have a psychiatric diagnosis (excluding V codes, substance abuse, and developmental disorders occurring in the absence of another diagnosable disorder) and substantial impairment in family, school or community activities. Adding an impairment indicator was meant to distinguish between children with psychiatric disorders that significantly affected their ability to function in their environment and those having only mild impairments.”}\]

\[\text{The Mississippi Medicaid Provider Reference Guide defines “Serious Emotional Disturbance” as a diagnosable mental disorder found in youth that is so severe and long lasting that it seriously interferes with functioning in family, school, community or other major life activities, Public Law 102321 states that: “The resulting definition of SED requires children to have a psychiatric diagnosis (excluding V codes, substance abuse, and developmental disorders occurring in the absence of another diagnosable disorder) and substantial impairment in family, school or community activities. Adding an impairment indicator was meant to distinguish between children with psychiatric disorders that significantly affected their ability to function in their environment and those having only mild impairments.”}\]