



United Behavioral Health

Supplemental Clinical Criteria: Wisconsin Medicaid

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INTRODUCTION & 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**

(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-ECSII) - 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.

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

³ Optum is a brand used by United Behavioral Health and its affiliates.

EVIDENCE-BASED PRACTICE CRITERIA

In addition to the applicable Clinical Criteria, for all services, treatments and levels of care, services are delivered according to evidence-based practices consistent with the applicable definition of Medical Necessity and the following:

- Services are:
 - Provided under an individualized plan of treatment or diagnostic plan developed in conjunction with providers of appropriate disciplines on the basis of a thorough evaluation of the member's strengths and disabilities;
 - Supervised and evaluated by the most appropriate physician or provider;
 - For the purpose of diagnosis or services are reasonably expected to improve the member's condition:
 - It is not necessary that a course of therapy have as its goal restoration of the member to the level of functioning exhibited prior to the onset of the illness, although this may be appropriate for some members. For many other members, particularly those with long-term, chronic conditions, control of symptoms and maintenance of a functional level to avoid further deterioration or hospitalization is an acceptable expectation of improvement.
 - "Improvement" in this context is measured by comparing the effect of continuing treatment versus discontinuing it. Where there is a reasonable expectation that if treatment services were withdrawn the member's condition would deteriorate, relapse further, or require hospitalization, this criterion is met.
- The individualized written plan includes the type, amount frequency, and duration of the services to be furnished and indicate the diagnoses and anticipated goals.
- For continued service, the member continues to show improvement in accordance with his/her individualized treatment plan, and the frequency of services is within accepted norms of medical practice.
- Discharge is indicated when stability can be maintained without further treatment or with less intensive treatment.
 - Discharge planning includes linkages with community resources, supports, and providers in order to promote a member's return to a higher level of functioning in the least restrictive environment.
 - A discharge plan and a summary with recommendations for appropriate services concerning follow-up or aftercare have been developed as well as a summary of the member's condition upon discharge.

DAY TREATMENT

DAY TREATMENT is non-residential care provided on prescription of a physician in a clinically supervised setting that provides case management and an integrated system of individual, family, and group counseling or therapy or other services assembled pursuant to an individually prepared plan of treatment that is based on a multi-disciplinary assessment of the member and his or her family and is designed to alleviate emotional or behavioral problems experienced by the member related to his or her mental illness or severe emotional disturbance.

Level I services are designed to assist members whose needs are principally derived from conduct disorders or oppositional disorders, and are best met by extended participation in a therapeutic milieu or structured services including individual, group and family counseling, educational support or direct academic instruction and recreational therapy.

Level II services are designed to assist members whose needs are principally derived from intransigent and severe mental health disorders and are best met by intense, extended psychiatric or

psychotherapeutic treatment in combination with a continuum of other individual and family support services.

Level III services are designed to assist members whose needs are principally derived from an acute episode of a mental health disorder and are best met by intense, short-term treatment in a psychiatric or psychotherapeutic setting.

Admission Criteria

- The member has a primary diagnosis of a mental health condition or Severe Emotional Disturbance⁴.
AND
- The member is unable to obtain benefit from a less restrictive program.
AND
- Based upon information available at the time of referral, there is a reasonable likelihood that the member will benefit from the services being offered by the program.
AND
- The member meets 1 or more of the following criteria:
 - The member is exhibiting significant dysfunction in 2 or more of the basic domains of their life and requires services offered by the program in order to acquire or restore the skills necessary to perform in those areas; or
 - Be in need of a period of transition from a hospital, residential treatment center or other institutional setting as part of the process of returning to live in the community; or
 - Be experiencing a period of acute crisis or other severe stress, so that without the level of services provided by the program, the member would be at high risk of hospitalization or other institutional placement.AND
- Services are medically necessary⁵.

Discharge Criteria

- It is determined that the member has attained objectives in the treatment plan.
- The member is able to transition back into the community and identifies aftercare services to assist in this transition to return to family, school, and community.

Service Delivery

- The provider assembles a multidisciplinary and multi-agency treatment team, and completes an initial evaluation within 5 business days of admission.
- The treatment team prepares a treatment plan within 30 calendar days after admission for Level I and II services, or within 10 calendar days after admission for Level III services.
- The treatment plan shall be reviewed for approval by the program psychiatrist or psychologist; services may be provided pending this approval, but shall be suspended if the psychiatrist or psychologist does not approve them.
- The treatment team reviews case progress according to the following schedule:
 - Level I services: within 30 calendar days following approval of the treatment plan and every 60 days thereafter.
 - Level II services: within 30 calendar days following approval of the treatment plan and every month thereafter.
 - Level III services: within 14 calendar days following approval of the treatment plan and every month thereafter.
- For all levels, progress may be reviewed more frequently if indicated by the member's condition or family's condition, or upon request of the member, the member's parent, guardian, attorney, program staff, county department, or the department responsible for supervising the member pursuant to a court order. Request for more frequent review is made in writing and is documented in the member's record.
- Unless the member poses an immediate risk of harm to other clients or staff, the program provides the member, his or her parent or guardian, and other agencies providing services to the member with at least 7 days prior notice of the intent to end services.

- When the member has been placed in the program by order of court, the program provides the court and the social worker responsible for supervising the implementation of the court order with 14 days prior notice of the intent to end services, unless the member poses an immediate risk of harm to other clients or staff, in order to permit the court to enter an alternative order regarding the care of the member.
- Discharge planning
 - The member identifies aftercare services which will be provided to assist in transitioning and to support the member's reintegration into family, school and community activities and programs.

REFERENCES

State of Wisconsin, Administrative Code. (2012). Title DHS 40: Mental Health Day Treatment Services for Children. Retrieved from: https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/40.pdf

State of Wisconsin, Administrative Code. (2015). Title DHS 107.32: Case Management Services. Retrieved from: https://docs.legis.wisconsin.gov/code/admin_code/dhs/101/107/32.

REVISION HISTORY

| Date | Action/Description |
|----------------|--|
| July, 2013 | • Version 1 |
| January, 2014 | • Version 2 |
| January, 2015 | • Version 3 |
| January, 2016 | • Version 4 |
| January, 2017 | • Version 5 |
| November, 2019 | • Version 6: Updated Introduction, Added Evidence-Based Practice Criteria section. |

⁴ Per Wisconsin DHS 107.32 "Severe Emotional Disturbance" includes emotional and behavioral problems which:

1. Are expected to persist for at least one year;
2. Have significantly impaired the person's functioning for 6 months or more and, without treatment, are likely to continue for a year or more. Areas of functioning include: developmentally appropriate self-care; ability to build or maintain satisfactory relationships with peers and adults; self-direction, including behavioral controls, decision-making, judgment and value systems; capacity to live in a family or family equivalent; and learning ability, or meeting the definition of "child with exceptional educational needs";
3. Require the person to receive services from 2 or more of the following service systems: mental health, social services, child protective services, juvenile justice and special education; and
4. Include mental or emotional disturbances diagnosable under DSM. Adult diagnostic categories appropriate for children and adolescents are organic mental disorders, psychoactive substance use disorders, schizophrenia, mood disorders, schizophreniform disorders, somatoform disorders, sexual disorders, adjustment disorder, personality disorders and psychological factors affecting physical condition. Disorders usually first evident in infancy, childhood and adolescence include pervasive developmental disorders (Axis II), conduct disorder, anxiety disorders of childhood or adolescence and tic disorders.

⁵ Per the UnitedHealthcare Community Plan of Wisconsin Provider Manual, medically necessary services or supplies are those that meet the following standards:

1. Is consistent with the member's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability.
2. Is consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided.
3. Is appropriate with regard to generally accepted standards of medical practice.
4. Is not medically contraindicated with regard to the recipient's diagnoses, the member's symptoms or other medically necessary services being provided to the member.
5. Is of proven medical value or usefulness and, consistent with s. HFS 107.035, is not experimental in nature.
6. Is not duplicative with respect to other services being provided to the member.
7. Is not solely for the convenience of the member, the recipient's family, or a provider.
8. With respect to Prior Authorization of a service and to other prospective coverage determinations made by the department, is cost-effective compared to an alternative medically necessary service which is reasonably accessible to the member.
9. Is the most appropriate supply or level of service that can safely and effectively be provided to the member.