

MEDICAL NECESSITY CRITERIA
REIMBURSABLE OUTPATIENT SERVICES
WEST VIRGINIA MEDICAID MEMBERS

TEAM TREATMENT PLANNING

All members receiving services from licensed providers at a Behavioral Health Clinic must receive an individualized service plan. This plan must be developed by a multidisciplinary team. The team will prepare an initial plan within 7 days of starting treatment. A master treatment plan will be developed within 30 days of initiating treatment. The plan must be updated at the time of significant junctures in treatment or every 90 days, whichever is shorter.

The treatment team will be comprised of various professional disciplines depending on the needs of the member. Physician participants in the treatment team may bill for the time spent in treatment planning using the procedure code G9008. Psychologists may bill for the time spent using procedure code H0032 AH. All other professional participants in the treatment planning meeting may bill using the procedure code H0032. Only those professionals that are required for the specific member's treatment may bill for participation in the planning meetings.

All treatment planning must be documented in accordance with the West Virginia Bureau of Medical Services.

ADMISSION CRITERIA:

All Medicaid members currently enrolled in treatment at a Behavioral Health Clinic.

GLOBAL INDICATORS:

1. Must have a valid DSM-IV Axis I or II psychiatric diagnosis. Condition is responsive to treatment and/or will deteriorate in the absence of treatment.

SEVERITY OF ILLNESS:

Condition must cause significant impairment in one or more areas of function (social, academic, vocational).

LIMITATIONS IN PERSONAL/SOCIAL RESOURCES:

Member's resources are insufficient to sustain him/her in the community without professional services.

INTENSITY OF SERVICES:

The treatment team must be composed of the full range of professional disciplines necessary to ensure that all areas of member need can be addressed.

CONTINUED STAY CRITERIA:

Member will continue as long as they are receiving active treatment in the Behavioral Health Clinic.

DISCHARGE CRITERIA:

The Member is no longer receiving active treatment.

CASE CONSULTATION SERVICES

During the course of treatment, a member's treatment team may request the services of a consultant to explain or interpret the results of psychiatric and other medical examinations and procedures to the requesting clinician for the purposes of informing the member, their family or other responsible individual.

Consultants chosen for this purpose may not be members of the treatment team. In addition they must have knowledge and expertise that is not available through existing team members. Consultants must document the exact nature of the consultation, their findings and the time spent in performing the consultation. Consultants may bill for their services using procedure code 90887.

ADMISSION CRITERIA:

Any Medicaid member currently enrolled in a behavioral health clinic whose treatment team requires psychiatric expertise not available in the team members.

GLOBAL INDICATORS:

Not applicable.

SEVERITY OF ILLNESS:

The member's condition must be sufficiently severe that the absence of a consultation could result in a significant deficit in treatment.

LIMITATIONS IN PERSONAL/SOCIAL RESOURCES:

Not applicable.

INTENSITY OF SERVICES:

Consultation should involve a one time documented evaluation that includes written recommendations.

CONTINUED STAY CRITERIA:

Not applicable.

DISCHARGE CRITERIA:

Member should be discharged once the consultation is complete.

SKILLS TRAINING AND DEVELOPMENT

Skills training is a treatment activity designed to address specific skill deficits in individuals who have failed to develop their expected range of adult skills. These skills may include deficits in personal hygiene, managing their living space, interpersonal/communication ability, social appropriateness, etc. These deficits usually arise from the member being raised in a non-nurturing or abusive environment. Skill training can be provided 1:1 or in small groups of 2-4 individuals.

Candidates for skills training and development must have well defined deficits in specific skills. They must have an individualized treatment plan that identifies the specific skill to be acquired, the techniques to be used to acquire the skill and a time frame for skill acquisition. Progress notes must document progress towards skill acquisition. An updated treatment plan must be developed if a member fails to meet their skill acquisition goal and additional treatment is recommended.

ADMISSION CRITERIA:

Any Medicaid member currently enrolled in a Behavioral Health Clinic with limited skills due to a failure of their environment to adequately nurture their development.

GLOBAL INDICATORS:

1. A valid DSM-IV Axis I or Axis II diagnosis.
2. Objective evidence of specific skills deficit(s).
3. Evidence that the individual can respond to skills training.

SEVERITY OF ILLNESS:

Skills deficit(s) must negatively impact on the individual's ability to function in one or more areas (academic, social, vocational, self care).

LIMITATIONS IN PERSONAL/SOCIAL RESOURCES:

The member does not have the resources to develop the necessary skills on their own.

INTENSITY OF SERVICES:

Individual or small group (less than 5 individuals) sessions weekly.

CONTINUED STAY CRITERIA:

1. Member is actively participating in treatment.
2. There is evidence of significant progress in achieving goals.
3. The treatment plan is periodically updated to reflect any changes in treatment approach.
4. Discontinuation of training would result in a significant deterioration in skill functioning.

DISCHARGE CRITERIA:

1. Skills have been acquired
2. Further training is not expected to result in further improvement or deterioration.
3. Discontinuation of training will not result in significant regression.

ASSERTIVE COMMUNITY TREATMENT

West Virginia Medicaid members are eligible for specialty services under the provisions of Assertive Community Treatment (ACT). This program is designed for individuals with serious and persistent mental illness who are at high risk for decompensation and hospitalization. To be eligible for admission to the program an individual must have had:

- a) three or more psychiatric hospitalizations in the previous 12 months,
- b) five or more psychiatric hospitalizations or admissions to a Community Psychiatric Supportive Treatment Program in the past 24 months
- c) 180 days of psychiatric hospitalization in the past 12 months.

Staff qualifications, team membership, service requirements, case-load and documentation requirements for ACT are defined by the West Virginia Bureau of Medical Services. These services are billed for as an all-inclusive per diem. No other services can be billed for the member while participating in ACT except for Case Consultation, decanoate antipsychotic injections, and mileage. If a member covered by ACT is hospitalized, no ACT billing can be made during the hospitalization. The ACT team must, however, actively participate in the inpatient treatment planning.

Once enrolled in ACT, members will remain in the program until the Bureau of Medical Services determines that they are no longer eligible. However, members who consistently refuse to participate in the program for 6 months may be placed in an inactive status.

ADMISSION CRITERIA:

Any Medicaid member who is at high risk for hospitalization based on their immediate past psychiatric history.

GLOBAL INDICATORS:

1. The member must have a valid DSM-IV Axis I or Axis II diagnosis.
2. The member must have had:
 - a) three or more psychiatric hospitalizations in the previous 12 months,
 - b) five or more psychiatric hospitalizations or admissions to a Community Psychiatric Supportive Treatment Program in the past 24 months
 - c) 180 days of psychiatric hospitalization in the past 12 months.

SEVERITY OF ILLNESS:

The member's illness must be of sufficient severity that they are at high risk for deterioration and hospitalization if not provided on-going daily supervision by licensed mental health professionals.

LIMITATIONS IN PERSONAL/SOCIAL RESOURCES:

Member's resources are insufficient to sustain the member in the community without daily professional supervision.

INTENSITY OF SERVICES:

The services must meet the criteria for ACT as defined by the West Virginia Bureau of Medical Services.

CONTINUED STAY CRITERIA:

Member will continue in services as long as they remain at high risk for hospitalization.

DISCHARGE CRITERIA:

- 1) The member is no longer at high risk for hospitalization.
- 2) The member fails to participate for 6 months. This will result in the member being placed in an inactive status.

COMPREHENSIVE COMMUNITY SUPPORT

Comprehensive community support is designed to maintain and improve the level of functioning among individuals with severe and persistent mental illness. It is specifically designed for individuals who require frequent individualized support but do not require a day treatment program. Comprehensive community support is provided at licensed treatment sites or in the community. Examples of skills training/maintenance include: personal hygiene, interpersonal skills, communication, meal preparation, etc.

Comprehensive community support must be an identified need in the member's master treatment plan. The treatment team is responsible for reviewing the comprehensive community support plan and monitoring progress towards treatment goals. Only individuals who are actively participating and shown to be maintaining or improving skills should continue in the community support program.

ADMISSION CRITERIA:

Medicaid members currently enrolled in a Behavioral Health Clinic who are in need of ongoing support to maintain themselves in the community.

GLOBAL INDICATORS:

- 1) A valid DSM-IV Axis I diagnosis.
- 2) Evidence of serious and persistent mental illness.
- 3) Demonstrated inability to perform basic activities of daily living.
- 4) Ability to participate in community support activity.

SEVERITY OF ILLNESS:

Must have historical evidence of sufficient illness severity to prevent functioning in a community setting.

LIMITATIONS IN PERSONAL/SOCIAL RESOURCES:

There is a demonstrated lack of resources sufficient to sustain the member in the community without ongoing support.

INTENSITY OF SERVICES:

Individualized weekly contact with a skills training specialist.

CONTINUED STAY CRITERIA:

1. The member is demonstrating significant progress towards skill acquisition.
2. The member's skills would deteriorate leading to an inability to sustain themselves in the community without continued support.

DISCHARGE CRITERIA:

1. The member is able to sustain themselves in the community without further support.
2. The member refuses to participate in the community support program.
3. Further treatment is not expected to maintain or improve the member's outcome.

BEHAVIORAL HEALTH CLINIC DAY TREATMENT

Behavioral health clinic day treatment is a program for Medicaid members who suffer from mental retardation or are developmentally disabled. The program is designed to facilitate increased independence and/or maintain current level of functioning. Candidates for treatment in this program must demonstrate the ability to participate and learn from the skills training. They must have an individualized treatment plan that identifies specific areas to be addressed along with the techniques to be used. There must be documentation on a daily basis of participation and specific skills that were addressed. There must be a comprehensive review of the treatment program every 90 days. Members may continue to participate only as long as they demonstrate active involvement in the program.

ADMISSION CRITERIA:

Medicaid members who would benefit from daily structured activities designed to maintain and improve their ability to function independently.

GLOBAL INDICATORS:

- 1) A valid diagnosis of mental retardation or developmental disability.
- 2) Demonstrated ability to acquire new skills and/or an expectation that acquired skills will be lost without ongoing reinforcement.
- 3) Ability to participate in activities with other members.
- 4) Ability to benefit from daily structured activity.

SEVERITY OF ILLNESS:

The member's condition must be of sufficient severity to significantly impair self care or interpersonal functioning.

LIMITATIONS IN PERSONAL/SOCIAL RESOURCES:

The member lacks sufficient resources to obtain the necessary support outside of a day treatment program.

INTENSITY OF SERVICES:

Daily programming at least 3 hours per day that meets the requirements of the West Virginia Bureau of Medical Services requirements.

CONTINUED STAY CRITERIA:

- 1) The member is actively participating in the program.
- 2) Treatment goals are being met.
- 3) Discontinuation of treatment would result in significant loss of functioning.

DISCHARGE CRITERIA:

- 1) The member refuses to participate.
- 2) There is no expectation of improvement in the member's condition.
- 3) The member is unlikely to deteriorate if treatment is discontinued.