




United Behavioral Health

<b>Access to Care Standards for Adults, Older Adults, Children, and Youth</b>		<b>Policy Identifier/Number:</b> CM-04	
<b>Annual Review Completed Date:</b> February 2018			
<b>Policy Category:</b> Government – Pierce Regional Support Network	<b>Applicable Lines of Business:</b> Medicaid	<b>Entity/Plan:</b> Optum Pierce Behavioral Health Organization	<b>State:</b> Pierce County, Washington
<b>Approved by:</b> Bea Dixon, Executive Director		<b>Signature:</b> 	

### Policy Statement and Purpose

Optum Pierce Behavioral Health Organization (BHO) applies and monitors contracting behavioral health care providers' application of Eligibility and Access to Care standards as required by DSHS.

To describe how Optum Pierce BHO applies and monitors Eligibility and Access to Care standards as required by the Washington State DSHS.

### Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

### Policy Definitions

N/A

### Policy Provisions

1. Medical Necessity Determination
  - 1.1 Per eligibility standards, an adult or older adult must meet medical necessity before being considered for Medicaid behavioral health services. Medical necessity must be demonstrated on all behavioral health assessments/intakes as well as continuing stay authorization documents. The 5 medical necessity criteria are presented below:
    - 1.1.1. Individuals who meet the criteria for a behavioral health disorder, as determined either by a Mental Health Professional (MHP) or by a Chemical Dependency Professional (CDP/CDPT) as appropriate to their scope of practice, in a face-to-face intake/assessment, must have a diagnosis included in the list of Covered Diagnoses (See Appendix A);
    - 1.1.2. The individual's impairment(s) and corresponding need(s) must be the result of a behavioral disorder.

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

1.1.2.1 For mental health treatment only, the individual must meet the Functional Criteria for Serious Mental Illness (SMI) or Seriously Emotionally Disturbed (SED);

1.1.2.2 For SUD treatment, the individual must meet ASAM criteria.

1.1.3 The intervention is deemed to be reasonably necessary to improve, stabilize, or prevent deterioration of functioning resulting from the presence of a behavioral health disorder;

1.1.4 The individual is expected to benefit from the intervention; and,

1.1.5 The individual's unmet need(s) cannot be more appropriately met by any other formal or informal system or support.

## 2. Functional Criteria and determination:

2.1 Once medical necessity and eligibility standards are met, authorization of mental health services for adults, older adults and children are based on Access to Care standards including an assessment of functional criteria (see Appendix A for detailed descriptions of each criterion). Access to care in the treatment for substance use disorder does not require this section.

2.1.1 Individuals aged 18-20 years, may qualify for services under either Serious Mental Illness (SMI) or Seriously Emotionally Disturbed (SED) determinations.

2.1.2 Assessment is provided by a mental health professional and determines the presence of a covered mental health diagnosis. Special population consultation should be considered. For children, the assessment must be completed by, or under the supervision of a child mental health specialist.

### 2.2 Medicaid Adults and Older Adults, SMI determination

2.2.1 To meet the functional criteria for SMI, a person must have, as a result of a covered diagnosis, current dysfunction in at least one of the following 4 domains, as described below. This dysfunction has been present for most of the past twelve months or for most of the past six months with an expected continued duration of at least six months. Six month minimum timeframe does not apply to all diagnoses per DSM. Examples are acute stress disorder, adjustment disorder, and certain psychotic disorders.

2.2.2 Inability to live in an independent or family setting without support

2.2.3 A risk of serious harm to self or others

2.2.4 Dysfunction in role performance

2.2.5 Risk of deterioration

### 2.3 Medicaid Children and Youth, SED determination

2.3.1 To meet the functional criteria for SED, a person must be under the age of 21 years and have, as a result of a covered diagnosis, dysfunction in at least 1 of the following capacities or 1 of the symptoms. Duration of the dysfunction must be present, or expected to persist, for 6 months.

2.3.2 Capacities:

2.3.2.1 Functioning in self-care

2.3.2.2 Functioning in community

2.3.2.2 Functioning in social relationships

2.3.2.3 Functioning in the family

2.3.2.4 Functioning at school/work

2.3.3 Symptoms:

2.3.3.1 Psychotic symptoms

2.3.3.2 Danger to self, others, or property as a result of emotional disturbance

2.3.3.3 Trauma symptoms

3. Level of Care and intensity of service determination

3.1 Once the Access to Care standards are met, assignment to the appropriate level of care and intensity of service determination is made based on the ASAM criteria (for SUD care) and/or the Optum Pierce BHO level of care guidelines.

**Related Policies, Procedures & Materials**

- Pierce Behavioral Health Organization policy: CM-01 - *Development of Service Plans*
- Pierce Behavioral Health Organization policy: CM-02 - *Crisis Plans*
- Pierce Behavioral Health Organization policy: CM-03 - *Timely Access to Care*
- Pierce Behavioral Health Organization policy: CM-05 - *UM/Resource Management Plan*
- Pierce Behavioral Health Organization policy: CM-06 - *Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services*
- Pierce Behavioral Health Organization policy: CM-07 - *Accessibility, Engagement and Utilization of Services for Individuals with High Risk*
- Pierce Behavioral Health Organization policy: CM-08 - *Coordination of Care between Primary Care Physicians, Emergency Rooms and Other Health Care Providers*
- Pierce Behavioral Health Organization policy: CM-09 - *Engagement of Community Resources*
- Pierce Behavioral Health Organization policy: CM-10 - *UM/Authorization and Concurrent Reviews*
- Pierce Behavioral Health Organization policy: CM-11 - *Involuntary Evaluation and Treatment*
- Pierce Behavioral Health Organization policy: CM-12 - *Consumer Access to Housing*
- Pierce Behavioral Health Organization policy: CM-13 - *Coordination with Rehabilitation and Employment Services*

**Attachments**

N/A

**Approval History**

- Policy created and effective: 07/2009
- Policy and Procedure Committee review and approval: 09/28/2009
- Policy and Procedure Committee review and approval: 08/23/2010
- Policy and Procedure Committee review and approval: 09/26/2011
- Policy and Procedure Committee review and approval: 08/27/2012
- Policy and Procedure Committee review and approval: 12/02/2013
- Policy and Procedure Committee review and approval: 09/22/2014
- Policy and Procedure Committee review and approval: 09/28/2015

- Optum Pierce BHO reviewed and accepted: February 2018