

**To:** AmeriHealth Caritas Louisiana Providers

**Date:** January 22, 2018

**Subject:** Modifications to the Pre-Authorization Process for Mental Health Rehabilitation (MHR) Services

**Summary:** Effective March 1, 2018, AmeriHealth Caritas Louisiana will implement modifications to the pre-authorization process for Mental Health Rehabilitation (MHR) services for all members.

Effective March 1, 2018, AmeriHealth Caritas Louisiana will implement modifications to the pre-authorization process for Mental Health Rehabilitation (MHR) services for all members. As a provider of these services, it is important that you review the below information so that you/your agency can become familiar with the upcoming changes.

**1. Prior Authorization Guidelines:**

- a. All Adult MHR services must be prior authorized for a determination of medical necessity before a provider can begin providing the MHR services. A diagnostic assessment does not require a prior authorization for in-network providers.
- b. ALCA will continue to require a prior authorization for a determination of medical necessity for all Child & Adolescent MHR services.

**2. Medical Necessity Criteria:**

- a. All Adult MHR services will be reviewed for medical necessity using McKesson InterQual Adult and Geriatric Psychiatry Criteria for Intensive Community-Based Treatment. An outline of these criteria is included in this provider communication.
- b. There will be no change in the medical necessity guidelines for Child and Adolescent MHR services. AmeriHealth Caritas Louisiana will continue reviewing all Child and Adolescent MHR services for medical necessity using McKesson InterQual Child and Adolescent Psychiatry Criteria for Intensive Community-Based Treatment.

**3. Clinical Documentation:**

- a. AmeriHealth Caritas Louisiana will continue to require the diagnostic assessment and CALOCUS/LOCUS score (including the name of CALOCUS/LOCUS administering LMHP) as clinical documentation requirements in determining the medical necessity of frequency/intensity for all MHR services. Diagnostic assessments are required annually and the CALOCUS/LOCUS screening tools are required every six months.
- b. AmeriHealth Caritas Louisiana will continue to require the member's initial treatment plan be submitted to the AmeriHealth Caritas Louisiana BH UM department within 30 days of starting services.

**4. Choice in Provider:**

- a. AmeriHealth Caritas Louisiana will continue to require a *Choice in Provider* form to be used for all MHR services in an attempt to reduce a duplication of service provision. Providers will be responsible for having the member and/or their legal representative complete and sign the form indicating their choice in provider for the provision of MHR services. The form must then be submitted at the time the Prior-Authorization for services is sent to AmeriHealth Caritas Louisiana.

**5. MHRS Treatment Request Forms:**

- a. AmeriHealth Caritas Louisiana has revised the *Adult MHR Treatment Request* form to include the following:
  - i. Additions to the clinical documentation requirements and treatment request
  - ii. A reminder that PSH CPST and PSR do not require a prior authorization and authorizations are only provided by LDH notification (see January 27, 2017 Provider Post)
  - iii. Addition of clinical symptoms to determine medical necessity for admission and continued stay requests
  - iv. Addition to clinical documentation requirements to include the LOCUS worksheet (to include the ratings along with the criteria used for selection, date of screening, the name of LMHP with credentials completing the screening tool, and date of LMHP's LOCUS training)
- b. AmeriHealth Caritas Louisiana has revised the *Child and Adolescent MHR Treatment Request* form to include the following:
  - i. The CALOCUS worksheet (to include the ratings along with the criteria used for selection, date of screening, the name of LMHP with credentials completing the screening tool, and date of LMHP's CALOCUS training)
  - ii. A reminder that PSH CPST and PSR do not require a prior authorization and authorizations are only provided by LDH notification (see January 27, 2017 Provider Post)
  - iii. Addition of a treatment request for Family Functional Therapy-Child Welfare (FFT-CW)

All forms can be found on our website at [www.amerhealthcaritasla.com](http://www.amerhealthcaritasla.com) > Providers > Forms.

**Questions:**

Thank you for your continued support and commitment to the care of our members. If you have questions about this communication, please contact AmeriHealth Caritas Louisiana's Provider Services department at 1-888-922-0007 or your Provider Network Management Account Executive.

## Adult and Geriatric Community Based Treatment Guidelines

Adults ages 18 and older

**Initial Treatment Requests:** The below criteria is used when a member has not stepped down from or is not currently in any other mental health or substance use disorder services.

### Admission Guidelines:

1. The current psychiatric diagnosis is unable to be managed safely at a less intensive level of care
2. The member is in need of assistance to be maintained in a community setting
3. The member can have a co-occurring substance use and mental health disorder
4. The member is a persistent danger to self or others
5. The member's symptoms have been present for at least six months and are expected to persist longer than one year without intervention or treatment
6. The member is severely and persistently mentally ill
7. The member has had unsuccessful treatment attempts within the last year in any of the following:
  - a. Group Home
  - b. Community based treatment
  - c. Residential treatment (Psychiatric or SUD)
  - d. Psychiatric inpatient
  - e. Outpatient therapy
  - f. Medication management
8. The support system meets one of the following criteria: social, emotional, caregiving, and environmental resources that provide empathy, structure, oversight or tangible aids including formal supports (social welfare, social service, healthcare, providers) and informal supports (family, friends, educators, sponsors, church groups, neighborhood, clubs). Requires one of the below:
  - a. Unavailable- one that does not exist or is unavailable due to various reasons
  - b. Unable to ensure safety
  - c. High-risk environment- poses a significantly increased risk for the member due to caregiving, SUD, dangerous or illegal behaviors
  - d. Abusive- in which the patient is witness to or a target of abuse (physical, sexual or emotional)
  - e. Intentional sabotage of treatment- support fails to fill prescriptions, is not giving medications appropriately or supervising medications, cancels therapy sessions, withdraws from participating in therapy sessions, intentionally undermines the therapeutic relationship of the patient and treatment providers
  - f. Unable to manage intensity of symptoms
9. The member has persistent and severe functional impairment in at least two of the following:
  - a. Activity of Daily Living- care for self in cooking, cleaning, financial management, attempted appointments

- b. Community Living- severe impairment refers to a lack of age-appropriate behavioral control, judgement and decision making skills that results in continued problems in the community
- c. Social Relationships- inability to maintain satisfactory relationships and/or boundaries with others
- d. Family Relationships
- e. Job or Community Performance

**Continued Stay Guidelines:**

1. The member has had one of the following symptoms or behaviors in the last month:
  - a. Anxiety and associated symptoms
  - b. Depressed or irritable mood and associated symptoms
  - c. Disruptive behaviors
  - d. History of exposure to or experience of a traumatic event and associated symptoms
  - e. Hypomanic symptoms
  - f. Obsessions/compulsions
  - g. Psychosis and associated symptoms
  - h. Suicidal/homicidal ideations without intent
  - i. Non suicidal Self-injurious behavior (child only)

**Functioning:** Requires one of the following within the last month:

1. Psychiatric medication non adherence
2. Ongoing and/or increased social isolation and/or alienation
3. Impersonal conflict (which could be one of the below):
  - a. Angry outbursts and/or physical altercations
  - b. Hostile and/or intimidating
  - c. Accusatory and/or manipulative
  - d. Poor and/or intrusive boundaries
4. Arrest
5. Neglect of hygiene and direct assistance and/or direction is needed to complete ADL's (adolescents only)
6. Required after-hours crisis intervention

**Services:** The member is receiving or has received the any of the below during the last authorization period:

1. Individual and/or group and/or family therapy and/or case management at least once per week
2. Family psychoeducation
3. Behavioral contract and/or treatment plan
4. Working with external resources and/or providers

***If a member is not meeting medical necessity criteria, a licensed psychologist or psychiatrist reviews all the clinical information presented to make a determination of medical necessity. Mckesson InterQual is used as a guide in making that determination.***