

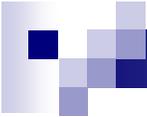
UR 201 Medical Necessity

Child Mental Health Services



EPSDT

- Under 21
- Must be listed in the federal law at 42 U.S.C. § 1396d(a) [1905(a) of the Social Security Act].
- Must be **medically necessary** "to correct or **ameliorate** a defect, physical or mental illness, or a condition [health problem] identified by screening".



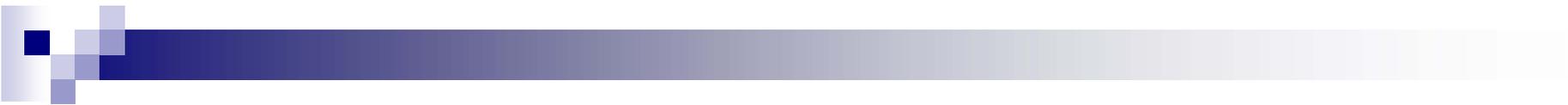
EPSDT

- The specific coverage criteria in DMA clinical coverage policies or service definitions do **NOT** have to be met.
 - Dx, entrance criteria, signs/symptoms
- The specific numerical limits in DMA clinical coverage policies, service definitions, or billing codes do **NOT** apply.
 - Hours, visits, frequency



EPSDT

- Other restrictions in the clinical coverage policies must also be waived
 - location of the service
 - prohibitions on multiple services on the same day or at the same time



EPSDT and CAP

- CAP Waiver services are available only to participants in the CAP waiver program
- **NOT** part of the EPSDT benefit
- Child eligible for Medicaid outside of the waiver is entitled to elect EPSDT services without any monetary cap instead of waiver services.



EPSDT and CAP

- **ANY** child enrolled in a CAP program can receive **BOTH** waiver and EPSDT
 - Cost of the recipient's care must not exceed the waiver cost limit.
- A recipient on a waiting list for CAP services is eligible for necessary EPSDT services without any wait



EPSDT & Prior Authorization

- Requests for EPSDT services do **NOT** have to be labeled as such.
- **Always consider EPSDT** when reviewing any proper request for services for a recipient under 21 years



EPSDT & Prior Authorization

- Requests must be fully documented to show medical necessity
- **Only Medically Necessary services should be authorized**



Intensive In-home

■ ITR

- Carefully review all handwritten information, particularly the precipitating event.
- Do the Diagnosis and current impairments (at least a 2 on areas of Mood Disturbance, Anxiety, Thinking, Impulsiveness, Medical/Physical Condition and/or Substance Abuse, School Performance, Social/Family) indicate therapeutic individual and family skill-based intervention?
- Consider if the Axis I and II diagnosis is moderate (depression, anxiety, PTSD, conduct, SA).



Intensive In-home

■ ITR

- Is the current risk to self and/or others 0-1?
- Has the child/youth been in inpatient or out-of-home placement before?
- If other treatment history indicates sexually reactive behavior, trauma, serious juvenile justice involvement or serious aggression, consider if this is an appropriate level of care.



Intensive In-home

■ ITR

- Does DSS/CPS involvement or sexual abuse history indicate this level of intensive in-home community based service as medically necessary?
- Note the current medications and consider if the number, type, dosage or combination require medical monitoring.
- Does ASAM level of care match with what is being requested?



Intensive In-home

■ **Additional Questions to Consider**

- When was the last Child and Family Team meeting?
- Is there evidence in the supporting documentation that this request was a decision of the CFT?
- What is the level of family involvement in treatment?
- What other services are authorized or being requested?



Intensive In-home

■ **Additional Questions to Consider**

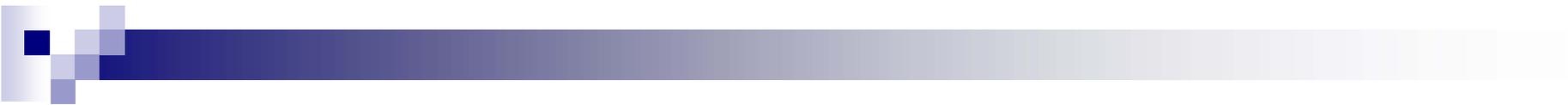
- Consider length of time child/youth has received services and degree to which these services have been coordinated?
- Consider the degree to which child/youth's care, services and supports need coordination?
- Overall, does the intensity and duration of the service being requested meet the medical necessity of the recipient?



Multisystemic Therapy

■ ITR

- Carefully review all handwritten information, particularly the precipitating event.
- Do the Diagnosis and current impairments (at least a 2-3 on areas of Mood Disturbance, Anxiety, Thinking, Impulsiveness, Medical/Physical Condition and/or Substance Abuse, School Performance, Social/Family, Legal) indicate therapeutic individual and family skill-based intervention?
- Consider if the Axis I and II diagnosis is moderate (depression, other mood, anxiety, PTSD, conduct, impulse, SA).



Multisystemic Therapy

■ ITR

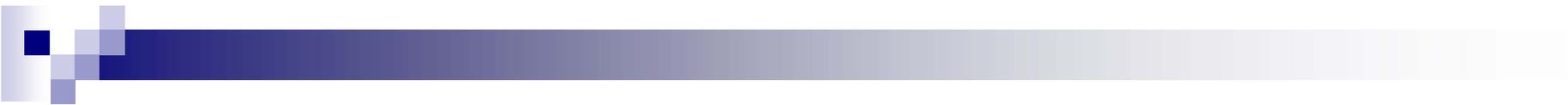
- Consider how length of time since the diagnosis was determined.
- Is the current risk to self and/or others 0-1?
- Has the child/youth been in inpatient or out-of-home placement before?
- Has the child/youth been in juvenile justice placement?
- Is the child/youth at imminent risk of out-of home placement, on probation or is currently in out-of-home placement due to delinquency and reunification is imminent?



Multisystemic Therapy

■ ITR

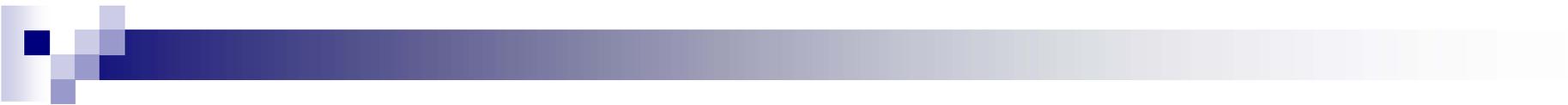
- If other treatment history indicates sexually reactive behavior, serious trauma, or serious aggression, consider if this is an appropriate level of care.
- Does DSS/CPS involvement or sexual abuse history indicate this level of intensive community based service as medically necessary?
- Is there a child/youth caregiver/guardian that is willing to be active in a long term parenting role and caregiver who is willing to participate with service providers for the duration of the treatment?
- Note the current medications and consider if the number, type, dosage or combination require medical monitoring.
- Does ASAM level of care match with what is being requested?



Multisystemic Therapy

■ **Additional Questions to Consider**

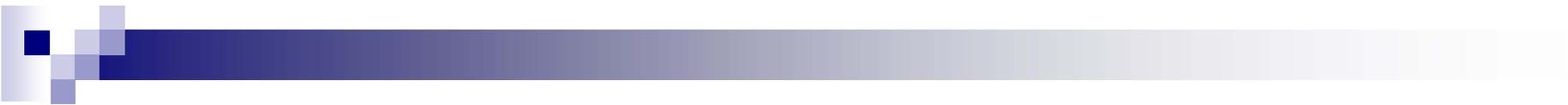
- When was the last Child and Family Team meeting?
- Is there evidence in the supporting documentation that this request was a decision of the CFT?
- What other services are authorized or being requested?
- Consider length of time child/youth has received services and degree to which these services have been coordinated?



Multisystemic Therapy

■ **Additional Questions to Consider**

- Consider the degree to which child/youth's care, services and supports need coordination?
- For initial or concurrent request and continued stay, is there a child/youth caregiver/guardian that is willing to sustain long term parenting role and caregiver who is willing to participate with service providers for the duration of the treatment?
- For initial or concurrent request and continued stay, is the child/youth at imminent risk of out-of home placement or is currently in out-of-home placement due to delinquency and reunification is imminent?
- Overall, does the intensity and duration of the service being requested meet the medical necessity of the recipient?



Day Treatment

■ ITR

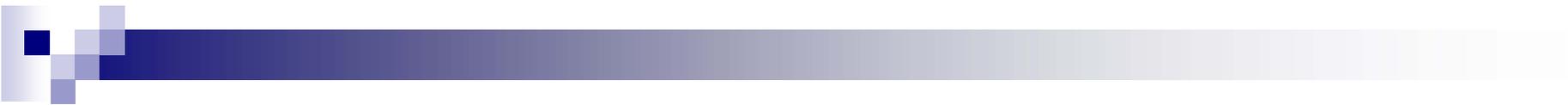
- Carefully review all handwritten information, particularly the precipitating event.
- Do the Diagnosis and current impairments (at least a 2-3 on areas of Mood Disturbance, Anxiety, Thinking, Impulsiveness, Medical/Physical Condition and/or Substance Abuse, School Performance, Social/Family, Legal) indicate therapeutic individual and family skill-based intervention?
- Consider if the Axis I and II diagnosis is moderate (depression, other mood, anxiety, PTSD, conduct, impulse, psychosis, SA).



Day Treatment

■ ITR

- Consider how length of time since the diagnosis was determined.
- Is the current risk to self and/or others 0-1?
- Is the child/youth caregiver/guardian currently enrolled in a school setting and engaged in educational/vocational services?
- If other treatment history indicates sexually reactive behavior, serious trauma, or serious aggression, consider if this is an appropriate level of care.



Day Treatment

■ ITR

- Does DSS/CPS involvement or sexual abuse history indicate this level of intensive therapeutic facility based service as medically necessary?
- Note the current medications and consider if the number, type, dosage or combination require medical monitoring.
- Does ASAM level of care match with what is being requested? -low to medium need on Dimension 1-6 is appropriate.



Day Treatment

■ **Additional Questions to Consider**

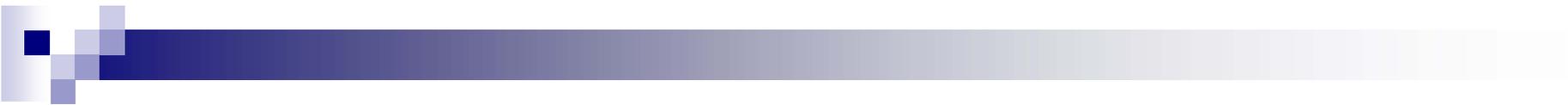
- When was the last Child and Family Team meeting?
- Is there evidence in the supporting documentation that this request was a decision of the CFT?
- What other services are authorized or being requested?
- Consider length of child/youth has received services and degree to which these services have been coordinated?



Day Treatment

■ **Additional Questions to Consider**

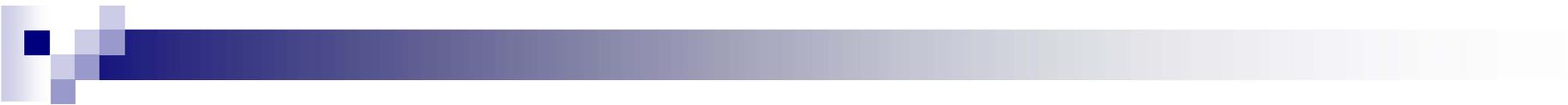
- For initial or concurrent request and continued stay, is the child/youth enrolled in a school setting and engaged in educational/vocational services?
- For initial or concurrent request and continued stay, consider the discharge plan.
- Overall, does the intensity and duration of the service being requested meet the medical necessity of the recipient?



Child Residential–Level I

■ ITR

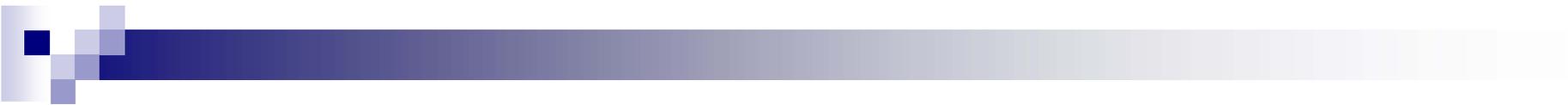
- Carefully review all handwritten information, particularly the precipitating event.
- Do the Diagnosis and Current Impairments (Mood disturbance, Anxiety, Psychosis, Thinking, Impulsiveness, and/or Substance Abuse) indicate an out-of-home placement?
- Is there at least moderate impairment (2 or greater) of Activities of Daily Living and Social/Marital/Family problems?
- Has the child/youth been in residential placement before?



Child Residential–Level I

■ ITR

- If other treatment history indicates sexually inappropriate behavior or fire setting history, consider if this is an appropriate level of care.
- Does DSS/CPS involvement or sexual abuse history indicate this level of family-type out-of home placement as medically necessary?
- Does ASAM level of care match with what is being requested?-Low level of care needed on dimensions 1 and 2, and no greater than Medium on dimensions 3-6.
- Is an expected discharge date indicated?



Child Residential–Level I

■ **Additional Questions to Consider**

- When was the last Child and Family Team meeting?
- Is there evidence in the supporting documentation that this request was a decision of the CFT?
- For an initial or concurrent request, is there indication in the supporting documentation that reunification is imminent?



Child Residential–Level I

■ **Additional Questions to Consider**

- What other services are authorized or being requested?
- Overall, does the intensity and duration of the service being requested meet the medical necessity of the recipient?



Child Residential–Level I

■ Clinical Considerations/Possible Severity Profile

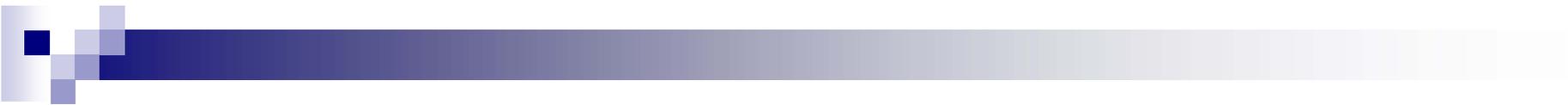
- Level I is not utilized often in NC.
- This youth's child and family team has decided that an out-of-home placement is needed to address the MH/SA symptoms which result in mild to moderate functional difficulties at home and or/school.
- The child/youth requires low to moderate structure and supervision.
- This child may be the sibling of a child who is placed in the same home who needs moderate to high structure and supervision.
- The child/youth is stepping down from a residential facility and transitioning to home/community.



Child Residential–Level II TFC

■ ITR

- Carefully review all handwritten information, particularly the precipitating event.
- Do the Diagnosis and Current Impairments (Mood disturbance, Anxiety, Psychosis, Thinking, Impulsiveness, and/or Substance Abuse) indicate an out-of-home placement?
- Is there at least moderate impairment (2 or greater) of Activities of Daily Living and Social/Marital/Family problems?
- Has the child/youth been in residential placement before?



Child Residential–Level II TFC

■ ITR

- If other treatment history indicates sexually inappropriate behavior or fire setting history, consider if this is an appropriate level of care
- Does DSS/CPS involvement or sexual abuse history indicate this level of family-type out-of home placement as medically necessary? (What level of supervision is needed for the recipient?)
- Does ASAM level of care match with what is being requested?-Low level of care needed on dimensions 1 and 2, and no greater than Medium on dimensions 3-6.
- Is an expected discharge date indicated?



Child Residential–Level II TFC

■ **Additional Questions to Consider**

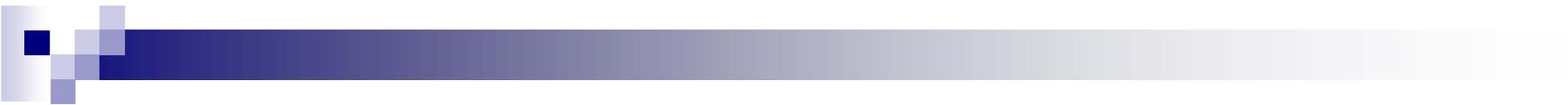
- When was the last Child and Family Team meeting?
- Is there evidence in the supporting documentation that this request was a decision of the CFT?



Child Residential–Level II TFC

■ **Additional Questions to Consider**

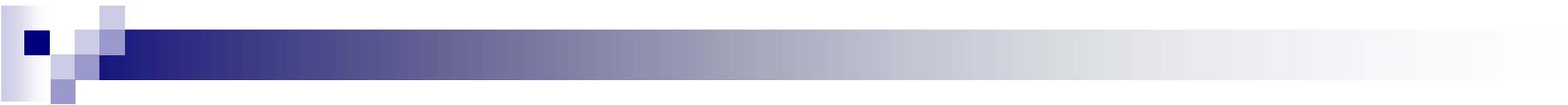
- For an initial or concurrent request, is there indication in the supporting documentation that reunification is imminent?
- What other services are authorized or being requested?
- Overall, does the intensity and duration of the service being requested meet the medical necessity of the recipient?



Child Residential–Level II TFC

■ Clinical Considerations/Possible Severity Profile

- TFC provides a moderate to highly structured and supervised therapeutic environment in a family setting.
- A child/youth with moderate to severe yet stable MH/SA symptoms will benefit from this service.
- The child/youth is able to receive highly individualized services.
- The level of care is ideal for a child/youth with a trauma history.
- This level of care may be appropriate for a child/youth with sexually reactive behaviors if no other children reside in the home and/or if a current assessment of this risk is available.
- The child/youth may be stepping down from a higher level of care and transitioning to home/community.



Child Residential-Level II Group

■ ITR

- Carefully review all handwritten information, particularly the precipitating event.
- Do the Diagnosis and Current Impairments (Mood disturbance, Anxiety, Psychosis, Thinking, Impulsiveness, and/or Substance Abuse) indicate an out-of-home placement?
- Is there at least moderate impairment (2 or greater) of Activities of Daily Living and Social/Marital/Family problems?
- Has the child/youth been in residential placement before?



Child Residential-Level II Group

■ ITR

- If other treatment history indicates sexually inappropriate behavior or fire setting history, consider if this is an appropriate level of care.
- Does DSS/CPS involvement or sexual abuse history indicate this level of out-of home placement as medically necessary?
- Does ASAM level of care match with what is being requested
- Is an expected discharge date indicated?



Child Residential-Level II Group

■ **Additional Questions to Consider**

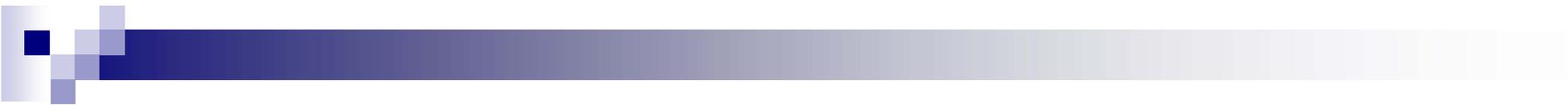
- When was the last Child and Family Team meeting?
- Is there evidence in the supporting documentation that this request was a decision of the CFT?
- For an initial or concurrent request, is there indication in the supporting documentation that reunification is imminent?



Child Residential-Level II Group

■ **Additional Questions to Consider**

- What other services are authorized or being requested?
- Overall, does the intensity and duration of the service being requested meet the medical necessity of the recipient?



Child Residential-Level II Group

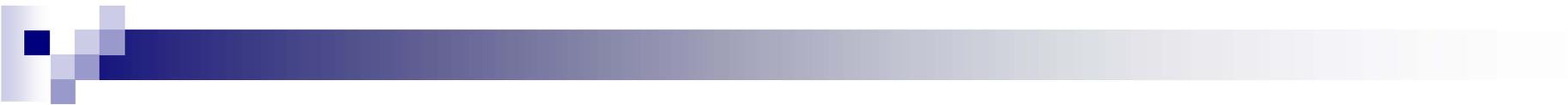
- **Clinical Considerations/Possible Severity Profile**
 - Level II group provides residential care to youth needing moderate to high level of structure and supervision.
 - Level II group is appropriate for a child/youth with MH/SA symptoms who is experiencing severe conflict at home and has limited family and community supports.
 - The child/youth is able to function in a peer group setting.
 - The child/youth may be stepping down from a higher level of care and transitioning to home/community.



Child Residential-Level III

■ ITR

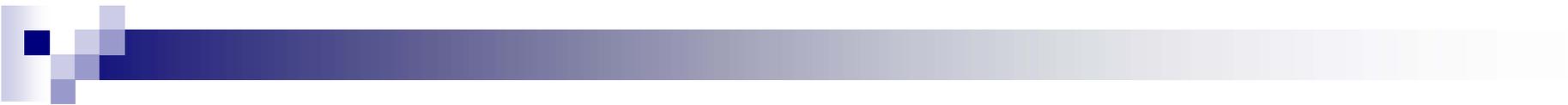
- Carefully review all handwritten information, particularly the precipitating event.
- Do the Diagnosis and moderate/severe current impairments (at least a 2 on areas of Mood disturbance, Anxiety, Psychosis, Thinking, Impulsiveness, and/or Substance Abuse) indicate an out-of-home placement?
- Is there at least moderate impairment (2 or greater) of Activities of Daily Living and Social/Marital/Family problems?
- Has the child/youth been in residential placement before?
- Has the child/youth, entering this level of care, tried and failed IIH or MST services?



Child Residential-Level III

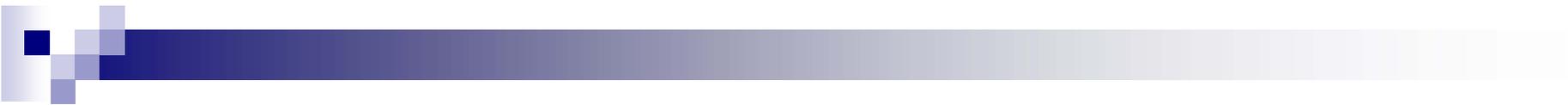
■ ITR

- If other treatment history indicates sexually inappropriate behavior or fire setting history, consider if this is an appropriate level of care.
- Does DSS/CPS involvement or sexual abuse history indicate this level of out-of home placement as medically necessary?
- Does ASAM level of care match with what is being requested?
- Is an expected discharge date indicated?



Child Residential- Level III

- Has an independent psychiatric assessment been done?
- Does the IPA support entry into LIII care?
- Has a discharge plan been submitted?
- Has the SOC coordinator signed the discharge plan?



Child Residential-Level III

■ **Additional Questions to Consider**

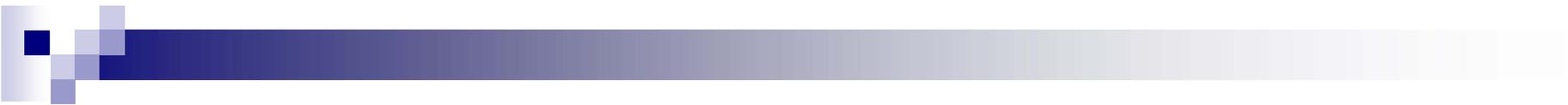
- When was the last Child and Family Team meeting?
- Is there evidence in the supporting documentation that this request was a decision of the CFT?
- For an initial or concurrent request, is there indication in the supporting documentation that reunification is imminent?



Child Residential-Level III

■ **Additional Questions to Consider**

- What other services are authorized or being requested?
- Overall, does the intensity and duration of the service being requested meet the medical necessity of the recipient?



Child Residential-Level III

■ Clinical Considerations/Possible Severity Profile

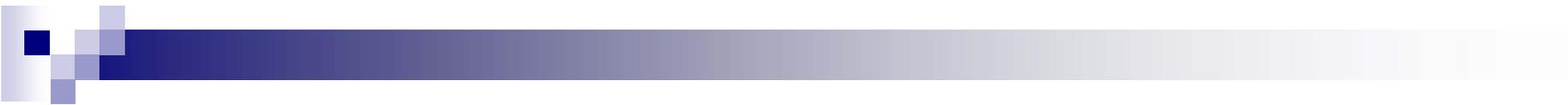
- Level III is appropriate for a child/youth needing a highly structured and supervised environment in a program setting.
- The child/youth has moderate to severe MH/SA symptoms and requires ongoing clinical interventions in a facility setting.
- The MH/SA symptoms result in severe functional impairments at home, in school, or in the community.
- The child/youth may be at high-risk for sexually reactive behaviors and this level of care is appropriate only if a current risk assessment recommends that these behaviors can be managed in this type of setting.
- The child/youth may be stepping down from a higher level of care and transitioning to home/community.



Child Residential-Level IV

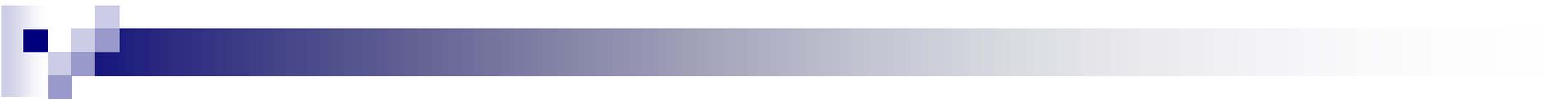
■ ITR

- Carefully review all handwritten information, particularly the precipitating event.
- Do the Diagnosis and severe current impairments (at least a 3 on areas of Mood disturbance, Anxiety, Psychosis, Thinking, Impulsiveness, and/or Substance Abuse) indicate an out-of-home placement?
- Is the current risk to self and/or others at least moderate (at least a 2 or greater)? Does the recipient require a locked environment?
- Is there at least moderate impairment (2 or greater) of Activities of Daily Living and Social/Marital/Family problems?
- Has the child/youth been in residential placement before?
- Has the child/youth entering this level of care tried and failed IIH/MST services?



Child Residential- Level IV

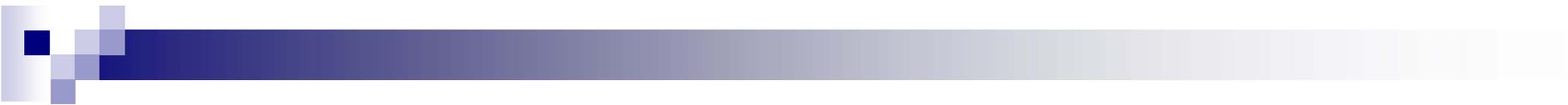
- Has an independent psychiatric assessment been done?
- Does the IPA support entry into LIV46 care?
- Has a discharge plan been submitted?
- Has the SOC coordinator signed the discharge plan?



Child Residential-Level IV

■ ITR

- If other treatment history indicates sexually inappropriate behavior or fire setting history, consider if this is an appropriate level of care.
- Does DSS/CPS involvement or sexual abuse history indicate this level of family-type out-of home placement as medically necessary?
- Does ASAM level of care match with what is being requested?
- Low level of care needed on dimensions 1 and 2, and no greater than Medium on dimensions 3-6.
- Is an expected discharge date indicated?



Child Residential-Level IV

■ **Additional Questions to Consider**

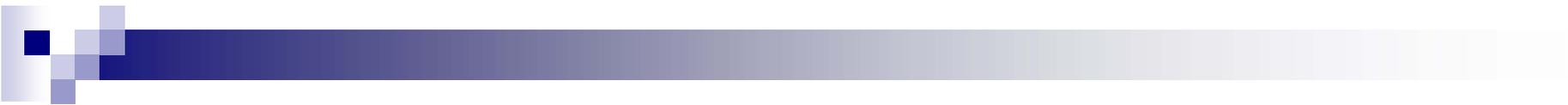
- When was the last Child and Family Team meeting?
- Is there evidence in the supporting documentation that this request was a decision of the CFT?
- For an initial or concurrent request, is there indication in the supporting documentation that reunification is imminent?



Child Residential-Level IV

■ **Additional Questions to Consider**

- What other services are authorized or being requested?
- Overall, does the intensity and duration of the service being requested meet the medical necessity of the recipient?



Child Residential-Level IV

■ Clinical Considerations/Possible Severity Profile

- Due to the severity of the MH/SA symptoms, the child/youth requires highly structured supervision in a physically secure, locked program setting.
- The child/youth may have a history of running away from home or lower levels of care.
- The severity of the MH/SA symptoms requires ongoing clinical interventions.
- The child/youth is severely lacking in natural and community supports.
- The child/youth may be at high-risk for sexually reactive behaviors and this level of care is appropriate only if a current risk assessment recommends that these behaviors can be managed in this type of setting.



PRTF

■ ITR

- Carefully review all handwritten information, particularly the precipitating event.
- Do the Diagnosis and severe current impairments (at least a 3 on areas of Mood disturbance, Anxiety, Psychosis, Thinking, Impulsiveness, Medical/Physical Condition and/or Substance Abuse) indicate an out-of-home placement?
- Consider if the Axis I diagnosis is a severe and persistent mental illness (Schizophrenia, Bi-polar, Major Depression).
- Note the presence of an Axis III diagnosis indicating the child/youth is medically fragile and requires this level of medical care.
- Is the current risk to self and/or others severe (3)?



PRTF

■ ITR

- Is there severe impairment (at least a 3) of Activities of Daily Living and Social/Marital/Family problems?
- Has the child/youth been in residential placement before?-If other treatment history indicates sexually inappropriate behavior or fire setting history, consider if this is an appropriate level of care.
- Does DSS/CPS involvement or sexual abuse history indicate this level of out-of home placement as medically necessary?
- Note the current medications and consider if the number, type, dosage or combination require medical monitoring.
- Does ASAM level of care match with what is being requested?



PRTF

■ **Additional Questions to Consider**

- When was the last Child and Family Team meeting?
- Is there evidence in the supporting documentation that this request was a decision of the CFT?
- For an initial or concurrent request, is there indication in the supporting documentation that reunification is imminent?



PRTF

■ **Additional Questions to Consider**

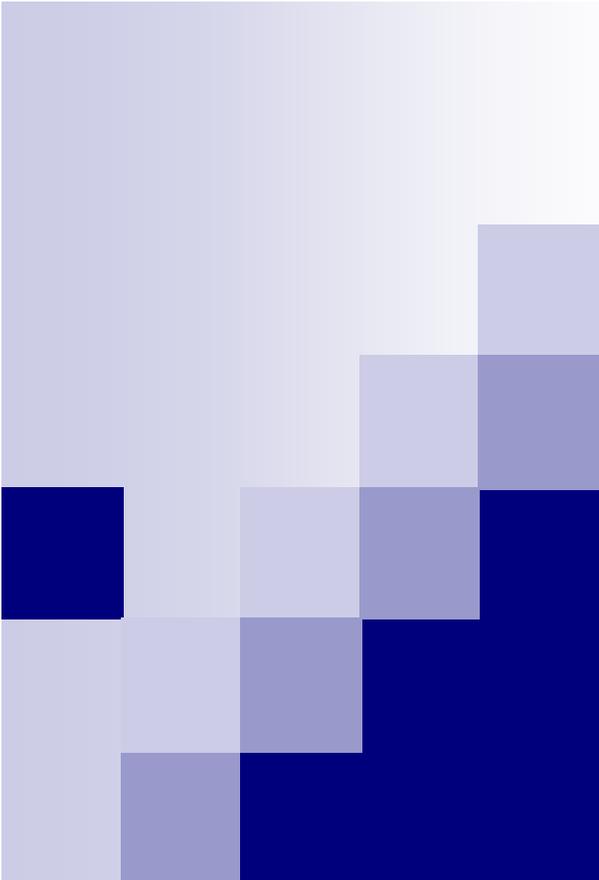
- What other services are authorized or being requested?
- Overall, does the intensity and duration of the service being requested meet the medical necessity of the recipient?



PRTF

■ Clinical Considerations/Possible Severity Profile

- This child/youth has severe MH/SA symptoms and in need of staff secure 24-hour supervision.
- The child/youth may be medically fragile and require medical monitoring.
- The child/youth may need medical monitoring as a result of combination and dosage of medications.
- The child/youth may have a history of running from home or a lower level of care.
- Conduct problems are not the only presenting problem.
- The health and safety of this youth cannot be met at any other level of care.



Experiential Learning

Day Treatment
Intensive In-home