POLICY AND PROCEDURE

POLICY NAME: Home Visit by a Clinical Social Worker Expanded Benefit	**POLICY ID:** FL.UM.16
BUSINESS UNIT: Sunshine State Health Plan	**FUNCTIONAL AREA:** Utilization Management
EFFECTIVE DATE: 12/01/2018	**PRODUCT(S):** Managed Medical Assistance (MMA), Long Term Care (LTC), Serious Mental Illness (SMI)
REVIEWED/REVISED DATE: 7/18,5/19, 6/20, 7/21, 11/21, 12/22, 11/2023	
REGULATOR MOST RECENT APPROVAL DATE(S): Please refer to system of record – Archer	

POLICY STATEMENT:
It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved expanded benefits when medically necessary, appropriate, and consistent with good medical practice; and after review on an individual basis, for the specific indications outlined in this policy.

PURPOSE:
The purpose of this policy is to establish clinical criteria for home visit by a clinical social worker in home health or hospice settings for Sunshine Health's MMA product including those who are Comprehensive members. The goal is to define criteria and limitations established for the use of this service. Members will have Forty-eight (48) visits per year with prior authorization.

SCOPE:
Sunshine Health Utilization Department for Managed Medical Assistance (MMA) product, Long Term Care (LTC) and Serious Mental Illness (SMI). This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

DEFINITIONS:
A clinical social worker is a master's level healthcare professional with expertise in addressing the member's needs through multidimensional consideration (i.e., available support systems, financial stressors, family history and ethnic/cultural beliefs). The primary goal of the clinical social worker is to assess the member and family's needs, provide available options and education; focus on bridging care gaps by implementing a holistic approach tailored specifically to the individual and their life circumstances.

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PROCEDURE:
Review Process: To assist in determining the medical necessity of this expanded benefit, the clinical criteria established in this policy will be applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review
- FL.UM.02 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend, or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Clinical Decision Criteria and Application FL.UM.02
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions FL.UM.05

Specific Clinical Information/Criteria
The requesting practitioner must provide information relative to the expanded benefit service that is being requested.

A home visit by a clinical social worker is considered medically necessary when one or all of the following criteria are met:

- The services are ordered by a physician and are directly related to an active treatment plan of care established by the physician.
- Member lives in the community and has a chronic illness and complex physical, behavioral health and/or psychosocial needs. For example, members with an active psychiatric diagnosis such as depression and anxiety, those who receive dialysis, and/or those that are homebound and isolated from typical social interactions and services.

- Functioning or symptom indicates risk of relapse in patient diagnosed with psychiatric disorder in partial remission, requiring assistance with linkage to community providers and other services as needed to mitigate readmission.
- Member has a high level of caregiver burden or has significantly limited support systems in the home and/or the community.
- An identified co-morbidity of a serious or chronic medical and psychiatric condition associated with home health or hospice. Member is in need of a palliative care social worker support to assist with assessment, counseling and coordination with local resources and agencies to provide relief from the symptoms, pain, and stress of a serious illness.
- Services are performed in the home or outside the home and/or hospice setting such as shelter, assisted living facility, group home, temporary lodging, custodial care facility.

Required for Review and Re-determination Review
The following must be submitted with any initial and subsequent request for approval for a home visit by a clinical social worker in order to assess medical necessity. Prior to the expiration of the initial authorization period, and no more than seven days in advance, the requesting practitioner must submit to Sunshine Health's utilization management department information on the member's status/progress.

- A problem focused history and examination including assessment of the member's:
    - physical and behavioral health conditions and needs
    - functional and cognitive deficits
    - mental and emotional health
    - psychosocial needs
    - support systems in the home and community
    - member strengths, limitations, and context
- Proposed (S.M.A.R.T.) initial treatment goals with expected completion dates; and
- Treatment goal updates at each concurrent review, and clinical notes from each visit
- A problem focused history, examination; and history of the member's medical decision making

Discharge Criteria
- The member no longer meets criteria as defined above; or
- The member withdraws from treatment against advice; or
- The member is not an active participant or fails to make adequate progress toward treatment goals; or
- The member has mental health needs that are beyond the social worker's area of expertise; for example, the member requires a different level of treatment or more specialized treatment
- Treatment goals are achieved
- Lack of communication from the member

Limitations / Exclusions
The following limitations or exclusions apply:
- Member is at least 21 years of age (or older)
- Coverage over the benefit limits
- Services are custodial in nature which are mainly to help the member with activities of daily living rather than provide therapeutic treatment.

REFERENCES:
Bruce ML, Van Citters AD, Bartels SJ. Evidence-based mental health services for home and community. Psychiatric Clinics North Am. 2005;28(4):1039-1060.

FL.UM.05 Timeliness of UM Decisions policy and procedure
FL.UM.02 Use of Clinical Criteria
FL.UM.02.02 Clinical Decision Criteria and Application
FL.UM.02.01 Medical Necessity Review

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: Utilization Management

REGULATORY REPORTING REQUIREMENTS: State review and approval required for any substantial changes and upon request

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	New Policy	07/11/18
Annual Review	Archer reload to fix system issue - No content reviewed or revised	05/16/19
Annual Review	Annual Review: updated approver #3 to VP Medical Affairs. No content changes.	06/30/20
Annual Review	No changes needed	07/23/21
Policy Update	Policy update: Added: SMI product line to coverage and removed. Added: Members will have Forty-eight (48) visits per year with prior authorization to "Purpose".	11/18/2021
Annual Review	No changes needed	12/08/2022
Annual Review	Updated Policy ID Added Policy ID and Name to “Footer” Made minor grammatical changes	11/2023

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company’s P&P management software, is considered equivalent to a signature.