

# POLICY AND PROCEDURE

<b>POLICY NAME: Targeted Case Management for Substance Use Disorder Expanded Benefit</b>	<b>POLICY ID: FL.UM.27.00</b>
<b>BUSINESS UNIT: Sunshine State Health Plan</b>	<b>FUNCTIONAL AREA: Utilization Management</b>
<b>EFFECTIVE DATE: 11/18</b>	<b>PRODUCT(S): Managed Medical Assistance (MMA)</b>
<b>REVIEWED/REVISED DATE: 05/19, 6/20, 7/21, 8/22</b>	
<b>REGULATOR MOST RECENT APPROVAL DATE(S): 07/18</b>	

## POLICY STATEMENT:

It is the policy of Sunshine Health to cover Agency for Health Care Administration (AHCA) approved expanded benefit 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:

To establish clinical criteria on which to review requests for Targeted Case Management (TCM) for Substance Use Disorder as an expanded benefit for Sunshine Health's MMA: TANF/ABD product. The goal is to provide Targeted Case Management (TCM) for Substance Use Disorder when medically necessary, as an expanded benefit and to define criteria and limitations established for the use of this service.

**SCOPE:** Sunshine Health Utilization Department for Managed Medical Assistance (MMA) product line.

This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the "Company").

## DEFINITIONS:

Targeted Case Management (TCM) is a coordinated approach to the delivery of health, substance abuse, mental health, and social services, linking members with appropriate services to address specific needs and achieve stated goals. TCM focuses on the whole individual and stresses comprehensive assessment, service planning, and service coordination to address multiple aspects of a member's life. TCM is effective as an adjunct to substance abuse treatment as the principal goal of case management is to keep members engaged in treatment and recovery in addition to improving member's success when their other problems are addressed concurrently with substance abuse.

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## PROCEDURE:

**Review Process:** To assist in determining the medical necessity of an 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.02.00 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend or terminate services must be made by the Health Plan's Health Medical Director or contracted vendor as outlined in the policy Clinical Decision Criteria and Application FL.UM.02.00
- Determinations and provider notifications will be made according to the expediency of the case as described in the Timeliness of UM Decisions and Notifications FL.UM.05.00

## Specific Clinical Information/Criteria

The requesting practitioner must provide information relative to the expanded benefit service that is being requested.

Targeted Case Management for Substance Use Disorder is considered medically necessary when all of the following criteria are met:

- Member must be 21 years old and older
- Has a substance use disorder that, based upon professional judgment, will last for a minimum of one year and requires advocacy for and coordination of services to maintain or improve level of functioning in domains of occupational, social, legal, and psychological;
- Requires services to assist in attaining self-sufficiency and satisfaction in the living, learning, work, and social environments of choice;
- Lacks a natural support system for accessing needed medical, social, educational, and other services;

- Requires ongoing assistance to access or maintain needed substance abuse care consistently within the service delivery system;
- Is not receiving duplicate substance abuse case management services from another provider; and
- Is experiencing substance use impairment that may put him at risk of requiring more intensive services.

**Information Required for Review**

The following information and documentation should be submitted with any request for Individual, Family, and Group outpatient therapy, in order to assess medical necessity:

- Medical documentation to support the criteria, as noted above in the “**Specific Clinical Information/Criteria**” section

**Redetermination**

Prior to the expiration of the initial authorization period, the requesting practitioner must submit to Sunshine Health’s utilization management department information on the member’s status in order for a review for a subsequent approvals using the “Specific Clinical Information/Criteria” stated in this policy.

**Discharge Criteria**

- The Member no longer meets criteria; or
- Member is not an active participant or refuses service; or
- Member is linked to all appropriate services

**Limitations / Exclusions**

The following limitations or exclusions apply:

No substance use diagnosis.  
Member 20 and under.

**REFERENCES:**

Comprehensive Case Management for Substance Abuse Treatment-TIP  
<https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/case-management>-last accessed on 6/30/20.

Agency for Health Care Administration (AHCA) Florida Medicaid Mental Health Targeted Case Management Handbook

FL.UM.05.00 Timeliness of UM Decisions and Notifications policy and procedure  
FL.UM.02.00 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: N/A**

**REVISION LOG**

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy created	07/21/2018
Archer reload to fix system issue	No content reviewed or revised	05/16/2019
Annual Review	Updated approver #3 to VP Medical Affairs. Updated link to Comprehensive CM TIP. And policies’ name and number	06/30/2020
Annual Review	Added contacted vendors may complete reviews to deny, reduce, suspend or terminate services. Modified Exclusions to reflect what is excluded versus inclusion criteria.	07/28/2021

Annual Review	Entered a return to this "No substance use diagnosis. Member 20 and under."	08/12/2022

**POLICY AND PROCEDURE APPROVAL**

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

SVP Compliance \_\_\_\_\_

Senior Dir. Compliance \_\_\_\_\_