

POLICY AND PROCEDURE

POLICY NAME: Expressive Therapy Expanded Benefit	POLICY ID: FL.UM 32.00
BUSINESS UNIT: Sunshine State Health Plan	FUNCTIONAL AREA: Utilization Management
EFFECTIVE DATE: 11/2018	PRODUCT(S): Managed Medical Assistance (MMA), Comprehensive Long Term Care (LTC), and Serious Mental Illness (SMI)
REVIEWED/REVISED DATE: 07/18, 05/19, 06/20, 08/21, 11/21, 4/22, 4/23	
REGULATOR MOST RECENT APPROVAL DATE(S): 07/2018, 4/22	

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 Art, Equine, and Pet Therapies as expanded benefits for Sunshine Health's MMA, Comprehensive LTC, and SMI products. The goal is to provide Art, Equine, and Pet Therapy services when medically necessary and to define criteria and limitations for each of the services.

SCOPE:

Sunshine Health Utilization Department for Managed Medical Assistance (MMA), Comprehensive 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:

Art therapy is a form of psychotherapy involving the encouragement of free self-expression through painting, drawing, body movement, or modeling, used as a remedial activity. Through integrative methods, art therapy engages the mind, body, and spirit in ways that are distinct from verbal articulation alone. Kinesthetic, sensory, perceptual, and symbolic opportunities invite alternative modes of receptive and expressive communication, which can circumvent the limitations of language. Visual and symbolic expression gives voice to experience, and empowers individual, communal, and societal transformation.

Equine therapy is a range of treatments that involve activities with horses and other equines to promote human physical and mental health.

Pet therapy is a guided interaction between a person and a trained animal. It involves the animal's handler during these interactions. The purpose of pet therapy is to help the individual recover from or cope with a health problem or behavioral health disorder.

POLICY:

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.

This policy is specific to the adult expanded benefits for members 21 and older in MMA, Comprehensive LTC, and SMI products. If a request for a member under 21 in any of Sunshine's Medicaid products is submitted, it will be reviewed against the EPSDT policy and guidelines. Please refer to policy FL.UM.08.00

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 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend or terminate services must be made by the Health Plan's Medical Director or contracted vendor 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.

Art, Pet, and Equine Therapies are considered medically necessary when all of the following criteria are met:

- Member must have a mental health diagnosis
- Member must be 21 years of age or older
- Talk therapy has been unsuccessful previously, particularly when the reliance on language in therapy has proven to be a barrier or member is withdrawn and engagement with the therapist is a barrier
- Member could benefit from improvements concerning any of the following:
 - Cognitive and sensory-motor functions
 - Self-esteem and self-awareness
 - Emotional resilience
 - Insight
 - Social skills
 - Conflict resolution and distress

Information Required for Review

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

- Medical documentation as noted above in the “**Specific Clinical Information/Criteria**” section
- Problem focused history and examination including assessment of the member’s:
 - Functional and cognitive deficits
 - Mental and emotional health
 - Psychosocial needs
 - Support system in the home and community
 - Member strengths and limitations
- S.M.A.R.T. treatment goals with expected completion dates, and clinical notes from each visit
- Treatment goal and objective updates at each concurrent review

Discharge Criteria

- The member no longer meets criteria as defined above
- The member withdraws from treatment
- The member is not an active participant or fails to make adequate progress toward treatment goals
- 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:

- Benefit limits:
 - Art Therapy: Unlimited with prior authorization
 - Equine Therapy: Up to 10 sessions per year with prior authorization
 - Pet Therapy: Sessions as needed per provider recommendation with prior authorization

REFERENCES:

American Art Therapy Association: <https://arttherapy.org>- date last accessed is 06/30/20

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

FL.UM.08.00 Management Requests as part of EPSDT or as a Potential Benefit Exception

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

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: who performs the actions in the policy i.e CM. Provider rep, Data Analyst

REGULATORY REPORTING REQUIREMENTS: N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New Policy Document	Policy created	07/11/2018
Annual Review	Archer reload to fix system issue - No content reviewed or revised	05/16/2019
Annual Review	Updated approver #3 to VP Medical Affairs. No content changes.	06/30/2020
Annual Review	Added contacted vendors may complete reviews to deny, reduce, suspend or terminate services. Removal of against advice from Discharge Criteria.	08/12/2021
Policy Update	Added: SMI, CW, and CMS product lines to coverage and removed. Added: "Unlimited with prior authorization". Updated language under "Limitations /Exclusions". Added definitions for Pet, Music, and Equine therapy. Changed title of P&P from Art to Expressive.	11/22/2021
Policy Update	Transferred Policy to New Template Updated Product Type <ul style="list-style-type: none"> • Updated language on: <ul style="list-style-type: none"> • Scope, Purpose, Policy and Limitations/Exclusions Removed Music Therapy Added Policy FL.UM.08.00 to References	04/04/2022
Annual Review	No changes needed	04/03/2023

POLICY AND PROCEDURE APPROVAL

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

SVP Compliance _____

Senior Dir. Compliance _____