



The Right Service to the Right Person at the Right Time: Introduction to Levels of Care



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The Right Service at the Right Time

Clinical and Rehabilitative Interventions which are:

- Person-centered & developmentally sensitive
- Shown to be effective in peer-reviewed, controlled studies
- Provided at the least-restrictive level of care
- Accessible to individual without causing undue hardship or prolonged separation from community and family

Medically Necessary: Needed to prevent, identify, diagnose, treat, rehabilitate or diminish the adverse effects of an individual's health disorder in order to attain or maintain the individual's health and independent functioning. (CMS Definition)

Level of Care Guidelines

Objective instruments for choosing the right care

When a Medicaid recipient has exhausted state fiscal year limits for a behavioral health service that is prescribed in their treatment plan, a Provider must submit a Service Authorization Request for any additional service units.

Optum clinical staff use objective LOC guidelines to make coverage determinations.

The Guidelines are informed by:

- Government sources of data and clinical direction (DHHS/DBH, CMS)
- Professional associations, societies
- Published research on clinical efficacy.
- The experiences of clinical staff, providers and consumers

Note: Optum takes individual circumstances and the local delivery system into account when determining coverage of behavioral health services.

LOC Guidelines

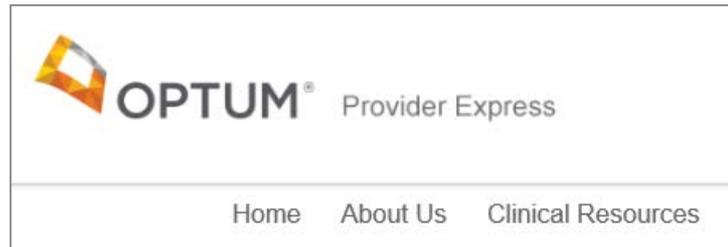
Alaska Medicaid



Optum will review service authorization requests using evidence-based level of care clinical guidelines approved for use by Alaska DBH:

- **ASAM Criteria:** The American Society for Addiction Medicine (ASAM) Criteria® for adults and adolescents presenting with substance use disorders.
- **LOCUS:** The Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS) by the American Association of Community Psychiatrists for adults, 18 and older, with behavioral health disorders.
- **CASII:** The Child and Adolescent Service Intensity Instrument (CASII) by the American Academy of Child and Adolescent Psychiatry, for children, 6 to 18 with behavioral health disorders.
- **ECSII:** The Early Childhood Service Intensity Instrument (ECSII), published by The American Academy of Child and Adolescent psychiatry for young children from birth to age 5.

How to Find Clinical Guidelines

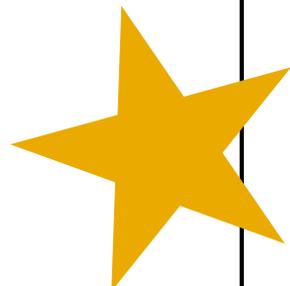


[Providerexpress.com](https://www.providerexpress.com)

Optum - Provider Express Home > Clinical Resources

Clinical Resources

- ACE Clinicians
- Platinum Designation
- ALERT Program
- Autism/Applied Behavior Analysis
- Behavioral Health Toolkit for Medical Providers
- Clinical Tools and Quality Initiatives
- Complex Case Management Program
- Coordination of Care
- Cultural Competency
- Express Access Network
- Forms
- Foster Care Toolkit
- Guidelines/Policies & Manuals
 - Guidelines/Policies
 - Behavioral Clinical Policies
 - Best Practice Guidelines
 - Coverage Determination Guidelines
 - Credentialing Plans
 - LOCUS/CASII/ECSII
 - Level of Care Guidelines
 - Medicare Coverage Summaries
 - Psych/Neuropsych Testing Guidelines
 - State-Specific Criteria
 - Reimbursement Policies



Second Route

Another way to locate the Guidelines / Policies & Manuals is to go to the “Quick Links” section on the right side of the main page.

The screenshot shows the Optum Provider Express website interface. At the top, there is a search bar and navigation links for Home, About Us, Clinical Resources, Admin Resources, Video Channel, Training, Our Network, and Contact Us. A large banner for the 'Behavioral Health Toolkit for Medical Providers' is visible. On the right side, a 'Quick Links' sidebar is open, listing various resources. The link 'Guidelines / Policies & Manuals' is highlighted with a red box. Below the sidebar, there are sections for 'Admin News', 'Autism/ABA Corner', 'Product-Specific News', 'State-Specific News', and 'Working Together', each containing a list of recent news items with dates and 'NEW' or 'NEW' tags.

Quick Links

- ▶ Navigating Optum
- ▶ ACE Clinicians
- ▶ ACE Facility
- ▶ Behavioral Health Toolkit
- ▶ Medication Assisted Treatment
- ▶ LAI Administration
- ▶ Clinician Tax Id Add/Update Form
- ▶ Join Our Network
- ▶ Forms
- ▶ Clinician Directory
- ▶ ALERT
- ▶ **Guidelines / Policies & Manuals**
- ▶ Claim Tips
- ▶ Provider Express Archive

Admin News

- CPT Code changes 2019 **NEW**
- December 2018 National Network Manual updates
- UHC Smart Edit for EDI submissions going live 8/16 & 9/10
- Reimbursement Policies available in Guidelines/Policies & Manuals

Autism/ABA Corner

- Autism/ABA Information
- UPDATED - Online assessment tool for ABA providers
- UPDATED - Online Network Participation Request Form for ABA providers
- UPDATED - ABA Caregiver Training via telehealth

Product-Specific News

- National Association of Letter Carriers (NALC) Accreditation Survey Notice **NEW**
- UnitedHealthcare Community Plan Appeals & Provider Dispute Contact Information **NEW**
- 2019 Dual Special Needs Plan (USNP) **NEW**
- UnitedHealthcare Subacute Prior Auth Notice

State-Specific News

- CA - Enrollee Rights and Responsibilities **NEW**
- CA - CHS Network Manual updates - December 2018
- FL, MS - Tips to Address the SAA Medicaid Measure **NEW**
- FL - UnitedHealthcare Community Plan - Medical Foster Care Services **NEW**
- FL Medicaid - Prestige Health Choice - Areas affected by Hurricane Michael
- FL - UnitedHealthcare Community Plan EIS and ICM Services
- Iowa Medicaid Market Exit PACU **NEW**
- LA - Tips to Address the SAA Medicaid Measure **NEW**
- Louisiana Department of Health Informational Bulletin 18-14
- MD: Appointment Access Standards for Health Benefit Plans
- MO-St. Louis Laborers Welfare Fund - Go Live 3/1/19 **NEW**
- NY - Changes to Medicaid Updates

Working Together

- Provider Attributed Special Treatment of PDSU **NEW**
- 2018 Provider Satisfaction Results **NEW**
- Facility Reviews: Tips required for live medical coverage determination
- Adverse Childhood Experiences **NEW**
- Fall 2018 Network News **NEW**
- Optum adopts the ASAI SUD Level of Care guide
- Cultural Competency course CE e-learning program
- Get referrals - Join our E-network Today!



What Do Level of Care Instruments Measure?

CATEGORIES OF
RISK & RESILIENCE

RISK OF HARM/WD POTENTIAL

FUNCTIONAL/DEVELOPMENTAL STATUS

HOME & RECOVERY ENVIRONMENT

CO-OCCURRING DISORDERS

TREATMENT AND RECOVERY HISTORY

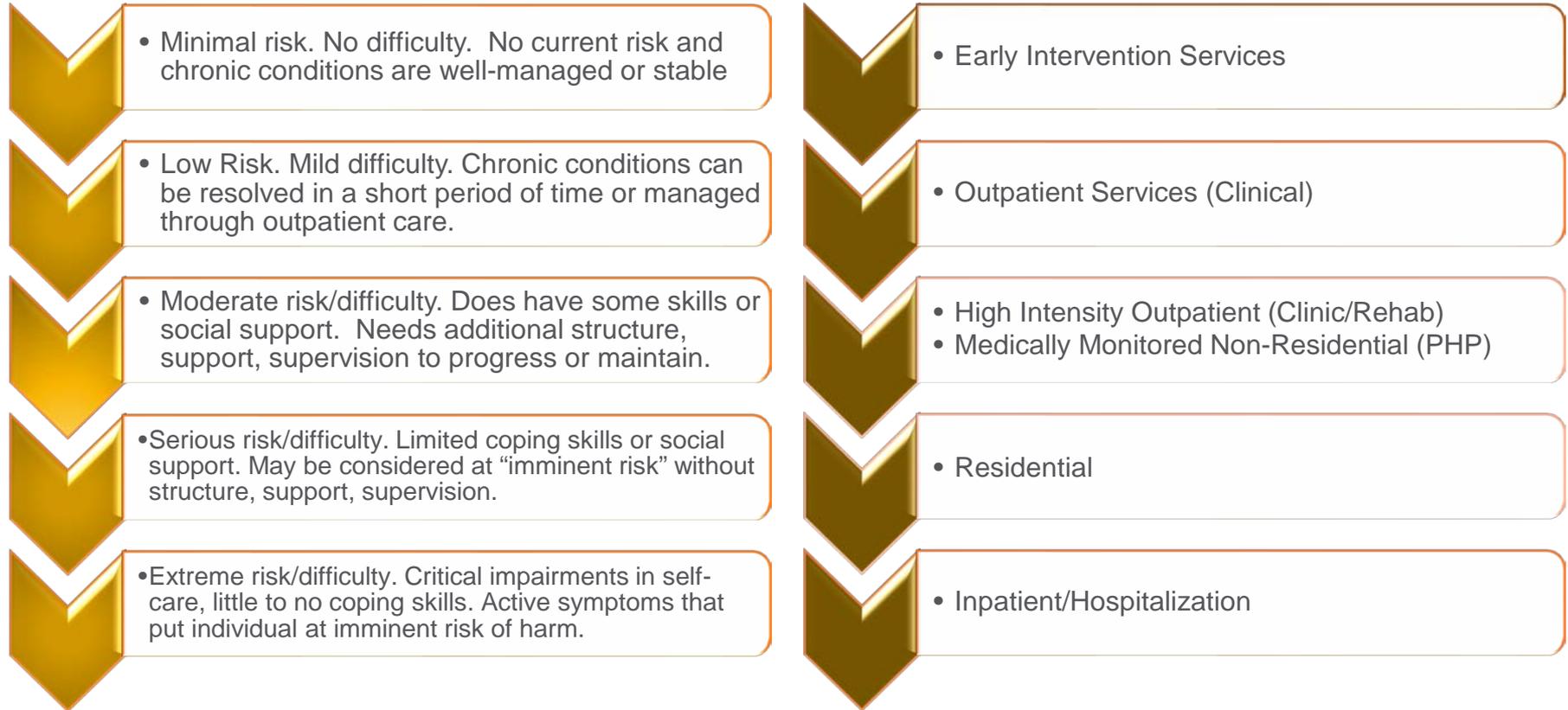
TREATMENT ENGAGEMENT



Matching Risk to Level of Care

Risk

Level of Care





Risk of Harm

Safety and/or Withdrawal Potential

Describe current risk of harm to self or others.

- Current ideation, active intent, aplan/method, means to harm to self or others.
- Self-injurious behavior
- Severe neglect of self-care or safety due to intoxication, or psychiatric status
- Acute intoxication and/or dangerous withdrawal potential.





Functional Developmental Status

Self-Care, Social-Emotional and Developmental Abilities

**Ability to fulfill obligations at home, work, school;
Interact with others (peers, family) and care for self
(ADL's, health/medical, etc...)**

- Ability to attend to social responsibilities or developmental tasks relative to same-age peers
- Ability to communicate and interact appropriately
- Ability to participate in activities of daily living (ADL's) appropriate for their age

Co-Occurring Conditions

Health of the Whole Person

Does this person have any co-occurring conditions?

- Medical condition, developmental disability, cognitive impairment, psychiatric and/or substance use disorder
- Current prescription medications
- How do condition(s) impact treatment of presenting problem.



Home & Recovery Environment

Caregivers, Partners, Family, Friends

Describe this person's home/living environment.

- Parental or Caregiver Relationship (if child)
- Strengths and support for recovery within the home, family or social network
- Stressors and challenges to recovery within the home, family or social network





Treatment & Recovery History

Vulnerability, Resistance and Resilience

Describe recent treatment history. Describe any history of trauma/ACEs.

- Recent treatment history, including hospitalizations
- Relapse or continued use potential
- Interventions that helped
- Interventions that did not help
- Known history of trauma or adverse childhood events

Engagement in Services

Readiness for Change

Describe willingness to engage in services and/or motivation to change.

- Individual's participation in treatment
- Caregiver/Family participation in treatment
- Readiness for Change

The Stages of Change model, at the core of Motivational Interviewing, helps identify how aware a person is that they have a problem, how willing and motivated they are make changes.

Service Authorization Requests

The Medical Necessity Section

State Plan/1115 BH

20. Medical Necessity Description

Please complete each section below. Additional attachments can be included as appropriate. Fully describe the medical necessity of this request using the behavioral health areas outlined below.

*Please include all relevant information since admission or most recent service authorization request.

NOTE: A Reviewer may request additional information as necessary to determine this request under 7 AAC 105.130. Failure by the provider to submit requested information within 30 days will result in denial of this request.

- a. Describe any current risk of harm to self or others. Specify if there is any active intent or plan to commit suicide or homicide. Note whether these thoughts are always present, or specific to a situation or event that has occurred recently:
- b. Describe the participant's current ability to: Fulfill obligations (home, work, school, etc); Interact with others (social, family); and care for self (ADL's, health/medical, etc):
- c. Describe current comorbid medical issues. Include current prescribed medications (include psychotropic medications in this section):
- d. Describe co-occurring issues of cognitive disability (i.e. dementia, traumatic brain injury, FAS, developmental disability, etc) or substance abuse:
- e. Describe current home/living environment, including supports and areas of concern:
- f. Briefly describe any history of trauma/ACEs (Include with initial request only OR if new, relevant information has been revealed since last service authorization request):
- g. Describe any recent treatment history, including psychiatric/substance use hospitalizations. Include interventions that the participant has identified as successful or non-helpful treatment interventions:
- h. Describe participant/guardian's willingness to engage in services and/or motivation to change:

1115 SUD

20. Medical Necessity Description – Complete for ALL requests: attach separate paper if necessary. Fully describe the medical necessity of this request using the ASAM dimensions as outlined below.

NOTE: A Reviewer may request additional information as necessary to determine this request under 7 AAC 105.130. Failure by the provider to submit requested information within 30 days will result in denial of this request.

Dimension 1: Acute Intoxication and/or Withdrawal Potential

Risk Rating:

Clinical Details to support rating:

Dimension 2: Biomedical Conditions and Complications

Risk Rating:

Clinical Details to support rating:

Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications

Risk Rating:

Clinical Details to support rating:

Dimension 4: Readiness to Change

Risk Rating:

Clinical Details to support rating:

Dimension 5: Relapse, Continued Use, or Continued Problem Potential

Risk Rating:

Clinical Details to support rating:

Dimension 6: Recovery/Living Environment

Risk Rating:

Clinical Details to support rating:



The Right Service at the Right Time Series

A Deeper Dive into the Service Authorization Process



Part I - Individuals with Substance Use Disorders (ASAM)

Part II - Adults with Mental Health Disorders

Part III - Children with Mental Health Disorders

Part IV - Young Children and Families at Risk



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Thank you