

1. INTRODUCTION

The following Medical Necessity Criteria (MNC) are intended to be used by Beacon Health Options Clinical Care Management staff, Peer Advisors and Providers in determining the appropriate level of care for individuals with mental health, eating disorder, or substance use treatment needs. The MNC includes decisions about the urgency, appropriate setting, need for continuing care, and readiness for discharge, for the individuals receiving services through Beacon Health Options programs. The MNC are reviewed and approved by the Executive Vice President / Chief Medical Officer (EVP/CMO) and Corporate Medical Management Committee (CMMC) on an annual basis. The CMMC meets monthly and is comprised of the Chief Medical Officers from each of the company's operating Regions, Senior Level Behavioral Health Practitioners along with other Senior Clinical and Quality staff. (Descriptions of national committees can be found in the National Utilization Management Program Description).

The written criteria sets are objective and based on clinical evidence that provide guidelines for the decision and provision of clinically appropriate least restrictive and cost-effective services. The MNC must be applied in conjunction with consideration of the individual's unique needs and characteristics such as age, cultural factors, co-morbidities, complications, progress of treatment, psychosocial needs, and the home and/or work environment.

Additional considerations include but are not limited to; characteristics of the local delivery system including all National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs) and other types of National Coverage policy related documents contained in the Medicare Coverage Database (<https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?from2=search.asp&>); aspects such as availability of alternative levels of care, member preferences including cultural considerations for treatment modalities, specialty providers, network coverage, access to community resources, familial influences, benefit coverage for the available alternatives, and ability of the provider community to coordinate and offer all recommended services for the time period needed to stabilize and enhance recovery. Finally, determinations made using these criteria must be focused on principles of recovery and resiliency, be consistent with Beacon Health Options clinical practice guidelines as well as community and nationally recognized standards.

Beacon Health Options approach to clinical care management/coordination, assessment/triage, and utilization review is based on the premise that individuals are more likely to access appropriate services and remain engaged in treatment when they feel empowered and that their needs are understood and met.

Through consistent application of these criteria, Beacon Health Options Clinical Staff, Peer Advisors and Providers can deliver appropriate services for individuals they serve. Included in care management is the assessment and referral to clinical practitioners and programs, coordinating a continuum of services with behavioral health and medical disciplines, implementing health and wellness strategies, identifying natural supports in the community such as self-help groups, identifying resources to meet basic needs, and making available educational materials concerning MH/SA disorders.

1.10 Clinical Philosophy

Beacon Health Options mission is to *"help people live their lives to the fullest potential"* (see Mission statement). We do this by meeting people where they are and providing personalized support and services to help people achieve their highest potential. We listen and respect the people we serve and each other by promoting Member self-management and informed decision making.

We see ourselves as an integral part of the communities in which we serve as we strive to do what is right, ethical and transparent in providing services. Our vision focuses on improving the health and well-being of individuals coping with mental health and substance use conditions. We make this vision a reality through recovery-focused programs and effective partnerships with our clients and providers.

As managers of the behavioral health benefits of millions of people, we are acutely aware of our responsibility to

afford every opportunity for each individual to achieve optimal health outcomes. We are committed to supporting individuals in becoming responsible and active participants in their treatment.

The clinical philosophy of Beacon Health Options is grounded in the provision of an understanding, compassionate environment in which the unique clinical and social needs of each individual are addressed in the context of hope, recovery and resiliency. Our clinical philosophy includes continuous quality improvement and monitoring of our care management process to ensure that consistent, high quality cost-effective services are provided in a culturally and linguistically competent manner. Our utilization management clinical assessment and review processes are used as treatment check points to further identify optimal care opportunities supporting the recovery process. The foundation of our programs is based on:

- Clinical excellence
- Evidence-based and best practices
- Ethical care
- Member engagement proficiency
- Professional integrity
- Clinical/technical innovation to find new and better ways to help individuals
- Implementation of identification and stratification tools to identify the most vulnerable and at risk populations with special needs
- Principles of recovery and resiliency
- Respect for cultural and linguistic preferences
- Compliance with State and Federal Regulations as well as client contracts
- Accreditation standards
- Joint accountability

Beacon Health Options programs:

- Provide easy and early access to a comprehensive array of treatment, support services and well-planned transitions of care;
- Are based on the latest available clinical evidence for treatment of mental illness and substance use, and are comprehensive;
- Incorporate monitoring of satisfaction with the utilization, care coordination and referral processes by individuals, consumers, practitioners, client companies, health plans, providers and agencies;
- Work collaboratively with providers in delivering quality care;
- Determine medical necessity for the appropriate level of mental health or substance use treatment based on the individual's condition and care needs at the time of admission. The determination of the level of care does not require a "fail first" event prior to qualifying for a particular level of care.
- Recognize the cultural needs of the individuals we serve and support culturally-informed self-determination;
- Address the needs of high risk special populations, such as children and adults with special health care needs, adults aged 65 or older, non-elderly adults who are disabled, chronically ill individuals with developmental or complex physical needs, people with serious and recurrent mental illness, children in the child welfare system, women who are pregnant, individuals that are incarcerated and people in the military and their families;
- Encourage wellness, prevention, education and outreach;
- Focus on clinical and functional status and outcomes inclusive of identification and stratification of "at risk" populations;
- Proactively identify problems and promote best practices to create innovation and improvement in the delivery system;
- Work hard to remove the stigma of a psychiatric diagnosis, mental health issues, and substance use conditions;
- Focus on building the ability to rebound from adversity, trauma, or other stresses and develop a sense of

mastery and competence for children, teens and adults affected by mental illness;

- Ensure effective transitions to appropriate alternative levels of care.
- Use an accountable, data-supported continuous quality improvement (CQI) process to accomplish all of the above;
- Make use of refined and continuously updated data programming for state of the art reporting;

1.20 Determining Medical Necessity

Beacon Health Options clinical staff and Peer Advisors must determine that proposed services are medically necessary according to the following definition (unless otherwise mandated by state or regulatory bodies):

Medically necessary services are those that are:

- Intended to prevent, diagnose, correct, cure, alleviate or preclude deterioration of a diagnosable condition (ICD, DSM, (the most current versions of the ICD and DSM) that threatens life, causes pain or suffering, or results in illness or infirmity.
- Expected to improve an individual's condition or level of functioning.
- Individualized, specific, and consistent with symptoms and diagnosis, and not in excess of patient's needs.
- Essential and consistent with nationally accepted standard clinical practices generally recognized by mental health or substance use care professionals or publications.
- Reflective of a level of service that is safe, where no equally effective, more conservative, and less costly treatment is available.
- Not primarily intended for the convenience of the recipient, caretaker, or provider.
- No more intensive or restrictive than necessary to balance safety, effectiveness, and efficiency.
- Not a substitute for non-treatment services addressing environmental factors.

Note: Beacon does not utilize a "fail first" requirement prior to qualifying for a level of care appropriate to address the individual's treatment needs.

1.30 Determining the Appropriate Level of Care

Four concepts underlie determinations of the appropriate level of care:

1. Severity of condition,
2. Intensity of service,
3. Psychosocial, occupational, and cultural and linguistic factors, and
4. Recovery, resiliency and rehabilitation.

Taken as a whole, they enable the Beacon Clinical team to make determinations based on an understanding of the individual's clinical, psychosocial, and related needs. Diagnosis alone does not determine the necessity of treatment at a given level or intensity of service. Individuals with the same diagnosis or one individual over time may exhibit a wide range of severity of signs and symptoms of illness or psychosocial needs. The applicability of these objective criteria for each individual situation will depend on the information obtained by the Beacon Clinical team from the individual, behavioral health and medical providers, family individuals, collaterals and other caregivers.

1. Severity of Condition

This concept addresses the question:

"What specific clinical condition exists as a result of a DSM (the most current version of the DSM) diagnosis?"

These represent the signs, symptoms, and degree of functional impairments of such a nature and severity as to require treatment at a specified level of care at a given point in time. In addition, the presence of certain "high risk" clinical factors warrants consideration in evaluating an individual to determine his/her severity of condition. Historical information is important but does not, by itself, determine the current needs of the individual.

These factors include, but are not limited to the following:

- Repeated attempts at self-harm, with documented suicidal intent and lethality of means
- Significant comorbidities (e.g., psychiatric/medical; psychiatric/substance use; psychiatric/mental retardation/developmental disability; substance use/medical; comorbid personality factors);
- Coexisting pregnancy and substance use disorder;
- Medication non-adherence and/or severe side effects of medications;
- Unstable DSM (the most current version of the DSM) disorder;
- History of individual or family violence or assaultive behavior;
- Multiple family individuals requiring treatment;
- Decline in ability to maintain previous levels of psychosocial functioning;
- Significant impairment in one or more areas of social functioning.

2. Intensity of Service

This concept considers the question:

“Does the individual’s condition and situation (e.g., behavior, symptoms, psychosocial and related issues) warrant this level of care (i.e., is it medically necessary)?”

The level of care should match the individual’s condition, taking into consideration his/her developmental strengths, limitations (e.g., physical, psychological, functional, social, cognitive/intellectual, academic), supports and psychosocial and related needs. Intensity of service issues are represented in Admission, Exclusion, and Continued Stay Criteria and reflect aspects of care that, by virtue of their complexity and/or attendant risks, require a specified level of care for their safe, appropriate, and effective application. For example, acute mental health inpatient services may be necessary for individuals with a condition that results in the expression of suicidal/homicidal ideas with imminent risk including, threats, plans, or attempts. It is Beacon Health Options expectation that treatment planning is dynamic and changing based on progress, must be individualized, specifically states what benefits the individual can reasonably expect to receive, and includes discharge planning from the time of entry into treatment with a focus on identification of barriers warranting changes in the treatment plan. While some individuals’ condition may be less serious, the presence of psychosocial, occupational, and cultural or linguistic factors (e.g., isolation, non-English speaking, and hearing impairment) warrant customized treatment planning and additional supportive services (see below).

3. Psychosocial, Occupational, and Cultural and Linguistic Factors (Also known as Social Determinants of Health)

These considerations represent factors that are influencing an individual’s clinical condition or need to be addressed in order to allow for effective treatment. An inappropriate or more intensive level of care may be the result if the issues are not addressed. These considerations address the question:

“What specific psychosocial, occupational, and cultural or linguistic factors are present that may change the risk assessment or may present a barrier to effective treatment and should be considered when making level of care decisions?”

An example would be a person who is employed and would benefit from intensive substance use program. Is the program readily available after normal working hours, so that job performance is not compromised? Does the program provide bilingual services for limited or non-English speaking individuals? The following factors and considerations identify common stressors/barriers but should not be considered exhaustive.

Psychosocial Factors

Psychosocial factors to consider when making level of care determinations include:

- Homelessness-Housing issues (e.g., risk of losing housing; inadequate housing; dissatisfaction with housing arrangements; hazardous living situation; placed at risk for abuse by current housing situation);
- Lack of effective social support (e.g., minimal social network; strained interpersonal relationships; abuse/neglect in living environment; family member/significant other with substance use disorder; single parent or non-parent family; elderly care needs);

- Gender-specific issues;
- Physical disability or limitations;
- Financial difficulties, actual or possible loss of job, threat of foreclosure;
- Lack of access to medical care;
- Recent critical life event (e.g., sudden death of parent or child, divorce, sudden loss of long term job and income);
- Chronic illness that remains unstable or without relief from pain;
- Isolation (e.g., rural resident, homebound, relocation);
- Lack of transportation;
- Lack of daycare/eldercare;
- Active legal issues;
- Performance pressure at work or school and/or non-supportive school/work environment
- Recent release from a period of incarceration.

Occupational Factors

Workplace issues and/or requirements, when present, must be considered in determining the appropriate level and nature of service. When an internal or external Employee Assistance Program (EAP) exists or is involved, appropriate coordination of services with the EAP can be significant in facilitating an improved outcome.

Workplace issues to consider include:

- Safety-sensitive position;
- Potential of violence at work and school;
- Medical Leave of Absence (e.g., disability, workers' compensation);
- Performance pressure/non-supportive work environment;
- Child/Elder Care issues affecting employment;
- Supervisory referral;
- EAP referral;
- Regulatory compliance issues (e.g., Dept. of Transportation);
- Work/treatment schedule conflict
- Relocation (not by choice but in order to maintain employment)
- Management Education and Support Services for EAP

Cultural and Linguistic Assessment Considerations

Unbiased knowledge of the individual's culture and language is a prerequisite for an ethical and accurate assessment. Thus, cultural and linguistic competency are an integral part of all efforts to deliver services, and are a means of ensuring access, quality, cost effectiveness, and relevant outcomes. An understanding of the relationship between recovery and resiliency principles, culture, health beliefs, health behaviors, help seeking, illness, natural supports, rehabilitation, health policy, and social policy is necessary for timely, accurate and appropriate treatment planning and interventions. The importance of culture and language, the cultural strengths associated with people and communities, the assessment of cross-cultural relations, the cultural competence of providers and programs, vigilance towards the dynamics inherent in cultural and linguistic differences, and the expansion of cultural and linguistic knowledge are critical. This includes communication, that are written, verbal and/or web based that uses common language and avoids medical jargon. In addition, the use of technology such as TDD/TTY services is available for deaf, hard of hearing and speech impaired individuals.

Quality-driven efforts toward cultural competency can lead to the establishment of best practices. A culturally and linguistically competent assessment incorporates the adaptation of services to meet the individual's culturally and linguistically unique needs. As such, the individual should have the opportunity to have a voice in his/her own treatment, participate with providers in the decision making process inclusive of candid discussions about

treatment options, the right to receive an assessment and the appropriate services in his/her primary language. When the individual's culturally specific customs and communication norms guide the information sharing process, the content and accuracy of the assessment and plan are enhanced.

4. Recovery/Resiliency /Rehabilitation/Habilitation

Principles of recovery, resiliency, rehabilitation and habilitation need to be considered when deciding on the appropriate level of service and the implementation of a treatment plan. Rehabilitation is the process of building upon previous knowledge and strengths to improve one's quality of life. Habilitation is the process of learning new skills not previously possessed in order to improve one's quality of life. Staff respect the individual as the "the driver" of the treatment plan. If there are times when the individual is unable to function in an age or situationally appropriate role, a primary goal of treatment is to return that role to the individual as soon as possible. Treatment decisions should be based on the assumption that individuals can and will improve and can and will make choices about their care and their lives, and the treatment decisions should be designed to instill hope and pride. The individual's level of recovery, resiliency, rehabilitation, or habilitation should be an important factor when making treatment decisions.

1.40 Evaluating Necessity for Continued Care

When evaluating the need for continued care, the Beacon Clinical team and primary behavioral health provider confirm that the treatment plan: 1) remains individualized, clinically appropriate and potentially effective or has been realistically and appropriately updated based on the Member's desire and response to treatment, and 2) reflects any psychosocial, occupational, cultural or linguistic factors that affect the level of care determination.

Benefits of conducting concurrent review include but are not limited to: timely intervention to reduce risk of adverse outcomes, identification of potential patient safety issues and to ensure that active treatment planning is occurring.

The following factors should be considered for continuation of a treatment plan:

- Timely coordination with other relevant providers;
- Level of treatment plan individualization;
- Individual is actively participating in the plan of care and treatment to the extent possible as consistent with the individual's condition;
- Progress in relation to specific symptoms or impairments is clearly evident and measurable (or treatment plan has been changed to allow for progress); or stability at the maximum level of function has been obtained and can be sustained only by this level of care; or additional time is needed at this level of care to reach recovery goals;
- Active evaluation, identification of barriers and treatment appropriate for the individual's condition are occurring with involvement of the individual and his/her family or other support system, with timely relief of symptoms either evident or reasonably expected;
- Treatment plan includes documented expected benefit from all relevant modalities and each intervention identifies a target symptom;
- Treatment or rehabilitation goals are realistic and established within an appropriate time frame for this level of treatment;
- Psychosocial, occupational, and cultural or linguistic issues are being addressed through timely referral to and coordination with workplace, school, community, natural supports and psychosocial rehabilitation resources (e.g., family, EAP, culturally specific treatment modalities, social service agencies, peer support, recovery/self-help groups, legal aid, credit counseling, assertive community treatment, warm lines, clubhouse programs, homeless shelters);
- Discharge planning is evident from the time of admission and updates are evident throughout the course of treatment;
- All service and treatment modalities are carefully structured to achieve maximum results with the

greatest efficiency in the use of resources so that the individual is treated at the least intensive level of care appropriate to the conditions and achieves the results desired (e.g., less intensive level of care, reunification of the family) and is cost effective.

1.50 Discharge Criteria

Beacon Health Options expects that active discharge planning begins at the point of admission and continues throughout the treatment course. The discharge criteria reflect the circumstances under which an individual is able to transition to a less intensive level of care, or have been revised so that the individual can be discharged from care or be evaluated for a more intensive level of care if required. In the majority of cases, the individual's documented treatment plan, goals and objectives will have been substantially met, and/or a safe continuing care program has been arranged and put in place. It is expected that the individual be a full participant in decision making regarding their care and that significant-others, as appropriate, are actively involved in both treatment and discharge planning. Discharge decisions and treatment alternatives are discussed with the individual throughout the course of treatment, and especially when discharge determinations are being considered. For some individuals whose condition has not stabilized but has intensified (e.g., exhibits severe behavior such as a suicide/homicide attempt), discharge will involve transition to a more intensive level of care. For children/adolescents in out-of-home placements, discharge may be prompted by reunification with parent(s), transition to an alternative living situation (e.g., foster care), or an independent living situation, or by symptoms (e.g., psychosis) that require a more highly structured setting. In the event that benefits are exhausted, a transition plan to alternative community-based resources is developed and implemented. When a provider dis-enrolls from the network, a transition of services is provided for a specified period of time under most contracts and regulatory requirements. The identification of community and natural supports are also part of the planning process to ensure sustainability once the person returns to the community.

1.60 Clinical Criteria Development

The clinical criteria were developed or adopted by Beacon Health Options medical and clinical staff, based on information from: provider stakeholders, community clinicians with expertise in the diagnosis and treatment of individuals with mental illness and/or addictive disorders; national experts, internal experts in a particular subject area; standard clinical references and guidelines of professional organizations.

National Medical Necessity Criteria (NMNC) [Internal Criteria]) and the National Coverage Determination Guidelines* (NCDs) are managed by Corporate Quality and are reviewed at least annually by a corporate review team comprised of Beacon medical and clinical experts. Corporate Quality develops or revises initial drafts of criteria. Additional input is requested from Clinical Advisory Committee(s), stakeholders committees, Beacon Health Options participating and actively practicing providers and, as indicated, other practitioners, providers, and other Beacon Health Options Clinical/Medical staff before the final draft is sent to the CMMC for review and approval.

State Specific MNC, including Local Coverage Determination Guidelines* (LCDs), are managed, developed, reviewed, and adopted with the involvement of appropriate medical and clinical specialists, having expertise in the area of criteria that they are reviewing. The criteria are reviewed and revised at least annually. These practitioners are also involved in the development and review of the procedures for applying the criteria. Criteria change recommendations are presented to the Regional Quality Management/Utilization Management/Case Management Committee final approval.

For externally developed clinical criteria that Beacon Health Options adopts, the CMMC reviews and provides recommendations for continued appropriateness at least annually. Additional input is requested from various stakeholders, including actively practicing clinicians with experience in the relevant areas of practice.

This process includes Beacon Health Options staff as they interact with providers around medical necessity determinations, Provider Stakeholder meetings, Beacon Health Options Scientific Review Committee (SRC), and

other Regional Quality Management/Utilization Management/Case Management Committee and Subcommittee such as Clinical Advisory Committee, Providers, clients, customers and regulatory agencies. The same processes are used when new modalities or programs are identified, or findings based on clinical organizations or academic institutions.

Once approved, the criteria are posted on Beacon Health Options internal website for the engagement centers to reference and use in training and contract implementations. The criteria are also posted on the company's external website and are often linked into the client's website for access and use by individuals and providers.

Beacon Health Options clinical criteria address all levels of behavioral health care, substance use and eating disorders and are designed to facilitate continuity of care throughout the course of service delivery. To ensure that the criteria reflect the latest developments in serving individuals with psychiatric and substance use disorders, Beacon's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice documented in evidence- and consensus-based guidelines derived from: Professional societies; National care guideline and criteria entities; National health institutes; Professional publications and psychiatric texts; Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs); National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs); and Educational material from professional, consumer, and family member organizations. We provide the source specific citations organized by levels of care within a searchable table.

1.70 Account Specific Variations

The criteria outlined here reflect Beacon Health Options standard clinical criteria. Occasionally, clinical criteria may be modified as required by account-specific requirements. These criteria may be used as the foundation for developing criteria that are uniquely tailored to individual programs. Criteria developed for such accounts take precedence over the criteria detailed here.