



New York Mainstream Medicaid Adults and Children

Policy Number: BH803NY092024

Effective Date: September, 2024

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Introduction & Instructions for Use

Introduction

The following State or Contract Specific Clinical Criteria defined by state regulations or contractual requirements are used to make medical necessity determinations, mandated for members of behavioral health plans managed by Optum and U.S. Behavioral Health Plan, California (doing business as Optum Health Behavioral Solutions of California (“Optum-CA”)).

Other Clinical Criteria may apply when making behavioral health medical necessity determinations for members of behavioral health plans managed by Optum®. These may be externally developed by independent third parties used in conjunction with or in place of these Clinical Criteria when required, or when state or contractual requirements are absent for certain covered services.

Instructions for Use

When deciding coverage, the member’s specific benefits must be referenced. All reviewers must first identify member eligibility, the member-specific benefit plan coverage, and any federal or state regulatory requirements that supersede the member’s benefits prior to using these Clinical Criteria. In the event that the requested service or procedure is limited or excluded from the benefit, is defined differently or there is otherwise a conflict between this Clinical Criteria and the member’s specific benefit, the member’s specific benefit supersedes these Clinical Criteria.

These Clinical Criteria are provided for informational purposes and do not constitute medical advice.

Alternate Level of Care Placement

Alternate Level of Care (ALOC) may be considered when a member is no longer deemed to be psychiatrically acute though continues to require inpatient hospitalization on a Behavioral Health unit to await confirmed placement with established transition date at the recommended level of care (i.e., nursing home, community residence, 820 residential, etc.). The member will continue to receive skilled Behavioral Health and medication/ medical interventions.

An Alternate Level of Care (ALOC) may be negotiated at a lower rate of reimbursement for continued inpatient treatment when therapy by the multidisciplinary team will continue in an acute care setting at a lower intensity. Continued care is intended to continue services designed to prevent deterioration of the individual’s condition while awaiting discharge to an alternate setting within a reasonable time frame.

ALOC should not be considered when a facility has not actively engaged in appropriate discharge planning and there is not a confirmed discharge plan in place.

ALOC is typically determined by the facility who informs Optum Behavioral Health that they have changed the member's status to "Alternate Level of Care."

All requests for ALOC require Medical Director Review.

Please Note: A member awaiting placement at a state psychiatric center does not meet criteria for ALOC, and Optum continues to reimburse a facility at the acute IP psychiatric rate.

Per (OMHMMC-Guidance-9-10-15.pdf (aclnys.org) If the plan determines that an alternate level of care is appropriate, but has not identified an appropriate provider of such care (either in network or out of network), the plan must continue to approve coverage of and continue to reimburse for services provided by the current provider.

Admission Criteria

When an individual no longer meets an acute level of care but requires continued hospitalization secondary to discharge or placement issues, an administrative payment may be required as long as skilled intervention continues. Examples of a less than an acute level of care appropriate for coverage at an administrative rate include, but are not limited to:

- Thoughts of serious harm to oneself or others is no longer considered an acute risk and is manageable at a lower level of care;
- The individual is able to perform activities of daily living with prompting and is manageable at a lower level of care;
- The need for medication monitoring and therapy continues, but can be met at a lower level of care;
- Medical comorbidity is manageable at a lower level of care.
- The facility has identified a member meets criteria for ALOC and notified Optum Behavioral Health that a member has been transitioned to an "alternative level of care status" within the facility. The facility will inform Optum Behavioral Health of the barrier(s) to transitioning to a lower level of care/discharge and an estimated date of resolution to the barrier(s) identified.
- All requests for Alternative Level of Care must be reviewed with a Behavioral Health Medical Director.

Continued Stay Criteria

- Continued stay reviews will occur weekly.
- The facility will report on the discharge plan and that there is documentation to support the facility Social Worker is actively engaged in securing appropriate placement options.
- The facility will make weekly contacts to recommended referral sources that they are awaiting confirmation to inquire on acceptance and a date of transition has been determined.
- If the facility is unsuccessful at securing the information above, the expectation is that they will send referrals to at least three (3) alternative placement options every fourteen (14) days.
- There is documentation of the member's current mental status, medications, and participation in the milieu.
- The facility will inform Optum of any change(s) to the discharge plan and/or additional barriers.
- The case will be reviewed with Behavioral Health Medical Director at each review.

Discharge Criteria

- The member has been transitioned to the recommended next level of care.
- The member remains psychiatrically and medically stable and has not decompensated requiring transition to an acute level of care.
- If the facility has met the required efforts to secure appropriate placement options as documented above.
- If appropriate placement has been located and the member refuses the available placement option.

References

New York Codes, Rules and Regulations, Title: Section 85.8, Alternate Level of Care and Title: Section 505.20, Alternate Care.

Revision History

Date	Summary of Changes
9/17/2024	Version 1