Optum

Utilization Management Training

Clinical Criteria and Level of Care Guidelines for Behavioral Health Conditions

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July 2023

Agenda / Objectives

1. Overview of Medical Necessity
2. Level of Care Guidelines
3. Level of Care instruments for Behavioral Health Medical Necessity Determinations
4. BH Medical Necessity Criteria (MNC) Functional Dimensions
5. Helpful Resources

What are Medical Necessity Criteria (MNC)?

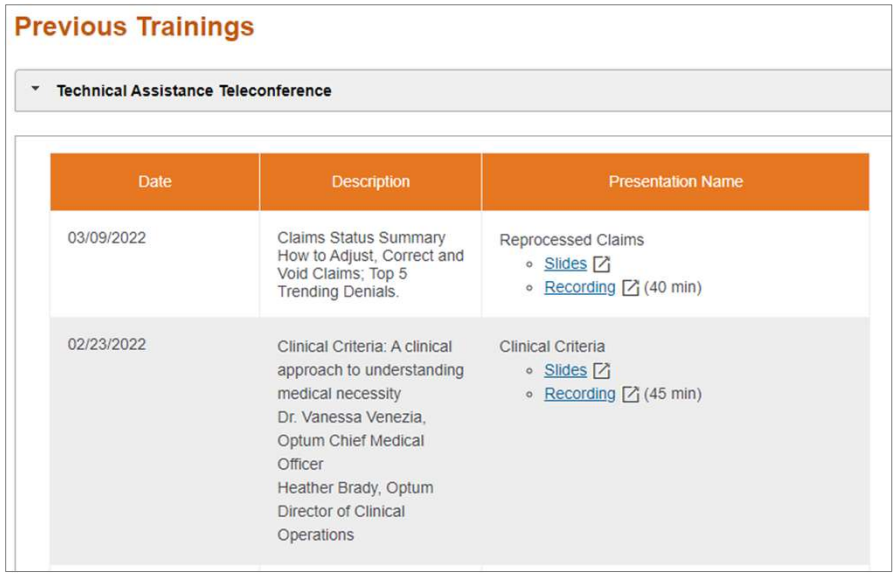
- Objective criteria that create individualized level of care determinations
- Nonproprietary
- Optum uses MNC that are from professional organizations such as the American Academy of Child and Adolescent Psychiatry (AACAP) and American Association of Colleges of Pharmacy (AACP):
    - American Society of Addiction Medicine (ASAM)
    - Level of Care Utilization System (LOCUS)
    - Child and Adolescent Level of Care Utilization System/Child and Adolescent Service Intensity Instrument (CALOCUS-CASII)
    - Early Childhood Service Intensity Instrument (ECSII)

Why are medical necessity evaluations required?

- Improve the Quality of Care:
  - Organize clinical observations
  - Objective frame for evaluating risks and resiliencies of the person being evaluated
- Audits/Compliance
- Financial Sustainability

For previous training on medical necessity, please visit:

https://alaska.optum.com/content/ops-alaska/alaska/en/providers/provider-trainings.html



Previous Trainings

Technical Assistance Teleconference

Date	Description	Presentation Name
03/09/2022	Claims Status Summary How to Adjust, Correct and Void Claims; Top 5 Trending Denials.	Reprocessed Claims ◦ Slides ◦ Recording (40 min)
02/23/2022	Clinical Criteria: A clinical approach to understanding medical necessity Dr. Vanessa Venezia, Optum Chief Medical Officer Heather Brady, Optum Director of Clinical Operations	Clinical Criteria ◦ Slides ◦ Recording (45 min)

Level of care instruments for BH medical necessity determination

Level of Care Utilization System – LOCUS©	Early Childhood Service Intensity Instrument – ECSII©	Child and Adolescent Service Intensity Instrument – CALOCUS/CASII©
• Adults, 18+ • American Association for Community Psychiatrist (AACP)	• Birth to 5 years • American Academy for Child and Adolescent Psychiatry (AACAP) • Published 2009	• 6 to 18 years • American Academy for Child and Adolescent Psychiatry (AACAP). • Updated from CA-LOCUS, 2009 • Version 4.1, 2018

BH Medical Necessity Criteria (MNC) functional dimensions

I: Risk of Harm

- Suicidal, Homicidal, Self-Harming or Violent Ideation, Intent or Plan
- Past history of serious, high risk behavior posing risk to self or others

II: Functional Status

- Capacity for self-care
- Ability to fulfill social responsibilities

III: Co-Occurring Conditions

- Presence and acuity of co-morbid conditions
- Impact of comorbid condition on presenting problem

IV: Recovery Environment

- Level of Stress: Presence of psychosocial stressors
- Level of Support: Availability and utilization of support systems

V: Treatment and Recovery History

- History of mental health challenges
- Response to prior treatment

VI: Response to Treatment and Recovery Status

- Understanding of mental health condition
- Willingness to engage in treatment

Making Level of Care Determinations

Step 1	Step 2	Step 3
Provide the answers to questions in the Medical Necessity section of the Service Authorization Request	Optum uses clinical information provided to determine medical necessity by utilizing the appropriate level of care guideline (ASAM, LOCUS, etc.)	Optum will compare our LOC determination against provider's request and seek additional information/justification if needed

Matching risk to level of care - a high level crosswalk

NOTE: This slide is to illustrate examples and is *NOT* prescriptive

Risk Level	ASAM/SUD	Behavioral Health

• Low Risk- Recovery and Health Maintenance
• Moderate Risk
• High Risk
• Very High Risk
• Secure Monitored
	• ASAM 1.0 Outpatient services
	• ASAM 2.1 Intensive Outpatient; SUD Care coordination; ICM
	• ASAM 2.5- PHP
	• ASAM 3.1/3.3/3.5
	• ASAM 3.7/4.0
		• LOCUS/CASII 10-16; ESCII 9-17
		  ○ Treatment plan and review; psychotherapy services; HBFT level 1 or 2
		• LOCUS/CASII 17-19; ESCII 18-22
		  ○ BH IOP; HBFT level 3; ICM
		• LOCUS/CASII 20-23; ESCII 23-26
		  ○ BH PHP, ACT, TTH
		• LOCUS/CASII 23-27; ESCII 27-30
		  ○ Adult/Children's MH Residential level 1 or 2
		• LOCUS/CASII 28+
		  ○ Locked residential vs acute inpatient
		  ○ This level not available for ESCII

Helpful Resources for Completing Service Authorizations

Helpful hints for providing clinical information for completing service authorizations

For all reviews:

- Include the date range they are requesting for authorization of services
- Include correct name and call back number with extension for utilization reviewer
- Include service address – location the recipient is currently receiving treatment
- Include admission date
- Include planned/expected discharge date
- Clinical updates on participants with current symptom presentation
- Detailed reason(s) for need of services (or continued services) at requested level of care

Helpful hints for providing clinical information for completing service authorizations

For all reviews (continued):

- Clinical information must be current within the last 2 days (for Inpatient) or 3-4 days (for BH Residential and BH Partial Hospitalization Program (PHP), BH Intensive Outpatient Program (IOP) and BH Outpatient Level Of Care (LOC) requests)

- Include detailed clinical information (examples are good) to gain a full picture of medical necessity for requested level of care. Vague information can lead to Optum requesting more detailed explanation regarding medical necessity

- Is admission voluntary or involuntary

- Clear documentation on the LOC being requested - codes with modifiers

Helpful hints for providing clinical information for completing service authorizations

For BH reviews:

- Must include history of present illness and description of current uncontrolled symptoms and functional impairment and how this is impairing daily functioning in social, occupational, recreational, academic, family life
- Any cognitive delays; a mental status exam; description of sleep and appetite; Recent labs including Lithium/Valproic Acid/Depakote level; safety precautions such as every 15 minute checks, etc.
- Treatment plan and updated progress notes on how symptoms/impairments are being addressed
- Full list of medications, dosages, and start dates
- Comorbid medical issues and how they are being addressed/treated
- If over age 65, has a Dementia diagnosis been ruled out
- Recent treatment history (psychiatric or SUD hospitalizations) outpatient and inpatient
- Any recent medical hospitalizations or surgery in the last 30 days

Helpful hints for providing clinical information for completing service authorizations

For BH reviews (continued):

- Any abnormal labs
- History of trauma/adverse childhood experiences and trauma treatment
- Urine drug screen to rule out any co-occurring substance abuse issues and treatment
- Home/living environment/occupation
- Participants supports (i.e.: familial, outpatient services, sponsor, etc.)
- Participants current engagement in treatment and progress on goals and objectives
- Any active legal involvement/issues
- Any other additional clinical information that can demonstrate medical necessity need for continued stay
- Barriers to discharge

Example of Clinical Information for a Behavioral Health Service Authorization

Medical Necessity Description – For Behavioral Health Admissions:

Is there a current risk of harm to self or others? If yes, 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: current suicidal ideation or homicidal ideation.

Are there any deficiencies in the participants ability to…? (select all applicable)

- ✓ Fulfill obligations (home, work, school)
- ✓ Interact with others
- ✓ Care for themselves (ADLs, health/medical, etc.)
- ✓ Utilize support systems either through lack of or inability to engage (family, church, community supports, etc.)
- ✓ Other

Examples of Clinical Information for a Service Authorizations

Medical Necessity Description – For Behavioral Health Admissions (Continued):

Has the participant had any recent treatment history, including psychiatric or substance abuse hospitalizations? If yes, include number of admissions and time periods, interventions the participant has identified as successful or non-helpful treatment interventions.

Is the participant/guardian willing to engage in services and/or motivated to change? If yes, describe motivation and willingness to engage in treatment. For continued services requests only, describe the level of participation in treatment and progress made on goals and objectives since last service authorization request.

Is the participant actively engaged in treatment? If yes, describe how the participant is engaged (i.e., going to groups, individual sessions, taking medications as prescribed, working on treatment goals, etc.)

Is there progress being made on goals and objectives since the last service authorization request? If yes, describe the progress being made (i.e., identifying signs and symptoms, working on coping skills, etc.)

Additional medical necessity Information (include any relevant information not mentioned above)

Example of Clinical Information for a Behavioral Health Service Authorization

Medical Necessity Description – For a Behavioral Health Admissions (continued):

Are there comorbid medical issues? If yes, describe current comorbid medical issues (i.e., diabetes, hypertension, etc.) and any medications for medical issues.

Are there co-occurring issues of cognition? (i.e., Dementia, Traumatic Brain Injury, Fetal Alcohol Syndrome, Developmental Disabilities, etc.)? If yes, describe co-occurring issues of cognition.

Are there co-occurring substance abuse issues? If yes, describe co-occurring substance abuse issues.

Are there any concerns related to home/living environment? If yes, describe current home/living environment, including supports and areas of concern.

Is there a history with trauma/Adverse Childhood Experiences (ACE)? If yes, briefly describe any history of trauma (include for initial request only, or if new and relevant information has been revealed).

What happens next?

Two routes for next steps-approved or need more info

Authorization approved

- Verbal notification by care advocate - A voicemail will be left if the greeting states “this is a secure/confidential mailbox”
- Authorization letter mailed and/or faxed
- Rendered decision displayed on providerexpress.com

Not enough information to approve

- Case staffing with Chief Medical Officer (CMO) *then*,
- Request for additional information *then*,
- Peer-to-peer scheduled with Optum CMO and provider/agency *then*,
- Denial letter issue with appeals rights provided

Special service authorization circumstances

Distance and availability of resources:

- It will be important to note special circumstances when writing up the medical necessity criteria on your Service Authorization Request
- Providers are encouraged to acknowledge extenuating circumstances for extended stay at current level of care if impacted by geographic, weather, transportation or other special or unavoidable circumstance
- Example: Currently in OP, need BH IOP or BH PHP but request is for inpatient LOC. You may need to request a higher LOC if the level you assess is not available. Example: member meets criteria for BH PHP but the only option available in the region is Inpatient.
- Extenuating circumstances DO NOT GUARANTEE APPROVAL of service authorization but should be pointed out for consideration of the request

In summary:

- Service authorizations are required when the participant's SFY limits are exhausted but can be requested if participant's SFY limit is unknown to avoid a claim denial
- There are two options of completing service authorization requests: paper/fillable form or online (via Alaska Optum website)
- Approved authorization units will be tracked by participant and by provider within the claims system automatically. Authorization number is NOT needed on the claim submission
- All areas of the service authorization are to be filled out

Q&A