Guidelines for the Review and Approval of Mental Health and Substance Abuse Services

Community Care provides all medical care, mental health and substance abuse care, long-term care and prescription drugs to members of the Family Care Partnership Program (HMO SNP) (Partnership) and Program of All-Inclusive Care for the Elderly (PACE). Each member is part of his/her care team, and together they create a unique care plan tailored to the member's needs. The member's legal decision maker may also be part of the care team. All services must be approved by the member's care team before the member receives them.

Community Care will generally cover care and services as long as:

1. The services are included in the member's care plan and are approved by their team.
2. The services are included in the plan benefit package.
3. The care is considered medically necessary. "Medically necessary" means that the member needs the services, supplies or drugs for the prevention, diagnosis or treatment of a medical or behavioral health condition and the care meets accepted standards of medical practice.
4. The care is received from a network provider. Community Care will typically not cover services received from an out-of-network provider, except for emergency services or urgently needed care. The provider network is intended to give members a choice of providers whenever possible. After the team approves services, the member and team choose from the providers in Community Care's network.

Mental health and substance abuse problems can happen to anyone at any time. Mental health and substance abuse care includes services which help diagnose and treat conditions such as depression, anxiety and increased use of alcohol or other drugs. The type of care, provider and setting depend on the individual's needs and diagnosis.

If a member has problems that affect his/her mental health, he/she should ask their care team for help and request an assessment. If a physician or care team thinks that a member should be considered for mental health or substance abuse treatment, the member's care team will complete an assessment and screen for behavioral health problems, including mental health and substance use disorders. Behavioral health specialists are available to assist teams in the assessment and screening process and in interpreting the results.

The care team may use the Resource Allocation Decision (RAD) method as a guide in making decisions about services. The RAD is a step-by-step tool the team and member can use to find the most effective and efficient ways to meet member needs.

The member and his/her care team review the results of the assessment to determine the most appropriate, effective and efficient level of mental health/ substance abuse care and treatment which will meet the member's needs. The care team also asks the member if he/she is willing to participate in the mental health or substance abuse treatment. Clinical information gathered by the team during the

member's assessment is used to determine medical necessity and make the best treatment decisions. Behavioral health specialists are available to help the team make these decisions. The care team will approve mental health and substance abuse treatment that is medically necessary.

The following conditions must be present in order to meet the criteria for medical necessity:
1. Services are adequate and essential for the evaluation and treatment of a disease, condition or illness (defined in DSM-V, ICD-10);
2. Treatment can be reasonably expected to improve the member's condition or level of functioning;
3. Evaluation and treatment methods are in keeping with national standards of mental health professional practice, using methods of treatment or evaluation for which there is an adequate basis in research;
4. Services are provided at the most cost effective level of care that is appropriate to the member's clinical needs.

All four elements of medical necessity must be present throughout the course of treatment.

After the initial mental health or substance abuse treatment has been approved, the care team will continue to communicate with the provider and work collaboratively with the provider and the member. The team will ask for goals of treatment and information about the member's progress in order to evaluate the mental health/ substance abuse care and approve additional treatment. If the treatment proves to be helping the member, the care team continues to authorize further treatment. If not, the care team will seek an alternative type of treatment that may be more successful.

For example, psychotherapy is one type of mental health or substance abuse treatment which may be authorized. When a member is receiving psychotherapy, the care team will want to know if the member is gaining insight into their problems or condition, experiencing relief or the reduction/elimination of symptoms and/or changing their thinking and behavior. Improvement in these areas should help the member function better. If psychotherapy seems to help bring about these changes, the care team will authorize further treatment. If not, the care team will find another type of treatment to help the member.

Community Care's service authorization policies and procedures, prior authorization and service limitations are applied no more stringently for mental health/ substance abuse benefits than they are for medical/surgical benefits in compliance with the Mental Health Parity and Addiction Equity Act.