

**BEHAVIOR HEALTH  
LEVEL OF CARE GUIDELINES  
Value Added Services (VAS) for Molina Healthcare**

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## **Electroconvulsive Therapy (ECT)**

### **SERVICE DESCRIPTION:**

For use as a treatment for severe depression that has not responded to other treatment. Short-term ECT is given for a limited number of times per week for a limited number of weeks. Maintenance ECT is provided as required; maintenance ECT is provided less frequently than short-term ECT, i.e. once per week/two weeks/month. Short-term ECT & Maintenance ECT is typically for adults but will evaluate for pediatric population on a case by case basis.

### **I. CRITERIA FOR APPROVAL (MUST MEET ALL):**

- A. Medical necessity has been demonstrated according to the member's clinical needs and the member has a DSM diagnosed condition that requires, and is likely to benefit from, therapeutic intervention.
- B. A second opinion from a psychiatrist confirms that ECT is an appropriate treatment for the member.
- C. A medical evaluation indicates no contraindication for ECT.
- D. Informed consent for ECT has been obtained and documented in the treatment record.
- E. The member has treatment resistant depression or psychotic disorder, is experiencing a severe or prolonged manic episode unresponsive to usual treatments, cannot tolerate usual psychotropic medications, exhibits food refusal leading to nutritional compromise or is experiencing such intense suicidal ideation that there is an urgent need for response, or it is the member's choice for treatment.

### **II. CRITERIA FOR MAINTENANCE ELECTROCONVULSIVE THERAPY (MUST MEET ALL):**

- A. The member meets the criteria for approval for ECT as outlined above, received ECT, and had a positive response.
- B. Other treatment options are not viable for the member.
- C. A second opinion from another (other than the current treating psychiatrist) is obtained every 6 months documenting the need for maintenance ECT.

## **Transitional Living Services (TLS)**

### **SERVICE DESCRIPTION:**

Transitional Living Services (TLS) is a residential program offering 24-hour supervised treatment services in a structured, community-oriented environment for consumers 17 years of age and older. TLS includes organized rehabilitation services, as well as assistance in obtaining appropriate long-term living arrangements. The services are designed for individuals who have the potential and motivation to change some skills deficits through a moderately structured rehabilitative program. Services stress normalization and maximum community involvement and integration. They include daily living and socialization skills training; community supports; recreational activities; educational and support activities; and access to therapeutic interventions, when necessary.

The focus of services is on placement of the individual in a safe and stable living environment upon discharge from the transitional residential living arrangement. These residential services are treatment-oriented and are not considered custodial care or merely a housing option. There is a 180 day maximum, per member, per calendar year, based on medical necessity.

### **I. ADMISSION CRITERIA (MUST MEET ALL):**

- A. The member has a DSM 5 diagnosed condition that requires, and is likely to benefit from, therapeutic intervention.
- B. The member has behavioral health symptoms that interfere significantly with his or her ability to manage activities of daily living without structured intervention, and these symptoms prevent successful transition to independent living. It is anticipated that the member possesses the intellectual capacity to develop, maintain, or regain daily living skills through participation in a structured TLS program.
- C. Participating in this level of care may assist the member in avoiding a more restrictive level of care.
- D. Any member evaluated for this benefit will be expected to participate in the recommended treatment while in this level of care.

### **II. CONTINUING STAY CRITERIA (MUST MEET ALL):**

- A. The member continues to meet the criteria for admission.
- B. An individualized treatment plan that addresses the member's specific symptoms and behaviors that required Transitional Living Services has been developed, implemented and updated, with the member's and/or guardian's participation whenever possible, which includes consideration of all applicable and appropriate treatment modalities.
- C. An individualized discharge plan has been developed which includes specific, realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion is in place but discharge criteria have not yet been met.

- D. There is documentation that the member is participating in the services or is learning to actively participate in self directed recovery and resiliency activities.

### **III. DISCHARGE CRITERIA (MUST MEET A, AND B OR C OR D):**

- A. An individualized discharge plan with appropriate, realistic and timely follow-up care is in place.
- B. The member has substantially met the defined goals of the treatment plan and is able to live independently.
- C. Member elects to terminate this level of care.
- D. The member has not benefited from this level of care.

### **IV. EXCLUSIONARY CRITERIA (MAY MEET ANY):**

- A. There is evidence that the TLS placement is intended as an alternative to incarceration or community corrections involvement.
- B. There is evidence that the TLS treatment episode is intended to defer or prolong a permanency plan determination.
- C. The member demonstrates a clinically significant level of institutional dependence and/or detachment from their community of origin.

## **NON-HOSPITAL BASED INPATIENT DETOX AND OUTPATIENT DETOX**

**SERVICE DESCRIPTION:** These services will be provided for individuals with substance abuse disorders in need of detoxification in either a non-hospital inpatient setting or in an outpatient setting, according to individual clinical needs. Services will be provided by qualified substance abuse treatment centers. These services can be effective alternatives to higher levels of care (e.g. Hospital based detox). Services are for age 14 and above. Inpatient stay is for 5-7 days. Outpatient stays are for up to 10 days. Services are limited to 1 non-hospital inpatient detox admission or 2 outpatient detoxes per calendar year per Member.

### **I. ADMISSION, CONTINUING STAY CRITERIA, AND DISCHARGE CRITERIA**

- A. Based upon most recent ASAM criteria and guidelines.

## **INFANT MENTAL HEALTH (IMH)**

**SERVICE DESCRIPTION:** Infant Mental Health Services (IMH) targets children (0-5) in distress or with clear symptoms indicating a mental health disorder. IMH address problems with attachment and relationships in families, focus on the parent-child relationship, and are designed to improve infant and family functioning in order to reduce risk for more severe behavioral, social, emotional, and relationship disturbances as infants get older. Relationship-focused interventions to the parents, foster parents, or other primary caregivers with infants and toddlers.

### **I. CRITERIA FOR APPROVAL (MUST MEET ALL):**

- A. Before engaging in IMH Treatment Services, the infant must have a comprehensive treatment file containing the following:
  - i) One infant mental health diagnostic evaluation.
  - ii) One individualized service plan that includes IMH Treatment Services as an intervention.
- B. At least 80% of IMH services need to be provided *in vivo* in the home or other settings natural to the infant and family.
- C. Infant/parent psychotherapy must be provided by an endorsed level 3 or 4 infant mental health specialist.
- D. In addition, providers of this service must have the capacity to:
  - i) Coordinate with other children's serving systems to address the infant and caregiver's concrete, developmental and environmental needs; and
  - ii) Provide guidance to parents/caregivers with information and strategies that address an infant's social and emotional capacities, as well as parental/caregiver strengths.