

- Category:** Utilization Management
- Code:** UM 2.0 Attach T Adult Rehabilitative Mental Health Services (ARMHS)
- Subject:** Adult Rehabilitative Mental Health Services (ARMHS) Level of Care Guidelines
- Purpose:** The purpose of this policy is to describe the criteria used by BHP in medical necessity determinations for Adult Rehabilitative Mental Health Services (ARMHS)
- Policy:** BHP Care Management (CM) staff use the following level of care guidelines for Adult Rehabilitative Mental Health Services (ARMHS) when completing medical necessity determinations.

Please refer to the enrollee's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the enrollee's benefit plan or certificate of coverage, the terms of the enrollee's benefit plan document will govern.

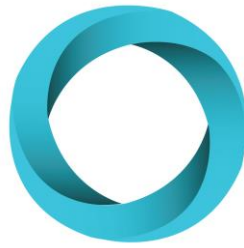
Benefits must be available for healthcare services. Healthcare services must be ordered by a physician, physician assistant, nurse practitioner, or behavioral health practitioner. Healthcare services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

Adult rehabilitative mental health services (ARMHS) serve the following purposes:

- Enable a recipient to develop and enhance psychiatric stability, social competencies, personal and emotional adjustment, and independent living and community skills, when these abilities are impaired by the symptoms of mental illness
- Enable a recipient to retain stability and functioning if the recipient is at risk of losing significant functionality or being admitted to a more restrictive service setting without these services
- Instruct, assist, and support a recipient in areas such as medication education and monitoring; and basic social and living skills in mental illness symptom management, household management, employment-related, or transitioning to community living

COVERED ARMHS SERVICES

1. Basic living and social skills
2. Certified peer specialist services
3. Community intervention
 - Alleviate or reduce the patient's barriers to community integration or independent living
 - Minimize the risk of re-hospitalization or placement in a more restrictive living arrangement
 - Service must be directed exclusively to the patient and not provided in a group
4. Functional Assessment, LOCUS, and Interpretive Summary
5. Individual treatment plan. The initial ITP must be completed within 30 days and at least every 6 months thereafter.
6. Medication education
 - Mental illness and symptoms
 - The role and effects of medication in treating the symptoms of mental illness
 - The side effects of medication
7. Mental Health Rehabilitation Worker (MHRW)



- Transition to Community Living Services (TCL Services), for which authorization must be obtained before service delivery or within a reasonable amount of time after services begin.

THE FOLLOWING SERVICES ARE NOT COVERED BY ARMHS

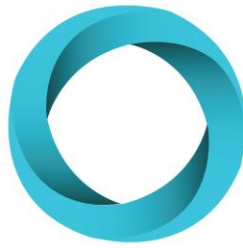
- Recipient transporting services
- Services provided and billed by providers not enrolled to provide ARMHS
- ARMHS performed by volunteers
- Provider performance of household tasks, chores, or related activities, such as laundering clothes, moving the recipient's household, housekeeping, and grocery shopping for the recipient
- Time spent "on call" and not delivering services to recipients
- Activities that are primary social or recreational, rather than rehabilitative
- Job-specific skills services such as on-the-job training
- Time included in case management services
- Outreach services to potential recipients
- Room and board services

ADMISSION CRITERIA

1. The patient must be 18 years of age or older.
2. The patient must have a primary diagnosis of serious mental illness as determined by a Diagnostic Assessment.
3. The patient must have completed a LOCUS assessment that indicates a Level 3 or Level 2
4. The patient must have a completed Functional Assessment with three or more areas of significant impairment in functioning.
5. The patient is assessed as not being a danger to self or others.
6. If the patient has active chemical health problems the problems are relatively stable and the patient's overall functioning is assessed as likely to permit adequate participation.
7. If the patient has been assigned a legal guardian that person will be involved in and appraised of the assessment and treatment plan.
8. For court ordered services a copy of the court order is provided.

CONTINUED STAY CRITERIA

1. The ARMHS team, patient and legal guardian when one is assigned will have developed a treatment plan that includes A-F:
 - A. Clear and when possible measurable treatment goals;
 - B. The treatment goals are linked to the patient's current primary symptoms and impairments;
 - C. Treatment interventions that support work on the treatment goals and which are, when possible, supported by current research on effective treatment outcomes;
 - D. Treatment sessions are scheduled at a frequency which is appropriate for the patient's current needs, including managing any risk factors, and which respond to the patient's progress or lack of progress to date;
 - E. The patient and when indicated the legal guardian are documented to have had the opportunity to review and sign the treatment plan;
 - F. The treatment plan includes specific and when possible measurable discharge goals.
2. The patient is documented as having continuing significant problems and impairments.
3. The treatment plan LOCUS tool and Functional Assessment are updated every 6 months or more often if the patient's treatment needs change significantly.



4. The diagnostic assessment (DA) is updated every year or more often if the patient's symptoms and impairments change significantly.
5. Coordination with other providers is documented. This documentation should take place at every contact.
6. Any legally appointed guardian will be actively involved in the treatment.
7. Any risk factors will be carefully monitored with ongoing assessment of whether a higher level of care is therapeutically required.
8. Treatment will continue when mandated by court order.

DISCHARGE CRITERIA

1. The patient's primary treatment goals have been completed and it is agreed in consultation with the ARMHS team, the patient and with the legal guardian if one was appointed that discharge would be appropriate.
2. The patient has not consistently participated in treatment after reasonable efforts to engage the patient and address any barriers to adequate participation have been made.
3. Treatment has been mandated by court order and the court order has been discontinued and the patient declines continued service.
4. The patient's symptoms, impairments or risk factors have worsened requiring referral to a higher level of care.

Regulatory / External References: NCQA UM 2.0, Chapter 62M.

Internal References: Gordon Larson MS LP, Quinn McBreen LADC

Source: PreferredOne, BHP

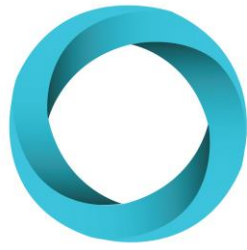
Date Effective: 05/04/2016

Date Revised: 01/10/2017

Date Evaluated by Clinical Team: May 2016, December 2016, December 2017, December 2018, December 2019, December 2020, December 2021

Revision Tracking

<u>Date Revised</u>	<u>Revision Type</u>	<u>Details of Revision Made</u>
	List all applicable: <ul style="list-style-type: none">- Minor changes (Use this when changes are related to staff titles, names of reports or systems, etc).- Change in process/procedure- Change in requirements- New attachments or forms added- Updated documentation to clarify policy- Other	



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