

# Multi-Systemic Therapy

## DRAFT

# Humana

### Medicaid Medical Coverage Policy

Original Effective Date: 04/15/2023

Effective Date: xx/xx/xxxx

Review Date: 10/07/2025

Policy Number: LA.CLI.031.001

Line of Business: Medicaid

State: LA

## Table of Contents

[Description](#)

[Coverage Limitations](#)

[References](#)

[Coverage Determination](#)

[Change Summary](#)

### Disclaimer

The Clinical Coverage Policies are reviewed by the Humana Medicaid Coverage Policy Adoption (MCPA) Forum. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from Humana.

### Summary of Changes:

10/22/2024: Annual Review, minor grammatical changes and updated references to the most recent edition reviewed, updated to current manual.

3/10/2025: Approved by LDH

### Scope:

This policy applies to all Humana Healthy Horizons® in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

### Policy:

## Description

Multi-Systemic Therapy (MST) provides an intensive home/family and community-based treatment for youth with a target age of 12-17 years old who are at risk for out-of-home placement or who are returning from out-of-home placement. The MST model is based on empirical data and evidence-based interventions that target specific behaviors with individualized behavioral interventions.

Services are primarily provided in the home, but workers also intervene at school and in other community settings. All MST services must be provided to, or directed exclusively toward the treatment of the member.

MST services are targeted for youth primarily demonstrating externalizing behaviors, such as conduct disorder, antisocial or illegal behavior, or acts that lead to costly and, oftentimes, ineffective out-of-home services or excessive use of child-focused therapeutic support services.

On average, a youth receives MST for three to five months, but typically, no longer than five months. The therapist meets with the youth or family at least weekly but often multiple times per week, depending on need. Families typically see therapists less frequently as they get closer to discharge. On average, families receive about 60 hours of face-to-face treatment over a four-month period, as well as about 35 hours of non-direct contact provided to the ecology of the youth (eg, consultation and collaboration with other systems). The MST model is intended to be a highly individualized treatment that is intensive and is delivered as frequently as is required to produce the outcomes desired for each specific youth. Services occur in the family's home or community at times that are convenient for the family.

MST is designed to accomplish the following:

- Reduce the frequency of referral behaviors and increase pro-social behaviors, reduce symptoms, maladaptive and externalizing behaviors, so that the child/youth can be treated in a lower level of community-based care. Child/youth no longer demonstrating ongoing risk of deliberate attempts to inflict serious injury on self or others;
- Decrease association with deviant peers and increase association with pro-social peers and involvement in positive recreational activities;
- Help caregivers develop effective parenting skills and skills to manage the child's/youth's mental health needs, improve caregiver decision-making and limit setting;
- Improve family relationships;
- Improve school or vocational success, as indicated by improved grade point average, a decrease in disciplinary referrals, unexcused absences and tardiness and/or a decrease in job terminations;
- Support involvement in restorative measures, such as community services, if involved with Juvenile Justice (Office of Children, Youth and Families resources will oversee and fund the participation in restorative measures, rather than the MST service provider);
- Reduce likelihood of out-of-home placement and reduce the utilization of out-of-home therapeutic resources (eg, therapeutic foster care, residential treatment facility, etc.); and
- Develop natural supports for the consumer and family

Specific treatment goals will always be individualized and tied to behavioral health needs.

## **Coverage Determination**

Criteria:

**Initial Course of Treatment-MST:**

MST is considered medically necessary when ALL the following criteria are met (member with substance use issues may be included if below criteria are met and MST is deemed clinically more appropriate than focused drug and alcohol treatment):

**Humana Healthy Horizons in Louisiana members may be eligible under the Plan for an initial course of MST services when the following criteria are met:**

- **Member is between 12 through 17 years of age; AND**
- Member exhibits significant externalizing behavior, such as chronic or violent juvenile offenses; ~~and~~ **AND**
- Member is at risk for out-of-home placement or is transitioning back from an out-of-home setting; ~~and~~ **AND**
- Member exhibits externalizing behaviors symptomology, resulting in a DSM-5 diagnosis of ~~C~~**Conduct Disorder** or other diagnoses consistent with such symptomology (~~eg,~~ **eg,** oppositional defiant disorder, other disruptive, impulse-control, and conduct disorders, etc.); ~~\*,\* and~~ **Depression and other disorders are considered as long as the existing mental and behavioral health issues manifest in outward behaviors that impact multiple systems (i.e., family, school, community); AND**
- Ongoing multiple system involvement due to high risk behaviors and/or risk of failure in mainstream school settings due to behavioral problems; ~~and~~ **AND**
- Less intensive treatment has been ineffective or is inappropriate; ~~and~~ **Member's or the** treatment planning team or Child Family Team ~~(CFT)~~ **recommends that they participate in MST; AND**
- **If member has substance use issues, MST is deemed clinically more appropriate than focused drug and alcohol treatment; AND**
- **Documentation has been submitted including the psychosocial assessment, case summary and treatment plan** [KS1] **and any additional records that support the criteria.**

\*Depression and other disorders are considered as long as the existing mental and behavioral health issues manifest in outward behaviors that impact multiple systems (i.e., family, school, community).

## Possible Exclusions for MST:

MST services may not be clinically appropriate for individuals who meet the following conditions:

- Member referred primarily due to concerns related to suicidal, homicidal, or psychotic behavior;
- Youth living independently, or youth whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends or other potential surrogate caregivers;
- The referral problem is limited to sexual offending in the absence of other delinquent or antisocial behavior;
- Youth with moderate to severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis of autism;
- Low level need cases; or
- Youth who have previously received MST services or other intensive family and community based treatment

Additional Course of Treatment: Member may be allowed an additional course of treatment if all of the following criteria are met:

- MST program eligibility criteria are currently met; and
- Specific conditions have been identified that have changed in the youth's ecology, compared to the first course of treatment; and
- It is reasonably expected that successful outcomes could be obtained with a second course of treatment

Medical Necessity for Continuing MST:

Member receiving MST services must meet all of the following criteria for continuing treatment with MST:

### Continuation of MST Services

**Humana Healthy Horizons in Louisiana members may be eligible under the Plan for continuation of MST services when the following criteria are met:**

- Treatment does not require more intensive level of care; **AND**
- The treatment plan/case summary has been developed, implemented and updated based on the youth's clinical condition and response to treatment, as well as the strengths of the family, with realistic goals and objectives clearly stated; **AND**
- Progress is clearly evident in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan/case summary to address the lack of progress are evident; ~~and~~ **AND**
- **The family is actively involved in treatment, or there are active, persistent efforts being made which are expected to lead to engagement in treatment; AND**
- **Documentation has been submitted including the psychosocial assessment, case summary and ~~treatment plan~~ and any additional records that support the criteria.**

### Additional Course of MST Services

**Humana Healthy Horizons in Louisiana members may be eligible under the Plan for an additional course of MST treatment when the following criteria are met:**

- **MST program eligibility criteria are currently met; AND**
- **Specific conditions have been identified that have changed in the youth's ecology, compared to the first course of treatment; AND**
- **It is reasonably expected that successful outcomes could be obtained with a second course of treatment; AND.**
- **Documentation has been submitted including the psychosocial assessment, case summary ~~and treatment plan~~ and any additional records that support the criteria.**

Criteria for Discharge from Services:

Members who meet the following criteria no longer meet medical necessity criteria for MST and shall be discharged from MST treatment:

### Discharge from MST Services

Members shall be discharged from MST services when the following criteria are met:

- ~~The member's~~ Treatment plan/case summary goals or objectives have been substantially met; **OR**
- ~~The~~ Member meets criteria for a higher or lower level of treatment, care or services; **OR**
- ~~The member's~~ Family, guardian, and/or custodian are not engaging in treatment or not following program rules and regulations, despite attempts to address barriers to treatment; ~~and~~ **OR**
- Consent for treatment has been withdrawn, or youth and/or family have not benefitted from MST, despite documented efforts to engage, and there is no reasonable expectation of progress at this level of care, despite treatment.

Documentation Requirements:

- ~~All initial and subsequent prior authorization requests for MST require the following documents to be submitted, Psychosocial Assessment~~
- ~~Case Summary/Treatment Plan~~
- ~~Any other documentation provided that supports the member meeting service criteria~~

### Coverage Limitations

Humana Healthy Horizons in Louisiana members may NOT be eligible under the Plan for multi-systemic therapy for any of the following:

- Member referred primarily due to concerns related to suicidal, homicidal, or psychotic behavior; OR
- Youth living independently, or youth whom a primary caregiver cannot be identified despite extensive efforts to locate all extended family, adult friends or other potential surrogate caregivers; OR
- The referral problem is limited to sexual offending in the absence of other delinquent or antisocial behavior; OR
- Youth with moderate to severe difficulties with social communication, social interaction, and repetitive behaviors, which may be captured by a diagnosis of autism; OR
- Low-level need cases; OR
- Youth who have previously received MST services or other intensive family and community based treatment;

- **Exception: Member may be allowed an [additional course of MST](#) treatment as indicated above**

Definitions:

N/A

## References

1. **Louisiana Department of Health. Medicaid Services Manual. Chapter 2: Behavioral Health Services. <https://ldh.la.gov/medicaid>. Published March 14, 2017. Updated November 19, 2024.**

State of Louisiana Bureau of Health Services Financing. Medicaid Services Manual, Chapter Two of the Medicaid Services Manual (1/12/2024). Accessed 10/23/2024.

## Change Summary

Version Control:

04/15/2023: Policy Creation-Approved by LDH for Readiness

05/15/2023: Approved by LA UM Committee

09/28/2023: Changed to new template for Annual Review Due by 5.15.24.

03/10/2025: Approved by LDH

**10/07/2025: Annual Review, No Coverage Change. New Clinical Coverage Policy Template**

### **Non-Compliance:**

~~Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.~~

~~Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).~~