

Humana Healthy Horizons™ in Louisiana

Department: Utilization Management	Policy and Procedure No:	
Policy and Procedure Title: Multi-Systemic Therapy (MST) Clinical Coverage Policy		
Process Cycle: Annually	Responsible Departments: Clinical	
Approved By: Nicole Thibodeaux, RN	Issue Date:	Revised:

PURPOSE: The purpose of this policy is to define Multi-Systemic Therapy (MST) and the criteria for medical necessity for Humana Healthy Horizons in Louisiana.

POLICY:

MST provides an intensive home/family and community-based treatment for youth who are at risk of 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 Medicaid-eligible youth.

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.

CRITERIA:

Medicaid Eligibility for MST

Medical Necessity for MST (Initial Course of Treatment)

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):

- Member exhibits significant externalizing behavior, such as chronic or violent juvenile offenses; and
- Member is at risk for out-of-home placement or is transitioning back from an out-of-home placement; and
- Member exhibits externalizing behaviors symptomology, resulting in a DSM-5 diagnosis of Conduct Disorder or other diagnoses consistent with such symptomology (oppositional defiant disorder, other disruptive, impulse-control, and conduct disorders, etc.); and
- Ongoing multiple system involvement due to high risk behaviors and/or risk of failure in mainstream school settings due to behavioral problems; and
- Less intensive treatment had been ineffective or is in appropriate; or
- Member's treatment planning team or Child Family Team (CFT) recommends MST

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;

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- 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

Medical Necessity for MST (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:

- Treatment does not require more intensive level of care;
- The treatment plan 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;
- Progress is clearly evident in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address the lack of progress are evident; 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.

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:

- The member's treatment plan goals or objectives have been substantially met;
- The member meets criteria for a higher or lower level of treatment, care or services;
- 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

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- 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: Initial and Subsequent Prior Authorization Requests

All initial and subsequent prior authorization requests for MST shall be made through submission of an electronic or faxed request form accessed on Humana's healthy Horizon's website or requested by contacting HHH provider services department. The following documents shall be completed in accordance with Louisiana Department of Health, Behavioral Health Services Provider Manual, Chapter two of the Medicaid Services Manual and copies of such documents may be requested to support IPS requests as appropriate.

- Case Summary/Treatment Plan
- Any other documentation provided that supports the member meeting service criteria

ADDITIONAL RESOURCES:

Louisiana Department of Health, Behavioral Health Services Provider Manual, Chapter two of the Medicaid Services Manual; Accessed October 30, 2022 and January 27, 2023.

VERSION CONTROL:

Version.Review.Approval History				
Department:	Purpose of Review	Reviewed and Approved By:	Date:	Additional Comments:

DISCLAIMER:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

This document is intended as a guideline. Situations may arise in which professional judgment may necessitate actions that differ from the guideline. Circumstances that justify the variation from the guideline should be noted and submitted to the appropriate business area for review and documentation. This (policy/procedure) is subject to change or termination by Humana at any time. Humana has full and final discretionary authority for its interpretation and application. This

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(policy/procedure) supersedes all other policies, requirements, procedures or information conflicting with it. If viewing a printed version of this document, please refer to the electronic copy maintained by CMU to ensure no modifications have been made.

NON-COMPLIANCE:

Failing 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 non-compliance 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 of Hi! (Workday & Apps/Associate Support Center).