

9. Behavioral Health Services

9.1 Description of the Network

Healthfirst has participation agreements with a broad network of providers and other licensed professionals, community agencies, and inpatient and outpatient facilities that specialize in the treatment and management of mental health and substance use disorders (together referred to as "Behavioral Health").

Healthfirst manages the Behavioral Health services for most of its members. However, some Healthfirst members receive Behavioral Health services based on the hospital system they have selected as their provider of choice, and Healthfirst has contracted with a third party that maintains their provider network, processes referrals, performs medical/utilization/case management, quality management, billing and claims payment. Regardless of who provides these services, Healthfirst retains programmatic and quality oversight of these delegated arrangements to ensure that members are being served appropriately.

Providers should use the phone numbers below for Behavioral Health services:

Behavioral Health/Chemical Dependency Affiliate	Provider	Healthfirst Plans Accepted	Phone Number
University Behavioral Health Associates (UBA) The Care Management Organization (CMO)	Montefiore Medical Center	<ul style="list-style-type: none"> Healthfirst members have Primary Care Provider through Montefiore 	1-800-401-4822
	Sound Shore Medical Center		
	The Mount Vernon Hospital	<ul style="list-style-type: none"> Healthfirst PHSP Members with Elmhurst providers 	
	Elmhurst Hospital		
Healthfirst Medical Management/Behavioral Health Department	Elmhurst Hospital	<ul style="list-style-type: none"> Elmhurst (Medicare and Leaf Plan members only) 	1-888-394-4327
	Healthfirst Participating Providers (excluding Montefiore affiliation)	<ul style="list-style-type: none"> Healthfirst members have non-Montefiore Primary Care Provider 	

Providers may call the behavioral healthcare management systems for the hospitals listed above to obtain services at **1-800-401-4822** or they may contact the Healthfirst Medical Management Department at **1-888-394-4327** to facilitate access to services. Providers may contact Member Services at the phone numbers listed in Section 1 to determine a member's hospital affiliation or to obtain information about participating behavioral health providers.

Behavioral Health Provider Responsibilities

Healthfirst expects Mental Health, Substance Use, and Home and Community Based Service (HCBS) providers to assume the following set of responsibilities:

- Contact the Healthfirst Medical Management Department to verify member eligibility and to receive authorization for admissions and selected outpatient services as outlined in Appendix XI. The same authorization requirements will apply for all products. The authorization requirements are listed on the Healthfirst Provider Portal and at www.mctac.org.

- Maintain contact with the Healthfirst Medical Management Department as treatment progresses to receive continuing authorization for additional services.

- Comply with the established policies and procedures of the Healthfirst Medical Management and Quality

Improvement Programs

Adhere to recovery-oriented principles, including provision of person centered services

Coordinate with the Medical Management Department when necessary to ensure appropriate integration of services

Level of Care (LOC) covered for Medicaid Mainstream services and Health and Recovery Health Plan (HARP):

Inpatient - SUD and MH

Clinic – SUD and MH

Personalized Recovery Oriented Services (PROS)

Intensive Psychiatric Rehabilitation Treatment Program (IPRT)

Assertive Community Treatment (ACT)

Continuing Day Treatment

Partial Hospitalization

Comprehensive Psychiatric Emergency Program (CPEP)

Opioid Treatment Programs

Outpatient Chemical Dependence Rehabilitation

Rehabilitation Services for Residential SUD treatment support

Rehabilitation Supports for Community Residences

Buprenorphine prescribers

Ambulatory Detox

Inpatient and Outpatient ECT

Mobile Mental Health

Mobile Crisis Intervention

Home and Community Based Services (HCBS)*

*Only HARP members will be eligible for HCBS pending an approved eligibility assessment.

Mental Health and Substance Use billing guidelines are available on the Healthfirst secure Provider Portal and in **Appendix XV-D** of Healthfirst Provider Manual.

Providers should refer to Section 9.4 "Utilization and Medical Management Guidelines" for additional guidance on Level of Care screening tools such as **InterQual** for Mental Health treatment and **Locator 3.0** for Substance Use Disorder treatment.

Healthfirst Provider Portal is available www.healthfirst.org to all participating providers to verify member eligibility, view claims and authorization status. Providers may contact Provider Services at 1-888-801-1660 for further assistance.

9.2 Benefits and Access to Care

Benefits Overview

All Healthfirst Medicaid members have access to Behavioral Health Services, including mental health and substance use disorder treatment. Services which were previously carved out of the managed care benefit package will be available to all Healthfirst Medicaid members on or after **October 1, 2015**.

Behavioral Health Services Include:

Inpatient - Substance Use and Mental Health

Outpatient Clinic - Substance Use and Mental Health

Personalized Recovery Oriented Services (PROS)

Intensive Psychiatric Rehabilitation Treatment Program (IPRT)

Assertive Community Treatment (ACT)

Continuing Day Treatment (CDT)

Partial Hospitalization
Comprehensive Psychiatric Emergency Program (CPEP)
Crisis Intervention
Opioid Treatment Programs
Outpatient Chemical Dependence Rehabilitation
Rehabilitation Services for Residential Substance Use Disorder Treatment Support

As of January 1, 2016, an additional array of Home and Community Based Services (HCBS) will be available to members who meet specific eligibility criteria, as defined by New York State. These services are designed to provide opportunities for Medicaid beneficiaries with serious mental illness and/or chronic substance use disorders to receive person-centered, recovery oriented services in their own community.

HCBS Services Include:

Rehabilitation Services such as: Psychosocial Rehabilitation and Community Psychiatric Support and Treatment (CPST)
Habilitation
Crisis Intervention Services such as: Short-term Crisis Respite and Intensive Crisis Intervention
Educational Support Services
Individual Employment Support Services such as: Pre-vocational, Transitional Employment Support, Intensive Supported Employment and Ongoing Supported Employment
Peer Supports
Support Services such as: Family Support and Training and Non-medical Transportation

Access to Care and Authorizations

Members in need of services, or providers wishing to arrange services on behalf of a Healthfirst member, may call Member Services for information about network providers.

Healthfirst offers Behavioral Health Care Management by telephone for at-risk or high-risk members at no additional cost. Members who are receiving intensive outpatient services and those who are transitioning to lower levels of care may benefit from this program. In addition, our Medical Management department can provide referral or assignment to Health Home Care Coordination for those members who meet eligibility criteria. For further information about, or to refer a member for Healthfirst Behavioral Health Care Management or Health Home Services, please contact our Medical Management department at **1-888-394-4327**, or the delegated Behavioral Health care management organization (as noted in the chart in Section 9.1).

Authorization for traditional in-network outpatient Behavioral Health services delivered by Healthfirst providers is not required. Traditional outpatient Behavioral Health Services, as defined by Healthfirst for this purpose, include individual, group, and family therapy and medication management, provided alone or in any combination, to treat a behavioral health condition in a manner consistent with established clinical guidelines and provided at a frequency not exceeding five (5) hours a week.

Authorization is required for admissions, all out-of-network care, and select outpatient services such as: ECT, neuropsychological testing, and others. Members in need of care, or providers wishing to arrange these services for Healthfirst members, should call the Healthfirst Medical Management department at **1-888-394-4327** for assistance.

Commercial Plans

Healthfirst Leaf and HMO A-D plans include the following mental health and substance abuse benefits

(Note: Members associated with Montefiore, and Montefiore North, Elmhurst Medicaid LOB, will have their benefits managed by University Behavioral Associates. All other members will have the benefits managed

directly by Healthfirst.)

Mental Health Care

- Outpatient services relating to the diagnosis and treatment of mental health disorders are covered, including
 - o Unlimited outpatient visits
 - o Partial hospitalization program services
 - o Intensive outpatient program services
 - o Services must be provided by a psychologist, psychiatrist, Psychiatric NP, or clinical social worker
 - o Inpatient services relating to the diagnosis and treatment of mental health disorders

Substance Use Services

- Inpatient services relating to the diagnosis and treatment of alcoholism and/or substance use and/or dependency are covered. This includes:
 - o Detoxification and/or rehabilitation services as a consequence of chemical use and/or substance use
 - o Outpatient services relating to the diagnosis and treatment of alcoholism and/or substance use and/or dependency
 - o 20 outpatient visits for family counseling. A family member will be covered, so long as that family member (i) identifies himself or herself as a family member of a person suffering from substance use and/or dependency, and (ii) is covered under the same family contract that covers the person receiving treatment for substance use, and/or dependence

Depending on the plan, the member may have a copayment or coinsurance which will be applied towards his/her deductible.

9.3 Program Overview - Behavioral Health Care Management

The Behavioral Health Program provides an integrated, holistic care management solution for members with mental health and substance use disorders to effectively address acute, sub-acute, intermediate and long term care needs. The Behavioral Health Program is designed to maximize quality of care while providing services in a cost-effective manner.

Healthfirst collaborates with network providers and community partners to offer comprehensive, integrated programs that address physical, behavioral health and social service needs across the entire continuum of care – prevention, early detection, acute/episodic illness, chronic illness, with an emphasis on long term recovery.

The Healthfirst Behavioral Health Program provides enhanced discharge planning and transitional care support to beneficiaries hospitalized for treatment of a mental health or substance use disorder and for beneficiaries with a chronic mental health or substance use disorder who are hospitalized due to a physical illness. Healthfirst case managers share information with the treatment team and link facility and community based providers to inform effective decision making. The case managers participate in discharge planning activities to effectuate an integrated discharge and treatment plan that considers needs for physical and behavioral health care and addresses social risks such as need for housing, legal assistance, financial resource to improve adherence, reduce readmission risk, increase community tenure, improve health outcomes. Healthfirst also offers community based post mental health discharge bridge visits and peer services to provide enhanced transitional support to members at risk for readmission or poor health

outcomes.

9.4 Utilization and Medical Management Guidelines

Authorization of Services

Authorization for routine in-network outpatient behavioral health services provided by Healthfirst providers is not required.

Routine outpatient Behavioral Health Services, as defined by Healthfirst for this purpose, include: individual, group, and family therapy and medication management, provided alone or in any combination, to treat a behavioral health condition in a manner consistent with established clinical guidelines and provided at a frequency not exceeding five (5) hours a week.

Authorization is required for admissions, all out-of-network care, and select outpatient services such as: ECT, neuropsychological testing, and others. Authorization from the Healthfirst Medical Management Department or the delegated Behavioral Health Care Management organization is required. Providers affiliated with the delegated Behavioral Health Care Management organization operate under a specific arrangement with Healthfirst and must comply with that organization's authorization policies and procedures, as well as with those of Healthfirst.

All Behavioral Health services for FIDA members, including routine services with in-network providers, require authorization.

There are services that do not require prior-authorization, particularly for treatment of Substance Use Disorders, such as Medically Supervised Outpatient Withdrawal, Outpatient Clinic Opioid Treatment Program, and Intensive Outpatient Substance Use Disorder Treatment. However, in order for Healthfirst to assist with coordination of care and transition planning, it is requested that providers notify Healthfirst when providing these services so that any assistance needed with treatment planning can take place on behalf of the member.

Healthfirst utilizes McKesson's InterQual Criteria for Mental Health admissions and LOCADTR 3.0 for Substance Use disorder patient placement decisions for Medicaid Mainstream and Health and Recovery Plan (HARP) members. Healthfirst has complete criteria for CDT, PROS, and ACT, as supplied by NY State to be utilized for Medicaid Mainstream and HARP members. InterQual, the criteria utilized for CDT, PROS, and ACT contains decision support criteria for initial, ongoing, and discharge review. HARP members will additionally receive a conflict-free assessment conducted by a Health Home Care Manager; the Community Mental Health Assessment (InterRai). If, as a result of the assessment they are found eligible to receive Home and Community Based Services (HCBS), Healthfirst will offer two referrals for each recommended service to the member, and will authorize and review the delivery of the HCBS according to the NYS HCBS guidelines for ongoing care.

General Requirements

Providers must obtain authorization for all admissions, selected outpatient services, and out-of-network care.

The following information must be supplied when requesting authorization of services:

- Healthfirst Provider ID number
- Member's name and Healthfirst ID number
- Attending/requesting provider's name and telephone number
- PCP's name (if not the attending/requesting provider)
- ICD-10 Code (beginning 10/1/2015)
- Procedure(s) and CPT-4 Code(s) and procedure date(s)

- Services requested and proposed treatment plan
- Clinical documentation to demonstrate medical necessity
- For inpatient admissions: hospital/facility name, expected date of service, and expected length of stay

Please be sure that ALL of the above information is available when calling in the request.

Authorization of Services When Care Is Managed by Healthfirst

Providers must contact the Healthfirst Intake Unit, at **1-888-394-4327**, to speak with an Intake Coordinator to ensure that all care is appropriately registered with complete information related to the request. All requests will then be reviewed by a Healthfirst Behavioral Health clinician.

Authorization status may be checked on our website at www.healthfirst.org. After requesting an authorization, providers are given a notification number that can be used to obtain authorization status. This notification number can be used within two (2) to three (3) business days after Medical Management has received all the medical necessity information.

Healthfirst Treatment Principles

Healthfirst has developed eight (8) general treatment principles and guidelines for outpatient behavioral health services. They are consistent with established clinical practice and standards for behavioral health treatment. The principles are as follows:

- **Therapeutic Environment:** An appropriate therapeutic environment must include face-to-face, in-person contact between the therapist and the member.
- **Duration of Therapy Sessions:** Individual therapy sessions should ordinarily be a minimum of thirty (30) minutes, customarily forty-five (45) minutes, unless they are only for medication management by a psychiatrist. Group/family/couple therapy sessions are usually required to run between forty-five (45) and ninety (90) minutes, unless they are for crisis intervention. Crisis intervention sessions ordinarily should not exceed two (2) hours per day for individual therapy or three (3) hours per day for family therapy.
- **Individual Psychotherapy:** Only one (1) therapist may provide individual psychotherapy to a member; therefore, separate claims should not be submitted when two (2) or more therapists are treating the same member concurrently. Ordinarily, no more than two (2) family members should receive individual therapy from the same provider. When more than two (2) family members require treatment, the provider would be expected to use family therapy as the treatment of choice.
- **Composition of Therapy Groups:** Group therapy sessions usually consist of four (4) to ten (10) members, unless they are multi-family or multi-couple groups.
- **Electroconvulsive Therapy (ECT):** Psychotherapy should not be rendered within 24 hours of ECT. Conventional practice does not recognize more than: one (1) ECT treatment per day or twelve (12) ECT treatments in a thirty (30)-day period. Indications for a greater number of treatments should be discussed with a Healthfirst psychiatrist.
- **Pharmaceuticals:** The use of prescription medications should follow national professional standards.
- **Contraindications for Psychotherapy:** Psychodynamic psychotherapy is generally considered inappropriate for members with a sole diagnosis of organic brain syndrome, substance abuse or chemical dependence, or developmental disorders.

Documentation: Documentation regarding the member's progress should reflect movement toward defined treatment goals with measurable objectives. When a member's diagnosis or treatment plan is changed, the documentation should include clinical information substantiating the reasons for the change.