

Coordinated Specialty Programs

Including EASA, IOSS, IIBHT and ACT

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Developed By: Medical Necessity Criteria Committee

I. Description

Coordinated Specialty Programs provide an organized, team-based treatment program for individuals and families experiencing a mental health crisis, severe mental health symptoms, and/or severe mental illness. Coordinated Specialty Programs consist of the following programs:

- **Early Assessment and Support Alliance (EASA)** provides treatment of psychosis for youth and young adults experiencing a first break. It offers a team-based approach, mobile outreach, engagement support, psychiatry, peer support, educational and vocational support, counseling and skill building.
- **Assertive Community Treatment (ACT)** is an evidence-based treatment for individuals with severe mental illness who have difficulty engaging in traditional mental health services. It helps stabilize people in the community and reduce admissions to higher levels of care or contacts with law enforcement. ACT services are provided in accordance with Oregon Administrative Rule 309-019-0225 through 309-019-0255.
- **Intensive Outpatient Services and Supports (IOSS)** is an intensive outpatient program for children/youth and their families. IOSS may be provided in the home, school, clinic or other location and provides therapy, skills training and care coordination. IOSS services are provided in accordance with Oregon Administrative Rule 309-019-0165.
- **Intensive In-Home Behavioral Health Treatment (IIBHT)** provides an intensive service level to a child and family in the home, including 24/7 crisis response, therapy, family peer support, and psychiatry. IIBHT services are provided in accordance with Oregon Administrative Rule 309-019-0167.

II. Criteria: CWQI BHC-0016B – Early Assessment and Support Alliance (EASA)

- A. Moda Health considers **Admission** to EASA medically necessary when **ALL** of the following criteria are met:
 1. Program is approved by the Oregon Health Authority to provide outpatient mental health services and designated by its Local Mental Health Authority as an EASA program.
 2. Patient is between the ages of 12-25.
 3. Patient has had a first episode of psychosis within the past 12 months; OR is experiencing early at-risk symptoms for psychosis.

- B. Moda Health considers **continued care** in EASA as medically necessary when **ALL** of the following criteria are met:
 1. Patient remains engaged in services.
 2. Patient has not yet achieved the goals of the individualized service plan and has the potential to do so. If patient is not making progress, service plan is modified to address barriers.
- C. Moda Health considers **discharge** from EASA appropriate when **ANY** of the following criteria are met:
 1. Patient is no longer engaged in services and attempts to re-engage patient have been unsuccessful.
 2. Continued services are no longer expected to produce clinical benefit.
 3. Patient has achieved the goals of the individualized service plan, has developed a relapse prevention plan, and is engaged with ongoing care as appropriate.

III. Criteria: CWQI BHC-0016C – Assertive Community Treatment (ACT)

- A. Moda Health considers **Admission** to ACT medically necessary when **ALL** of the following criteria are met:
 1. Program complies with the requirements of Oregon Administrative Rules 309-019-0225 through 309-019-0255.
 2. Patient meets **ALL** of the following:
 - i. Patient is diagnosed with a serious and persistent mental illness; or with another mental health condition with significant long-term disability.
 - ii. Patient has significant functional impairments as demonstrated by **ANY** of the following:
 1. Significant difficulty independently performing the range of practical daily living tasks required for basic adult functioning in the community;
 2. Significant difficulty maintaining consistent employment at a self-sustaining level or significant difficulty consistently carrying out tasks of maintaining a household;
 3. Significant difficulty maintaining a safe living situation (e.g., repeated evictions or loss of housing).
 - iii. Patient has **ANY** of the following problems, indicating continuous high service needs (e.g., greater than eight hours per month):
 1. High use of acute care psychiatric hospitals or emergency departments for psychiatric reasons, including psychiatric emergency services;
 2. Persistent, severe psychiatric symptoms;
 3. Coexisting substance abuse disorder of significant duration;
 4. High risk or recent history of criminal justice involvement;
 5. Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness, or imminent risk of becoming homeless;
 6. Residing in an inpatient or supervised community residence in the community where ACT services are available, but clinically assessed to be able to live in a more independent living situation if intensive services are provided or requiring a residential or institutional placement if more intensive services are not available;
 7. Difficulty effectively utilizing traditional office-based outpatient services.
- B. Moda Health considers **continued care** in ACT medically necessary when **ALL** of the following are met:
 1. The patient has not progressed enough in treatment to be safely and effectively treated at a lower level of care, or there has been an emergence of additional problems that meet admission criteria.

2. The patient is actively participating in treatment or the treatment plan includes strategies to engage the patient.
 3. Treatment goals can be clearly identified and described in objective terms.
- C. Moda Health considers **discharge** from ACT appropriate when **ANY** of the following criteria are met:
1. The patient's condition has improved to the point where treatment can be provided safely and effectively at a lower level of care, a gradual transition has been implemented, and appropriate follow-up services are in place.
 2. The patient is not making progress toward treatment goals at the current level of care and continued engagement is unlikely to produce clinical benefit.

IV. Criteria: CWQI BHC-0016D – Intensive Outpatient Services and Supports (IOSS)

- A. Moda Health considers **Admission** to IOSS medically necessary when **ALL** of the following criteria are met:
1. Program is licensed under Oregon Administrative Rule 309-019-0165.
 2. Patient has an active psychiatric diagnosis which requires therapeutic intervention.
 3. The patient is at risk to self or others due to suicidal or homicidal ideation, risk-taking, self-endangering behavior, aggression, loss of impulse control, significantly impaired judgment, or significant role failure.
 4. The patient cannot be treated safely and effectively at a lower level of care.
- B. Moda Health considers **continued care** in IOSS medically necessary when **ALL** of the following are met:
1. The patient has not progressed enough in treatment to be safely and effectively treated at a lower level of care, or there has been an emergence of additional problems that meet admission criteria.
 2. The patient is actively participating in treatment and is expected to improve to a point where a lower level of care is appropriate.
 3. Treatment intensity (including number of days per week) is appropriately titrated to the patient's clinical needs and level of independence.
 4. Progress in meeting treatment goals can be clearly demonstrated and described in objective terms, or changes in interventions are implemented when there is a lack of progress.
 5. Treatment is coordinated with other outpatient providers.
 6. Discharge planning begins at admission and is continuously updated throughout treatment.
- C. Moda health considers **discharge** from IOSS appropriate when **ANY** of the following are met:
1. Treatment plan goals appropriate to the current level of care have been met and appropriate follow-up services and supports are in place.
 2. The patient's condition has improved to the point where treatment can be provided safely and effectively at a lower level of care.
 3. The patient is not making progress toward treatment goals at the current level of (unless a recent treatment plan change is reasonably expected to resolve the lack of progress).

V. Criteria: CWQI BHC-0016E – Intensive In-Home Behavioral Health Treatment (IIBHT)

- A. Moda Health considers **Admission** to IIBHT medically necessary when **ALL** of the following criteria are met:
1. Provider is licensed under Oregon Administrative Rule 309-019-0167.
 2. Patient requires intensive services and supports due to **ANY** of the following:

- i. Patient is at immediate risk of psychiatric hospitalization or removal from home due to emotional and mental health conditions.
 - ii. Patient has severe mental health conditions and may require residential treatment or is discharging from residential treatment or higher levels of care.
 - iii. Patient exhibits behavior that indicates high risk of developing conditions of a severe or persistent nature.
 - iv. Patient is experiencing mental health conditions that significantly affect the patient's ability to function in everyday life.
 - 3. The patient cannot be treated safely and effectively at a lower level of care.
- B. Moda Health considers **continued care** in IIBHT medically necessary when **ALL** of the following criteria are met:
 - 1. The patient has not progressed enough in treatment to be safely and effectively treated at a lower level of care, or there has been an emergence of additional problems that meet admission criteria.
 - 2. The patient is actively participating in treatment and is expected to improve to a point where a lower level of care is appropriate.
 - 3. Progress in meeting treatment goals can be clearly demonstrated and described in objective terms, or changes in interventions are implemented when there is a lack of progress.
- C. Moda Health considers **discharge** from IIBHT appropriate when **ANY** of the following criteria are met:
 - 1. Treatment plan goals appropriate to the current level of care have been met and appropriate follow-up services and supports are in place.
 - 2. The patient's condition has improved to the point where treatment can be provided safely and effectively at a lower level of care.
 - 3. The patient is not making progress toward treatment goals at the current level of care (unless a recent treatment plan change is reasonably expected to resolve the lack of progress).

VI. Information Submitted with the Prior Authorization Request:

- 1. For initial authorization, **any** of the following:
 - a. Initial assessment and treatment plan, including diagnosis, relevant psychosocial history, substance use evaluation, current functioning and risk factors, initial treatment goals and interventions;
 - b. Referral information indicating patient is reasonably likely to meet program criteria.
- 2. For continued authorization, **all** of the following:
 - a. Treatment goals;
 - b. Treatment interventions, including frequency and duration;
 - c. Patient response to treatment, including engagement and progress toward identified goals;
 - d. Discharge planning.

VII. CPT or HCPCS codes covered:

Codes	Description
H0037	Community psychiatric supportive treatment program, per diem (IOSS)
H0023	Behavioral health outreach service (planned approach to reach a targeted population) (IIBHT)
H2016	Comprehensive community support services, per diem (EASA)
H0039	Assertive community treatment, face-to-face, per 15 minutes (ACT)
H0040	Assertive community treatment program, per diem (ACT)
H2040	Coordinated specialty care, team-based, for first episode psychosis, per month
H2041	Coordinated specialty care, team-based, for first episode psychosis, per encounter

VIII. CPT or HCPCS codes NOT covered:

Codes	Description

IX. Annual Review History

Review Date	Revisions	Effective Date
1/27/2021	New criteria.	4/15/2021
5/25/22	Annual review. No changes.	5/25/22
10/2022	Semi-annual review. No substantive changes.	11/1/2022
10/2023	Added new HCPCS codes for Coordinated specialty care for first episode psychosis (EASA). Removed description and criteria for Crisis and Transition Services (CATS) as this program no longer exists.	11/1/2023

X. References

1. Melton, R. et al. *Practice Guidelines for Oregon Early Assessment and Support Alliance (EASA)*. 2013. Accessed 2020/12/15 at <https://easacommunity.org/PDF/Practice%20Guidelines%202013.pdf>
2. *Oregon Administrative Rules, chapter 309*. 2020. Accessed 2020/12/31 at <https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=88>.

3. Unattributed authorship. *CATS--Essential Elements*. Accessed 2020/12/31 at <https://www.ohsu.edu/sites/default/files/2020-03/Essential%20Elements%20v.%201.2-Adopted%20%28002%29.pdf>
4. Magers, J. et. al. *Oregon Crisis and Transition Services (CATS) Program Practice Guidelines, Version 1*. 2020. Unpublished manuscript.
5. Substance Abuse and Mental Health Services Administration. *Assertive Community Treatment: Building Your Program*. DHHS Pub. No. SMA-08-4344, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2008. Accessed 2020/12/31 at <https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344>.
6. Bond GR, Drake RE. The critical ingredients of assertive community treatment. *World Psychiatry*. 2015;14(2):240-242. doi:10.1002/wps.20234. Accessed 2020/12/31 at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4471983/>.

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description
F01 through F99	Mental Health and Substance Use Disorders

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
N/A	

NCD/LCD Document (s):
N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC