Sentara Health Plans

Medicaid

Multisystemic Therapy

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual *.

Purpose:

This policy addresses Multisystemic Therapy.

Description & Definitions:

Mental Health Services (formerly CMHRS) - Appendix D: Intensive Community Based Support - Youth p. 5 (11/30/2021)

Multisystemic Therapy (MST) is an intensive family and community-based treatment which addresses the externalizing behaviors of youth with significant clinical impairment in disruptive behavior, mood, and/or substance use. MST is provided using a home-based model of service delivery for youth and families, targeting youth between the ages of 11 - 18 who are at high risk of out- of home placement, or may be returning home from a higher level of care. MST services are delivered in the natural environment (e.g., home, school, community) with the treatment plan being designed in collaboration with the youth, family, and all relevant child serving systems (e.g. DJJ, DSS, Mental Health, PCP, Education, Faith-based organizations, etc.) Multi-systemic therapy (MST) is an intensive, evidence-based treatment program provided in home and community settings for youth who have received referral for the treatment of behavioral or emotional problems by the juvenile justice, behavioral health, school, or child welfare systems. MST is targeted towards youth between the ages of 11 - 18, however, the service is available to any youth under the age of 21 who meets medical necessity criteria.

*MST is appropriate for youth with significant clinical impairment in disruptive behavior, mood, and/or substance use. MST includes an engagement with the youth's family, caregivers and natural supports and professionals delivering interventions in the recovery environment. MST is a short-term and rehabilitative service that may serve as a step-down or diversion from higher levels of care and seeks to understand and intervene with youth within their network of systems including family, peers, school, and neighborhood/community.

Critical Features of MST include **all** of the following:

- Integration of evidence-based therapeutic interventions to address a comprehensive range of risk factors across family, peer, school, and community contexts
- Promotion of behavior change in the youth's natural environment, with the overriding goal of empowering caregivers
- Rigorous quality assurance mechanisms that focus on achieving outcomes through maintaining treatment fidelity and developing strategies to overcome barriers to behavior change
- MST professionals on call 24/7 to provide safety planning and crisis intervention.

Service components of MST include **all** of the following::

- Assessment
- Therapeutic interventions
- Crisis intervention
- Care coordination

MST is based on the philosophy that the most effective and ethical way to help children and youth is by helping their families. MST views caregivers as valuable resources, even when many of them have serious and multiple needs of their own. One primary goal of MST is to empower caregivers to effectively parent their children. MST treatment reaches across all of the youth's life domains and is highly individualized around each case.

MST Professionals may provide the therapeutic interventions involved in MST in a range of community settings such as the youth's home, school, homeless shelters, libraries, etc. MST includes therapeutic intervention and care coordination to assist the youth in meeting their specific goals.

MST Professionals deliver this service primarily face-to-face with the youth and their natural supports in locations outside of the provider's facility. MST therapeutic intervention sessions are tailored by a MST Treatment Plan Service intensity varies with the needs of the youth and family/caregiving system. Early in treatment, the MST Professional may meet with the family several times a week, but as treatment progresses, the intensity tapers. The frequency of therapeutic interventions is flexible based on clinical need, allowing the service to be responsive to periods of crisis or high risk and to decrease the intensity for families with lower levels of need. The MST model expects the MST Professional to take the lead on coordinating care while youth are participating in MST services.

Therapeutic interventions and collateral contacts may range from brief check- ins to more intensive sessions lasting up to two-hours or more. The required supervision, consultation and monitoring provided through the evidence-based MST model work to uphold treatment fidelity expectations around service delivery intensity/frequency. The frequency, intensive and duration of MST services is dependent on the needs of the youth as described in the ISP. If not in conflict with the ISP for a particular youth, the MST model expects an average of 10-20 therapeutic interventions occur within the first month but should ultimately be tailored to the needs of the youth. These initial therapeutic interventions typically occur multiple times per week in frequency. For the second and third months of MST, an average of six therapeutic interventions typically occur per month, though vary based on the needs of the youth. The MST model expects that service frequency will be tapered over the duration of the treatment period based on the youth's needs. Close to treatment termination, the MST professional contacts the family as needed to assure that treatment gains have been maintained by the family. Documentation should be made of each therapeutic intervention or collateral contact and include the reason, outcome and next steps; these details should all relate to the goals of the ISP.

In addition to the required activities for all mental health services providers located in Chapter IV of the DMAS manual, the following required activities apply to MST:

- At the start of services, a LMHP, LMHP-R, LMHP-RP, LMHP-S, shall conduct an initial assessment consistent with the components required in the Comprehensive Needs Assessment (see Chapter IV for requirements), documenting the youth's diagnosis/es and describing how service needs match the level of care criteria.
- ISPs shall be required during the entire duration of services and must be current. (see Chapter IV of the DMAS manual for requirements) The MST Weekly Case Summary form may be used as the ISP if it meets the requirements of an ISP. The treatment planning process should be collaborative but must be directed and authorized by a LMHP, LMHP-R, LMHP-RP, or LMHP-S. In cases where the MST Professional is a QMHP-E, QMHP-C, CSAC or CSAC-supervisee, the MST Supervisor directs and authorizes the treatment planning process as part of the MST model.
- ISPs must be reviewed as necessary at a minimum of every 30-calendar days or more frequently depending on the youth's needs. Refer to Chapter IV for additional guidance and documentation requirements for the 30-

calendar day review as well as additional quarterly review requirements. These 30 day reviews are consistent and comply with the routine activities required for fidelity in the MST model and include treatment team meetings, consultations with MST supervisors and consultants, meetings with youth and natural supports and administration of fidelity measures.
- Crisis intervention must be available on a 24 hours a day, seven days a week, 365 days a year basis.
- Providers must follow all requirements for care coordination (See Care Coordination Requirements of Mental Health Providers section of Chapter IV of the DMAS manual).

Criteria:

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Multisystemic Therapy (MST) is considered medically necessary for **ALL** of the following:

Treatment is for 1 or more of the following

- **Initial Care** with **all of the** following:
  - The youth must be under the age of 21
  - The initial assessment completed by a LMHP, LMHP-R, LMHP-RP, LMHP-S provides evidence of symptoms and functional impairment that the youth has met criteria for a primary diagnosis consistent with the most recent version of Diagnostic and Statistical Manual that falls within the categories of disruptive behavior, mood, substance use or trauma and stressor-related disorders. There may be additional primary behavioral health diagnoses that may benefit from the interventions of MST that may be considered on a case-by-case basis under EPSDT
  - Within the past 30 calendar days, the youth has demonstrated at least **1 or more** of the following:
    - Persistent and deliberate attempts to intentionally inflict serious injury on another person
    - Ongoing dangerous or destructive behavior that is evidenced by repeated occurrences of behaviors that are endangering to self or others are difficult to control, cause distress, or negatively affect the youth's health
    - Increasing and persistent symptoms associated with depression (e.g. chronic irritability, anhedonia, significant changes in sleep/eating, disrupted emotion regulation, …) or anxiety (e.g. rumination, panic attacks, hypervigilance, dissociation, …), in combination with externalizing problems (e.g. physical and verbal aggression, truancy, stealing, property destruction, lying, etc.) that have contributed to decreased functioning in the community
    - Ongoing substance use or dependency that interfere with the youth's interpersonal relationships and functioning in the community
    - The youth is returning home from out-of-home placement and MST is needed as step down service from an out-of-home placement
  - The youth's successful reintegration or maintenance in the community is dependent upon an integrated and coordinated treatment approach that involves intensive family/caregiver partnership through the MST model. Participation in an alternative community-based service would not provide the same opportunities for effective intervention for the youth's problem behaviors.
  - There is a family member or other committed caregiver available to participate in this intensive service.
  - Arrangements for supervision at home/community are adequate to ensure a reasonable degree of safety and a safety plan has been established or will be quickly established by the MST program as clinically indicated.
- **Continuation of services** are considered medically necessary with **all of** the following:
  - Within the past thirty (30) calendar days, MST continues to be the appropriate level of care for the youth as evidenced by at least **1 or more** of the following:
    - The youth's symptoms/behaviors and functional impairment persist at a level of severity adequate to meet admission criteria
    - The youth has manifested new symptoms that meet admission criteria and those have been documented in the ISP

        - Progress toward identified ISP goal(s) is evident and has been documented based upon the objectives defined for each goal, but not all of the treatment goal(s) have been achieved.
    - To consider approval for continued stay requests, documentation will be reviewed and should demonstrate active treatment and care coordination through **all of the** following:
        - An ISP with evaluation and treatment objectives appropriate for this level of care and type of intervention. The treatment must support community integrative objectives including the development of the youth's network of personal, family, and community support. Treatment objectives are related to readiness for discharge and MST specific expected outcomes
        - Progress toward objectives is being monitored within fidelity to the model as evidenced in the 30 calendar day ISP review documentation
        - The youth and family/caregiver are actively involved in treatment, or the provider has documented active, persistent efforts that are appropriate to improve engagement
        - The type, frequency and intensity of interventions are consistent with the ISP and fidelity to the model
        - The provider is making vigorous efforts to affect a timely transition to an appropriate lower level of care. These efforts require documentation of discharge planning beginning at the time of admission to include communication with service practitioners, community partners, and natural supports that will meet the needs of the client
        - The provider has developed an individualized discharge plan that includes specific plans for appropriate follow-up care
    - If youth **does not meet criteria for continued treatment**, MST may still be authorized for up to an additional 10 calendar days under **1 or more** of the following circumstances:
        - There is no less intensive level of care in which the objectives can be safely accomplished
        - The youth can achieve certain treatment objectives in the current level of care and achievement of those objectives will enable the youth to be discharged directly to a less intensive community service rather than to a more restrictive setting
        - The youth is scheduled for discharge, but the youth requires services at discharge which are still being coordinated and are not currently available
    - Service authorizations shall meet the components related to Procedures Regarding Service Authorization of Mental Health Services.

In addition to the "Non-Reimbursable Activities for all Mental Health Services" section in Chapter IV of the DMAS manual, the following service limitations apply:

- The provision of MST is limited to youth under the age of 21.
- An individual can participate in MST services with only one MST team at a time.
- Services cannot be authorized concurrently with:
    - ARTS Levels 2.1, 2.5, 3.1 and 3.3-4.0
    - Assertive Community Treatment
    - Community Stabilization
    - Functional Family Therapy
    - Group or Family Therapy
    - Intensive In-Home Services
    - Mental Health Intensive Outpatient or
    - Mental Health Partial Hospitalization Program
    - Mental Health Skill Building

  *Other family members may be receiving one of the above services and still participate in MST as appropriate for the benefit of the youth receiving MST services

- If the youth continues to meet with an existing outpatient therapy provider, the MST provider must coordinate the treatment plan with the provider.

- Other Mental Health and ARTS services, Inpatient Services, and Residential Treatment Services may be authorized and billed concurrently for no more than 14 consecutive calendar days, as the youth are being admitted or discharged from MST to other behavioral health services.
- Office based opioid treatment services (OBOT) and Office Based Addiction Treatment (OBAT) services are allowed simultaneously with MST, as are E/M outpatient services for the purposes of psychiatric medication evaluation and management.
- Activities not authorized or reimbursed within MST:
    - Inactive time or time spent waiting to respond to a behavioral situation
    - Therapeutic interventions that are not medically necessary
    - Services provided to teach academic subjects or as a substitute for educational personnel such as, but not limited to, a teacher, teacher's aide, or an academic tutor
    - Child Care services or services provided as a substitute for the parent or other individuals responsible for providing care and supervision
    - Respite care
    - Transportation for the youth or family. Additional medical transportation for service needs which are not considered part of MST program services may be covered by the transportation service through the FFS Non-Emergency Medical Transportation Broker or MCO. Medical transportation to Medicaid providers may be billed to the transportation broker
    - Services not in compliance with the MST manuals and not in compliance with model fidelity standards
    - Any art, movement, dance, or drama therapies outside the scope of the MST model fidelity. Recreational activities, such as trips to the library, restaurants, museums, health clubs and shopping centers, which are not part of the ISP
    - Services not identified on the individual's authorized ISP
    - Anything not included in the approved MST service description
    - Any intervention or contact not documented or consistent with the approved treatment/recovery plan goals, objectives, and approved services

Exclusions:

Youth are not eligible to receive MST who meet **1 or more** of the following:

- The youth is currently experiencing active suicidal, homicidal or psychotic behavior that requires continuous supervision that is NOT available through the provision of MST.
- The youth is living independently, or the provider cannot identify a primary caregiver for participation despite extensive efforts to locate all extended family, adult friends and other potential surrogate caregivers.
- The youth's presenting problem is limited to sexually harmful or dangerous behavior in the absence of other externalizing behaviors.
- The youth's functional impairment is solely a result of Developmental Disability, as defined in the Code of Virginia § 37.2-100.

Discharge Guidelines:

The youth meets discharge criteria if **1 or more** of the following are met:

- The youth's documented ISP goals have been met and the discharge plan has been successfully implemented
- The youth and family are not engaged in treatment despite documented efforts to engage and there is no reasonable expectation of progress at this level of care
- The youth is placed in an out of home placement, including, but not limited to a hospital, skilled nursing facility, psychiatric residential treatment facility, or therapeutic group home and is not ready for discharge within 31 consecutive calendar days to a family home environment or a community setting with community-based support;
- Required consent for treatment is withdrawn
- There is a lapse in service greater than 31 consecutive calendar days

Coding:

Medically necessary with criteria:

Coding	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic evaluation with medical services
H2033	Multisystemic therapy for juveniles, per 15 minutes

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2023: July
- 2022: April, June

Reviewed Dates:

- 2024: April
- 2023: March

Effective Date:

- December 2021

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

Commonwealth of Virginia. Department of Medical Assistance Services. Provider Manual Title: Mental Health Services Revision Date: 11/30/2021 Appendix D: Intensive Community Based Support – Youth Retrieved 4.4.2024. https://vamedicaid.dmas.virginia.gov/sites/default/files/2023-07/MHS%20-%20Appendix%20D%20%28updated%2011.30.21%29_Final.pdf

Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

Keywords:

Multisystemic Therapy, Behavioral Health 35, BH, youth, MST, behavior, Mental Health Services, Intensive Community Based Support