"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential."-- National Consensus Statement on Mental Health Recovery U.S Department of Health and Human Services Substance Abuse and Mental Health Services Administration, Center for Mental Health Services

7.1. Medical Necessity Introduction and Principles

INTRODUCTION

The Maryland Public Behavioral Health System (PBHS) is committed to facilitating the participant's recovery through treatment and rehabilitation services that are in the least restrictive and intensive level of care necessary to provide safe and effective treatment and meet the participant's biopsychosocial needs. The continuum of care is a fluid treatment pathway, where participants may enter treatment at any level and receive services, in more or less intensive settings or levels of care, as their changing clinical needs dictate. Beacon Health Options, Inc. (Beacon) will implement this philosophy while facilitating participant choice in the treatment process.

PRINCIPLES OF MEDICAL NECESSITY

The PBHS is committed to the philosophy of providing treatment at the least intensive level of care necessary to provide safe and effective treatment and meet the participant's biopsychosocial needs. It is also committed to the six goals of the New Freedom Commission on Mental Health:

1. Mental health is essential to overall health.
2. Mental health care is participant and family driven.
3. Disparities in mental health services must be eliminated.
4. Early mental health screening, assessment, and referral to service are common practice.
5. Excellent mental health care is delivered and research is accelerated.
6. Technology is used to access mental health care and information.

The state of Maryland's Administrative Services Organization (ASO), Beacon, will make clinical decisions about each participant based on the clinical features of the participant case, the medical necessity criteria, and the real resources available. Since we recognize that a full array of services is not available everywhere, when a medically necessary level of care does not exist, (i.e. rural locations), Beacon will authorize alternative services.

Under the authority of the PBHS, Beacon bases its decisions on "medical necessity." Medical necessity is met when a participant has a behavioral health disorder that requires professional evaluation and treatment, and the level of care provided is the least intensive, least restrictive level of care that is able to safely meet the participant's behavioral health and medical needs.

Beacon reviews all requests based on standard industry turnaround time guidelines set by the National Committee for Quality Assurance (NCQA). These turnaround time guidelines are used

nationally to reduce the number of unnecessary denials due to limited clinical information and difficulty receiving needed clinical information to justify a request. All urgent levels of care requests are treated with the utmost priority given the urgent nature of the situation and therefore are processed within 1 hour to 72 hours of receipt. All non-urgent, or lower level of care, requests are processed within same day of receipt but can take up to 14 business days, depending on complexity of the clinical presented. Concurrent reviews for urgent levels of care must be submitted on the first uncovered day; lower levels of care may be submitted up to 14 days prior to the expiration of the current authorization. Current clinical, reflecting symptoms and/or behaviors of concern, progress (or lack thereof), rationale for level of care requested and discharge planning is needed on all authorization requests.

If a Beacon Clinical Care Manager is not able to authorize a requested service as medically necessary, the request for service will be referred to a Beacon Health Options ® Maryland Physician Adviser for review. If the service requested does not meet Medical Necessity Criteria and is non-authorized, the determination of the non- authorized case will be communicated both via ProviderConnect and telephonically to the provider (refer to Chapter 10 on Grievances and Appeals for further information).