

## Medical Necessity Criteria

### Behavioral Health Services for Children and Adolescents (BHCA) Therapeutic Mentoring (TM) Services

Commercial Members Only

**Therapeutic Mentoring (TM) Services** are provided to youth (under the age of 19) in any setting where the youth resides, such as the home (including foster homes and therapeutic foster homes), and in other community settings, such as child-care centers, respite settings, and other culturally and linguistically appropriate community settings. TM offers structured, one-to-one, strength-based support services between a therapeutic mentor and a youth for the purpose of addressing daily living, social, and communication needs. TM services include supporting, coaching, and training the youth in age-appropriate behaviors, interpersonal communication, functional skill-building, problem-solving and conflict resolution, and relating appropriately to other youth and adults in recreational and social activities. TM services must be pursuant to a behavioral health treatment plan, indicating a behavioral health diagnosis, developed by an outpatient or Family Support and Training (FS&T)/In-Home Therapy (IHT) provider, in concert with the family and youth whenever possible, or Individual Care Plan (ICP) for youth in Intensive Care Coordination (ICC). These services help to ensure the youth's success in navigating various social contexts, learning new skills, and making functional progress. The Therapeutic Mentor offers supervision of these interactions and engages the youth in discussions about strategies for effective handling of community interactions. TM is delivered by strength-based, culturally and linguistically appropriate qualified paraprofessionals under the supervision of a licensed clinician.

TM services must be necessary to achieve a goal(s) established in an existing behavioral health treatment plan for outpatient or IHT or in an ICP for youth in ICC. Progress toward meeting the identified goal(s) must be documented and reported weekly to the youth's current treater(s). If there is no significant progress, appropriate changes to the treatment plan must be documented. Services are designed to support age-appropriate social functioning or ameliorate deficits in the youth's age-appropriate social functioning.

### Criteria

#### Admission Criteria

*All of the following criteria are necessary for admission to this level of care:*

1. A comprehensive behavioral health assessment indicates that the youth's clinical condition warrants this service in order to support age-appropriate social functioning, or to ameliorate deficits in the youth's age-appropriate social functioning.
2. The Member is a youth, younger than 19 years of age, living with a parent/guardian/caregiver in the community.
3. The youth requires education, support, coaching, and guidance in age-appropriate behaviors, interpersonal communication, problem-solving and conflict resolution, and relating appropriately to others. These services are needed to address daily living, social, and communication needs, and to support the youth in a home, foster home, or community setting.
4. The Member displays such risk behaviors as to warrant a level of care beyond the formal outpatient suite of services, or naturally occurring services in the youth's family or available social network. These behaviors have caused impairments in functioning at home, in school or in the community.
5. Required consent is obtained.
6. The youth is currently engaged in outpatient services, IHT, or ICC, and the provider treatment plan or ICC CPT determines that TM Services can facilitate the attainment of a specific,

measurable goal or objective identified in the treatment plan or ICP. The goal or objective pertains to the development of communication skills, social skills and peer relationships. This goal is specified at the time of initial referral and is updated throughout treatment.

**Psychosocial, Occupational, and Cultural and Linguistic Factors**

*These factors may impact the risk assessment and should be considered when making level-of-care decisions.*

**Continued Stay Criteria**

**All** of the following criteria are required for continuing treatment at this level of care:

1. The youth's clinical condition continues to warrant TM Services in order to continue progress toward treatment plan goals.
2. The youth's treatment does not require a more-intensive level of care.
3. No less-intensive level of care would be appropriate.
4. Care is rendered in a clinically appropriate manner and focused on the youth's behavioral and functional outcomes as described in the treatment plan/ICP.
5. Progress in relation to specific behavior, symptoms, or impairments is evident and can be described in objective terms. If goals have not yet been achieved, adjustments in the treatment plan/ICP to address lack of progress are evident.
6. The youth is actively participating in the plan of care to the extent possible consistent with their condition.
7. Where applicable, the parent/guardian/caregiver and/or natural supports are actively involved, as required by the treatment plan/ICP. Treatment does not require a more-intensive level of care.

**Discharge Criteria**

**Any one** of the following criteria is sufficient for discharge from this level of care:

1. The youth no longer meets admission criteria for this level of care, or meets criteria for a less- or more-intensive level of care.
2. The treatment plan/ICP goals and objectives have been substantially met, and continued services are not necessary to prevent worsening of the youth's behavioral health condition.
3. The youth and parent/guardian/caregiver are not engaged in treatment. Despite multiple, documented attempts to address engagement, the lack of engagement is of such a degree that it implies withdrawn consent, or treatment at this level of care becomes ineffective or unsafe.
4. Required consent for treatment is withdrawn.
5. The youth is not making progress toward treatment goals, and there is no reasonable expectation of progress at this level of care. Also, this service is not required in order to maintain the current level of functioning.
6. The youth is placed in a hospital, skilled nursing facility, psychiatric residential treatment facility, or other residential treatment setting and is not ready for discharge to a family home environment or to a community setting with community-based supports.
7. The youth displays a pattern of behavior that may pose an imminent risk to harm self or others, or sufficient impairment exists that requires a more-intensive service beyond community-based intervention.
8. The youth has medical conditions or impairments that would prevent beneficial utilization of services.
9. TM services are not needed to achieve an identified treatment goal, or the treatment goal is not age-appropriate, or the treatment goal is inappropriate for the youth's baseline level of functioning.
10. The youth's primary need is only for observation or for management during sport/physical activity, school, after-school activities, or recreation, or for parental respite.

11. The service needs identified in the treatment plan/ICP are being fully met by similar services.
12. The youth is placed in a residential treatment setting with no plans for return to the home setting within approximately three weeks.