

Application

Application of this Medical Policy applies to:
RItE Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), Commercial (HBE), INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)
Application Excluded for:
Extended Family Planning (EFP)

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other Medicare guidelines.

For FIDE Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the member's Medicaid benefit.

For CO-DSNP Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Description

Members with mental illness require programs that deliver recovery-oriented care, addressing all clinical needs both behavioral and medical. These specialized programs are responsible for ensuring integration of care which includes coordinating the recipient's comprehensive health care needs including physical health, mental health, substance use and social supports. The performance of these programs will be measured, and the goal is improving access to high quality community-based services and decrease costs.

The specialized programs for members with serious mental illness will be a holistic, person- centered care model that aims to improve member outcomes and takes into account behavioral (mental

health and substance use) and primary medical and specialist needs in order to strengthen the connection these high-risk patients have to the comprehensive health care system. Emphasis is placed on the monitoring of chronic conditions, timely post inpatient discharge follow-up and preventative and education services focused on self-care, wellness and recovery.

Applicable Services:

1. Clubhouse
2. Supported Employment
3. Certified Community Behavioral Health Clinic (CCBHC)
4. Community Based Narcotic Treatment
5. Outpatient Psychotherapy

Clubhouse

Clubhouse is an outpatient program for adults who are recovering from a severe and persistent mental illness.

The goal of the program is to promote recovery through use of a therapeutic environment that includes responsibilities within the Clubhouse (e.g., clerical duties, reception, food service, transportation, financial services), as well as through outside employment, education, meaningful relationships, housing, and an overall improved quality of life.

A core component of the program is the "work-ordered day," the structure around which daily activity is organized. The day-to-day operation of the Clubhouse is the responsibility of members and staff, who work side by side in a rehabilitative environment. Other core components include transitional, supported, and independent employment through which members can secure jobs at prevailing wages in the wider community; access to community support, such as housing and medical services; assistance in accessing educational resources; "reach-out" to maintain contact with all active members; participation in program decision-making and governance; and evening, weekend, and holiday social programs.

A Clubhouse is typically open at least 5 days a week and offers recreational and social programs during the evenings and on weekends. The work-ordered day equates to typical working hours.

Coverage Determination

1. The member has a diagnosis of:
 - a. Bipolar Disorder
 - b. Borderline Personality Disorder
 - c. Delusion Disorder
 - d. Major Depressive Disorder, Recurrent
 - e. Obsessive-Compulsive Disorder

- f. Psychotic Disorder
 - g. Schizoaffective Disorder
 - h. Schizoid Personality Disorder
 - i. Schizophrenia
2. The provider has collected information on the members:
 - a. Vocational, educational, social relationships, & independent living goals; and
 - b. Current psychiatric evaluation
3. The provider and member use the initial evaluation findings to develop an activity plan no later than 1 week after the member began Clubhouse. Members may be involved in writing the records reflecting their Clubhouse participation. The records must be signed by the provider and the member
4. The activity plan includes all the below:
 - a. The member's vocational, educational, social relationships, & independent living goals;
 - b. The skills, knowledge, activities, or other interventions that will be used for each goal;
 - c. The activities needed to improve the member's engagement (i.e. learning activities, etc);
 - d. The plan to coordinate Clubhouse services with the member's behavioral health and other providers;
 - e. Documentation includes at least weekly progress notes that address each service provided.
5. Clubhouse services should include a minimum of three (3) hours per service, at least 1 time per week

Exclusions and Limitations:

Applicable Lines of Business:

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|---|--|---|
| <input checked="" type="checkbox"/> RIte Care (MED) | <input checked="" type="checkbox"/> Rhody Health Partners (RHP) | <input type="checkbox"/> Health Benefits Exchange (HBE) |
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| <input checked="" type="checkbox"/> Children with Special Health Care Needs (CSN) | <input checked="" type="checkbox"/> INTEGRITY for Duals | <input type="checkbox"/> Duals CONNECT |

- Must be 18 years old or greater.

Supported Employment

Supported Employment is a program that assists adults who are recovering from a severe and persistent mental illness with finding and keeping meaningful jobs that pay at least minimum wage and are in work settings that include people who are not disabled.

Supported Employment services include, at a minimum:

- Job seeking skills training;
- Job development and job matching services;
- Job coaching;
- Follow-along supports;
- Benefits counseling;
- Referral to the Office of Rehabilitation Services;
- Career counseling and training;
- Referral to other community resources that provide employment assistance;
- Planning for transportation necessary to gain or keep employment

Supported Education Services include, at a minimum;

- Planning for, and applying to GED and post-secondary educational programs & opportunities;
- Researching and applying for financial aid;
- Accessing the disability services of the educational institution;
- Planning for transportation necessary for attaining educational goals;
- Implementing follow-along supports to include on-site and/or off-site supports;
- Referrals to other community organizations that will support the individual's educational goals.

The program provides an effective system for ensuring that the member can access crisis intervention services in the event that a critical incident could impact the member's employment. The member's interests and skills are used to perform an ongoing work-based assessment aimed at identifying the type of work and environment for which the member is best suited. Priority is given to mainstream jobs with permanent status over sheltered or time-limited jobs. When appropriate, the provider helps the member end a job and assists with finding a new one.

Criteria:

1. The member has a diagnosis of:
 - a. Bipolar Disorder
 - b. Borderline Personality Disorder
 - c. Delusion Disorder
 - d. Major Depressive Disorder, Recurrent
 - e. Obsessive-Compulsive Disorder
 - f. Psychotic Disorder
 - g. Schizoaffective Disorder
 - h. Schizoid Personality Disorder
 - i. Schizophrenia
2. Member has been unsuccessful with traditional employment strategies and needs ongoing support, to choose, find and keep employment.

3. The provider, in collaboration with the member, conducts a formal review of the plan at least every 6 months or more often if there are significant changes, and involves the employer in the review as appropriate.

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- Must be 18 years old or greater

Certified Community Behavioral Health Clinic (CCBHC)

A Certified Community Behavioral Health Clinic is a specially designated clinic that complies with all certification standards as issued by the Substance Abuse and Mental Health Services Administration (SAMHSA) and is certified by BHDDH (Behavioral Healthcare, Developmental Disabilities & Hospitals). This clinic provides coordinated comprehensive behavioral healthcare to anyone seeking help for a mental health or substance use condition, regardless of their place of residence, ability to pay, age, or the severity of their condition.

CCBHCs provide:

- Mental health and substance use services appropriate for individuals across the lifespan.
- Increased access to high-quality community mental health and substance use care, including crisis care.
- Integrated person- and family-centered services, driven by the needs and preferences of the people receiving services and their families.
- A range of evidence-based practices, services, and supports to meet the needs of their communities.
- Services provided in homes and communities rather than in inpatient or non-community based residential settings.

Exclusions and Limitations:

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- Members cannot be enrolled in the IHH/ACT and Certified Community Behavioral Health Clinic (CCBHC) programs within the same month.
- Requirements must be met within EOHHS Regulations and Guidelines for CCBHC's.
- Must comply with the EOHHS CCBHC Provider Billing Manual.
- CCBHC are an out-of-plan benefit for MMP members. This benefit must be accessed directly through Medicaid fee-for-service, not Neighborhood.

Community Based Narcotic Treatment

Medication assisted treatment services include the administration of medication for opioid use disorder (MOUD) for appropriate patients, combined with clinically appropriate counseling, medical screening, urine toxicology, testing, HIV/AIDS education, care management, and other appropriate services. Treatment goals include the reduction or elimination of IV drug use and the use of unprescribed opioids, as well as the evaluation, reduction or elimination of use of alcohol or other drugs, improving the members' health status and improving their level of functioning. Members may get medication assisted treatment on a short-term (detoxification) basis and a long-term basis, though the duration of service will vary depending on individual need. This level of care may be provided to members who are addicted to opiates (as outlined in federal regulations). Members are allowed daily dosing, and individual, family, or group counseling as clinically indicated. Treatment may include Methadone Maintenance, Buprenorphine and Suboxone treatment.

Admission Criteria:

Admission to opioid treatment services as reasonable and medically necessary when ALL of the following are met:

1. Have an active DSM-V Axis I diagnosis of opioid use disorder, and
2. Have a history of opioid withdrawal and/or symptoms of opioid withdrawal; and

3. Meet all appropriate Drug Enforcement Agency (DEA) and Department of Public Health (DPH) regulations; and
4. Have a sufficiently acute risk of relapse or continued opiate dependence and require a medication prophylaxis, regular counseling, and individualized urine monitoring; and
5. Have biomedical conditions and opiate addiction-based complications that require medical monitoring and skilled care most effectively managed at this level of care.

Additionally, the below may also apply:

1. Members who previously received medications for opioid use disorder without evidence of current physical dependence and/or recent relapse may be re-admitted if there is a documented risk for opiate use and/or recent relapse.
2. Members who are younger than 18 years of age may be admitted to this level of care if they are pregnant or have two documented unsuccessful attempts at short-term detoxification or drug-free treatment within the previous 12 months.

Continued Care Criteria:

Continuation of opioid treatment services as reasonable and medically necessary when ALL of the following are met:

1. Continue to meet admission criteria, and
2. A different level of care is not appropriate; and
3. Experience symptoms of such intensity that, if discharged, would require a more intensive level of care; and
4. Receive individualized and specific treatment planning, including, but not limited to provider's orders, special procedures, contraindications, and other medications; and
5. When appropriate, providers must:
 - a. Consider medication trials, as appropriate
 - b. Ensure that Members receive different treatment(s) if symptoms change, or if they make or fail to make progress
 - c. Have strategies in place to address any possible treatment plan changes
 - d. Have a treatment plan that documents treatment coordination and coordination with state agencies, caregivers and family, as appropriate
 - e. Attempt to discharge or move to a lower level of care

Discharge Criteria:

Discharge from opioid treatment services as reasonable and medically necessary when ONE of the following are met:

1. Achieve treatment goals; or
2. Have a support system that agrees to follow through with care, and are able to be in a less-restrictive environment; or
3. Have all appropriate community-based linkages in place and functioning; or
4. Withdraw consent for treatment, or a parent/guardian withdraws such consent; or

5. Do not appear to be participating in the treatment plan, or are not making progress toward goals, with little to no expectation for progress

Exclusions and Limitations:

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- Members have medical problems that require hospitalization and/or an illness that would interfere with medication-assisted treatment.
- Members who are experiencing acute withdrawal from opioids, sedative hypnotics, alcohol, or stimulant drugs.

Outpatient Psychotherapy

Outpatient psychotherapy services are covered for the diagnosis and treatment of mental health and substance use disorders specified in the most recent Diagnostic and Statistical Manual (DSM)[™] or with the most recent International Classification of Diseases (ICD). The reported diagnosis should support the current symptom presentation and should be the focus of treatment.

Criteria:

Outpatient psychotherapy services, delivered by a licensed provider in a recognized discipline, are reasonable and medically necessary when EITHER 1 or 2 of the following are met:

1. Meet ALL of the following:
 - a. When clinical data provide clear evidence of signs and symptoms consistent with a mental health or substance use disorder as defined in the most recent DSM or ICD; and
 - b. When there is a treatment plan, with measurable goals and approaches, that address the signs and symptoms of the patient's mental health or substance use disorder and that is consistent with current professional practice standards; and
 - c. When there is no less intensive or more appropriate level of service that can be safely and effectively provided; or
2. When clinical data indicate that the Member's condition has stabilized and continued treatment at a less frequent maintenance level is needed to sustain the current level of functioning.

Exclusions and Limitations:

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- Services that could safely and effectively be provided at a lesser frequency or intensity
- Therapy visits more than once a week except:
 - In situations of acute crisis (i.e. severe symptoms, risk of hospitalization, and/or severe functional impairments) for a brief period of time, or
 - Dialectical Behavioral Therapy (DBT) is appropriate up to twice per week. DBT is an outpatient treatment that focuses on helping people cope with extreme emotional suffering and, at times, self-injurious behavior, manage challenging situations, and improve their relationships.
- When services are not documented in a medical record containing concurrent progress notes

General Exclusions and Limitations:

- Member requires a level of structure and supervision above or below the scope of requested services
- Member has medical conditions or impairments that would prevent beneficial utilization of services.
- Services not effective in treating the client's condition, which is indicated by their diagnosis, and should address issues like danger to life, suffering, illness, or potential for aggravating a handicap.
- Requested services should be the best course of treatment, meaning there's no equally effective, more conservative, or less costly alternative suitable for the individual.
- Requested services provided in accordance with a treatment plan approved by a licensed behavioral health practitioner, inclusive of a Physician, Licensed Psychologist, Registered Nurse, Licensed Mental Health Counselor (LMHC), Licensed Marriage and Family Therapist (LMFT), La Clínica del Pueblo (LCDP), or a Certified Independent Social Worker (CISW) as defined in Rhode Island General Laws, Chapter 39.
- Any duplication of same/similar services.

References:

- State of Rhode Island, General Laws. (2014). Title 40.1: Chapter 5.45, Division of Mental Health.
- State of Rhode Island, Executive Office of Health and Human Services. Certified Community Behavioral Health Clinic Provider Billing Manual.
- Contract between The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2025.
- Contract between United States Department of Health and Human Services Centers for Medicare and Medicaid Services in partnership with The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2022.

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the [Authorization Quick Reference Guide](#).

CMP Number: BH-003
CMP Cross Reference:

Created: August 2025
Annual Review
Month: August
Review Dates: 8/20/25
Revision Dates

CMC Review Date: 8/20/25**Medical Director** 8/20/25**Approval Dates:****Effective Dates:** 9/1/25

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.