

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 available CMS published guidance.

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 serious mental illness require specialized 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 support. The performance of these programs will be measured, and the goal is to improve 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.

Intermediate services are an array of programs and services that offer comprehensive and coordinated diagnostic, clinical and educational services that may vary in intensity level according to the needs of the member served. Intermediate services offer a fully integrated behavioral health

treatment aspect that includes a multi-disciplinary team approach supported by psychiatry when appropriate.

Applicable Services:

Intermediate Service

Integrated Health Home (IHH)/Assertive
Community Treatment (ACT)
Intensive Outpatient Treatment (IOP)
Enhanced Outpatient Services
Day/Evening Treatment

Residential Services

Mental Health Psychiatric Rehabilitative
Residence (MHPRR)

INTERMEDIATE SERVICES

Integrated Health Home (IHH) and Assertive Community Treatment Program (ACT)

Integrated Health Home (IHH) is a service provided to community-based members by professional behavioral health staff and peers in accordance with an approved person-centered plan for the purpose of ensuring the member's stability and continued community placement. IHH builds connections with other community and social supports and enhances coordination of medical and behavioral health services to meet the needs of a member with multiple chronic illnesses.

Assertive Community Treatment (ACT) provided through the IHH, is a comprehensive and complementary set of services designed to meet all of a members' needs in a community setting. A multi-disciplinary team provides the member enrolled in ACT with mental health outpatient services, care coordination, peer support, psychopharmacology, substance use disorder counseling, vocational training, and care management, with the goal of increasing community placement. ACT is not a case-management program that connects individuals to mental health, housing, or rehabilitation programs — that is the role of the IHH staff layered onto the ACT teams. The ACT team is mobile and delivers integrated clinical treatment, rehabilitation, and other supportive services in community locations. Emphasis is placed on the monitoring of chronic conditions, and preventative and education services focused on self-care, wellness, and recovery. The ACT team is available to provide services 24 hours per day, seven days per week, and 365 days per year.

IHH teams monitor and provide medically necessary interventions to assist in the management of symptoms and overall life situations, including access to needed medical, social, educational, and other services. Services including:

1. Comprehensive care management;
2. Care coordination and health promotion;
3. Comprehensive transitional care from inpatient to other settings, including follow-ups;
4. Individual and family support services;

5. Referrals to community and social support services;
6. The use of health information technology to link services

Coverage Determination

Criteria:

1. The State of Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) determines that the member is eligible for IHH.
2. The member has a diagnosis of:
 - a. Bipolar Disorder
 - b. Borderline Personality Disorder
 - c. Delusional Disorder
 - d. Major Depressive Disorder, Recurrent
 - e. Obsessive-Compulsive Disorder
 - f. Psychotic Disorder
 - g. Schizoaffective Disorder
 - h. Schizoid Personality Disorder
 - i. Schizophrenia
3. The member meets the highest level of care in use of the Daily Living Activities Functional Assessment (DLA): DLA score of >3.0 – 5.0.
 - a. NOTE: BHDDH may determine that the member qualifies for IHH when the member does not have a qualifying diagnosis. But their DLA score indicated significant functional impairment.

Discharge Criteria:

1. The member has successfully reached their individually established goals for discharge, and when the member and program staff mutually agree to the termination of services.
2. The member has successfully demonstrated an ability to function in all major role areas (i.e. work, social, self-care) without ongoing assistance from the program, without significant relapse when services are withdrawn, and when the member requests discharge, and the program staff mutually agree to the termination of services.
3. The member has not participated in any service for a period of 90 days despite documented efforts to engage the member in treatment.

Exclusions and Limitations:

Applicable Lines of Business:

☒ RItE Care (MED)

☒ Rhody Health Partners
(RHP)

☐ Health Benefits
Exchange (HBE)

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| ☐ Substitute Care (SUB) | ☒ Rhody Health Expansion (RHE) | ☐ Extended Family Planning (EFP) |
| ☐ Children with Special Health Care Needs (CSN) | ☒ INTEGRITY for Duals | ☐ Duals CONNECT |

- Must be 18 years old or greater
- Members can only be enrolled in one specialized program at a time and cannot be simultaneously enrolled in IHH/ACT and Opioid Treatment Provider (OTP) Health Home Program. This is considered a duplication of services.
- Members in a Mental Health Psychiatric Rehabilitative Residence (MHPRR) cannot also be enrolled in ACT.
- Members cannot be enrolled in the IHH/ACT and Certified Community Behavioral Health Clinic (CCBHC) programs within the same month.
- Meet all requirements within the EOHHS Integrated Health Home Description.
- Meet all requirements within the EOHHS Integrated Health Home (IHH) and Assertive Community Treatment (ACT) Program Provider Billing Manual.
- See the **General Exclusions and Limitations** section of this policy.

Intensive Outpatient Treatment (IOP)

A clinically structured outpatient program for individuals similar to a Day Treatment offering short-term day, evening, or combination which consists of intensive treatment within a stable therapeutic milieu for those individuals who can be safely treated in a less intense setting than a partial, day or evening program but require a higher level of intensity than that available in outpatient therapy. IOP's primary treatment modality is group therapy which supports positive and safe communication and interactions in a supportive therapeutic milieu which is an essential component for member recovery.

Minimum program requirements include:

- Members receive clinical treatment based on the member's clinical needs. It is recommended that the clinical services are provided at least 3 hours per day, 3 times/week for BH and/or SUD.
- Individualized treatment plan, assessment, medication and evaluation, group, individual, and family, counseling, crisis intervention, and activity therapies or psychoeducation, when determined to be clinically appropriate based on the member's needs.
- Licensed physician on staff or on call that can adjust and evaluate medication if needed. Alternatively, designated program clinical staff will coordinate, collaborate, and/or link a member to a prescriber, if needed.
- A licensed practitioner responsible to supervise program and staff and a treatment plan

will be provided for each member.

Criteria:

1. Member has a current DSM or corresponding ICD-CM diagnosis; and
2. Member requires ongoing support to maintain their daily responsibilities in the community; and
3. There is an expectation for improvement with these services

Exclusions and Limitations:

Applicable Lines of Business:

☒ RItE Care (MED)	☒ Rhody Health Partners (RHP)	☒ Health Benefits Exchange (HBE)
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- See the **General Exclusions and Limitations** section of this policy.

Enhanced Outpatient Services

Enhanced Outpatient Services (EOS) are home/community-based clinical services provided for up to 5 days per week, 4 hours per day by a team of specialized licensed therapists, case managers and paraprofessional, to children who have serious emotional disturbances and their families.

Examples of EOS clinical specialists include providers with expertise in the treatment of developmental disabilities, sexual abuse, and post-traumatic stress disorder.

EOS are intended to stabilize members who are at risk of admission to inpatient or residential treatment center or are used to assist members who are transitioning from inpatient or residential treatment center back into the community.

Providers offer prompt access to this service and are able to provide varying levels of service intensity (multiple times per day and tapering to multiple times per week) to meet the unique needs of children and their families. This service may be used to assist a child in transitioning from an inpatient stay or to prevent an admission.

Minimum program requirements include:

- Home/community based clinical services provided to meet the member's clinical needs. It is recommended that services are provided for up to 5 days per week.

- Services are provided to the member based on the member's needs. It is recommended that this includes 4 hours per day of service by a multi-disciplinary clinical team.

Criteria:**Admission Coverage Criteria:**

Admission to enhanced outpatient services is appropriate when ALL of the following are met:

1. Member has a current DSM or corresponding ICD-CM diagnosis; and
2. Member is presenting with moderate to severe behavioral health symptoms and serious impairment is evident in multiple settings (i.e., family, social, school); and
3. There is disruption in behavior or functional status, and the Member requires more than office-based outpatient behavioral health treatment services; and
4. There is an expectation for improvement with these services; and
5. Member currently does not have any other therapeutic behavioral health home-based treatment services in place. Other support services may continue with the expectation that care be coordinated (e.g., Kids Connect, PASS or Respite); and
6. Treatment will occur in a safe and stable home residence (excluding residential treatment facilities); and
7. Parent or guardian agrees to work with the EOS provider and actively participate in the jointly developed treatment plan; and
8. At least ONE of the following:
 - a. Member discharged from a higher LOC (e.g., inpatient, ARTS, PHP, IOP or day treatment) in the past 30 days; or
 - b. Member had a recent admission (within 6 months) to a higher LOC.
 - c. Member evaluated by licensed child clinician and determined to need diversionary service to avoid a more restrictive LOC; or
 - d. An EOS intervention was successful prior to the current crisis (in the past 30 days), and EOS involvement is likely to stabilize the family.

Continuation Coverage Criteria:

Continuation of enhanced outpatient services are appropriate when ALL of the following are met:

1. Member continues to meet admission criteria and another LOC, either higher (e.g., ARTS, PHP, day treatment, or IOP) or lower is not appropriate; and
2. A treatment plan has been updated which addresses severity, current condition, and ongoing progress towards goals; and
3. Clinical services are provided at a minimum of three (3) face-to-face clinical hours weekly; and
4. Member progress is reviewed at least weekly, and the treatment plan modified, with interventions necessary to address targeted behaviors and goals for discharge; and
5. Medication assessment has been completed when appropriate; medication trials have been considered, started or ruled out; and
6. Parent or guardian continues to actively participate in, and are present for treatment as clinically required and appropriate; or engagement efforts are underway; and
7. Coordination of care and active discharge planning are occurring with a goal of transitioning the Member to a less intensive treatment setting; and

8. Member continues to not have any other therapeutic behavioral health home-based treatment services in place. Nontherapeutic support services (e.g., Kids Connect, PASS or respite) may continue with the expectation of care coordination.

Discharge Coverage Criteria:

Discharge from enhanced outpatient services are appropriate when ONE of the following are met:

1. Member no longer meets admission criteria and another LOC, either higher (e.g., ARTS, PHP, day treatment, or IOP) or lower is more appropriate; or
2. Member's individual treatment plan and goals have been met; or
3. Member has reached their optimal level of functioning based on their cognitive, psychological, and social limitations; or
4. Member, parent, or guardian withdraws consent for treatment; or
5. Member and parent/guardian do not appear to be actively participating in the treatment plan; or
6. Member is not making progress toward the treatment goals, nor is there expectation of any progress; or
7. Member is clinically appropriate to attend routine outpatient treatment in an office or community-based treatment setting.

Exclusions and Limitations:

Applicable Lines of Business:

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| ☒ RIte Care (MED) | ☒ Rhody Health Partners (RHP) | ☒ Health Benefits Exchange (HBE) |
| ☒ Substitute Care (SUB) | ☒ Rhody Health Expansion (RHE) | ☐ Extended Family Planning (EFP) |
| ☒ Children with Special Health Care Needs (CSN) | ☒ INTEGRITY for Duals | ☐ Duals CONNECT |

- EOS is not intended to serve as emergency care, and referrals do not provide immediate access. EOS may not be provided when child and adolescent intensive treatment services (CAITS), child and family intensive treatment (CFIT) or HBTS are being used.
- See the **General Exclusions and Limitations** section of this policy.

Day/Evening Treatment

A structured program focused on enhancing current levels of functioning and skills while maintaining community living. Members who no longer require active medically based services may have significant residual symptoms that require extended interventions to address recovery. The goal of day/evening treatment is to assist members with behavioral health disorders to achieve and

maintain their highest level of functioning and work toward appropriate development goals. The services provided include individual and family behavioral health therapies; psychosocial and adjunctive treatment modalities including rehabilitative, pre-vocational and life skill services to enable the individual to attain adequate functioning in the community.

Criteria:

1. Member has a current DSM or corresponding ICD-CM diagnosis; and
2. Member requires ongoing support to enhance current levels of functioning and skills to maintain community living; and
3. There is an expectation for improvement with these services

Exclusions and Limitations:

Applicable Lines of Business:

☒ RIte Care (MED)	☒ Rhody Health Partners (RHP)	☐ Health Benefits Exchange (HBE)
☒ Substitute Care (SUB)	☒ Rhody Health Expansion (RHE)	☐ Extended Family Planning (EFP)
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- See the **General Exclusions and Limitations** section of this policy.

RESIDENTIAL SERVICES

Mental Health Psychiatric Rehabilitative Residence (MHPRR)

Mental Health Psychiatric Rehabilitative Residence (MHPRR) is a licensed 24-hour staffed residential program which also provides a range of therapeutic, rehabilitative, and casework services to members who also qualify for Integrated Health Home (IHH) services. MHPRR services are provided in any of the following settings:

- Supportive Psychiatric Rehabilitative Residence – Apartments
- Basic Psychiatric Rehabilitative Residence
- Specialized Mental Health Psychiatric Rehabilitative Residence

Services offered vary by type of MHPRR, but include the following:

- Individual, group, and family counseling.
- Prescription, education, administration, and monitoring of medications.

- Social case work, such as client-based advocacy, linkage to and monitoring of outside services, individualized treatment planning and skill teaching, income maintenance, and medical care assistance.
- Limited physical assistance as required, such as mobility, assistance with non-injectable medications, dressing, range of motion exercises, transportation, and household services.
- Skill assessment and development, such as personal hygiene, health care needs, medication compliance, use of community resources, social skills development and assistance, support in the development of appropriate behaviors to allow for participation in normalized community activities.

Criteria:

1. The State of Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) determines that the member is eligible for IHH.
2. The member has a diagnosis of:
 - a. Bipolar Disorder
 - b. Borderline Personality Disorder
 - c. Delusional Disorder
 - d. Major Depressive Disorder, Recurrent
 - e. Obsessive-Compulsive Disorder
 - f. Psychotic Disorder
 - g. Schizoaffective Disorder
 - h. Schizoid Personality Disorder
 - i. Schizophrenia
3. The member is receiving IHH services.
4. The member is in active behavioral health treatment and referred to MHPRR by a physician
5. The member meets any of the below priority placement criteria:
 - a. A history of being incarcerated, institutionalized, or in a controlled environment of any kind including but not limited to, the Eleanor Slater Hospital, the Forensic Service at the Eleanor Slater Hospital, or the Adult Correctional Institute;
 - b. Exhibits dangerous behavior and/or has a history of violence that require close supervision and a highly structured setting to ensure the safety of the member and/or community;
 - c. A co-occurring physical health problem, developmental disability, and/or substance use disorder that requires more intensive treatment monitoring, and support that can be provided in a less restrictive community setting;
 - d. Has received Court-ordered outpatient care and treatment and the member is in compliance with the order;
 - e. The member has had 1 or more psychiatric hospitalizations within the past year.

Exclusions and Limitations:**Applicable Lines of Business:**

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|---|--|---|
| ☒ RIte Care (MED) | ☒ Rhody Health Partners (RHP) | ☐ Health Benefits Exchange (HBE) |
| ☒ Substitute Care (SUB) | ☒ Rhody Health Expansion (RHE) | ☐ Extended Family Planning (EFP) |
| ☒ Children with Special Health Care Needs (CSN) | ☒ INTEGRITY for Duals | ☐ Duals CONNECT |

- Must not be under the jurisdiction of the Department of Children, Youth, & Families (DCYF).
- Members enrolled in ACT cannot also be involved in a MHPRR.
- Only community residences licensed by Rhode Island's Department of Behavioral Healthcare, Developmental Disabilities & Hospitals that are in good standing and in compliance with the MHPRR rules and regulations detailed in 210 RICR-10-10-1.6.12, and state and federal regulations are eligible to be an Enhanced MHPRR (E-MHPRR).
- See the **General Exclusions and Limitations** section of this policy.

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 that are not effective in treating the member's condition. Services 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.
 - Exclusions to this general rule include:
 - Crisis Intervention Services, which may be both recommended and delivered by the mental health professional on duty at the time of the crisis without the need for a treatment plan or approval by a licensed practitioner of the healing arts.
 - Mental Health Psychiatric Rehabilitative Residence services which require physician authorization on the treatment plan and must be supervised by a registered nurse.

- Any duplication of same/similar services

References:

- State of Rhode Island Executive Office of Health and Human Services Integrated Health Home <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2021-11/integrated-health-home.pdf>
- State of Rhode Island Executive Office of Health and Human Services Integrated Health Home (IHH) and Assertive Community Treatment (ACT) Program Provider Billing Manual
- State of Rhode Island, General Laws. (2014). Title 40.1: Chapter 5.45, Division of Mental Health.
- State of Rhode Island, Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (2016) Opioid Treatment Program Health Homes.
- State of Rhode Island, Executive Office of Health and Human Services. (2016) Opioid Treatment Program (OTP) Health Home (HH) 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-002
CMP Cross Reference:

Created: August 2025
Annual Review Month: August
Review Dates: 8/20/25, 08/19/26
Revision Dates: 08/19/26
UMC Review Date: 8/20/25, 08/19/26
Medical Director Approval Dates: 8/20/25, 08/19/26
Effective Dates: 9/1/25, 08/19/26

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.