

1620-I HIGH COST BEHAVIORAL HEALTH REINSURANCE STANDARD

EFFECTIVE DATES: 02/14/96, 07/19/18

REVISION DATES: 10/01/04, 02/01/05, 09/01/05, 10/01/07, 01/01/11, 05/01/12, 03/01/13,
10/01/13, 01/01/16, 09/18/18

I. PURPOSE

This Policy applies to ALTCS E/PD Contractors. This Policy establishes case management standards for members covered by Reinsurance for high cost behavioral health.

Effective October 1, 2007 high cost behavioral health services were discontinued under catastrophic Reinsurance, unless the case was approved prior to October 1, 2007 and was active on September 30, 2007. In order to qualify for Reinsurance reimbursement under these separate catastrophic Reinsurance guidelines, members shall have been approved by AHCCCS prior to October 1, 2007 and active on September 30, 2007.

II. DEFINITIONS

REINSURANCE Reinsurance is a stop-loss program provided by AHCCCS to the Contractor for the partial reimbursement of covered medical services for the contract year. Reinsurance case types include but are not limited to regular, catastrophic, and transplant. These case types may have different qualifying criteria and reimbursement.

SERVICE PLAN A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.

III. POLICY**A. REQUIREMENTS FOR REINSURANCE FOR HIGH COST BEHAVIORAL HEALTH**

Reinsurance for high cost behavioral health is specifically designed to provide supplemental payment to Contractors for members who are elderly and/or have physical disabilities who are enrolled with the Contractor as specified by Contract and who meet all of the following criteria:

1. Have significant behavioral problems or a history of these behaviors which have been documented as difficult to manage.

2. Require a specialized service regimen for the management of his/her behavioral challenges.
3. Would be inappropriate for placement in a secured Alzheimer's or dementia unit.
4. Had an active case as of September 30, 2007, and behavioral health Reinsurance was approved by AHCCCS prior to October 1, 2007.

B. CIRCUMSTANCES FOR CASE APPROVAL TERMINATION

A member's case approval may be terminated under the following circumstances:

1. The member is transferred to a lower level of care,
2. AHCCCS determines through the review process at renewal that the member no longer meets the criteria,
3. The Contractor does not submit a request for renewal or respond to requested information in the time frames outlined in this policy, or
4. A member chooses to transfer to Tribal ALTCS, in which case Reinsurance is no longer applicable.

Previously-approved cases cannot be reapproved after termination with the following exception: If, within six months of a termination due to a member transitioning to a lower level of care, the transition is found to be unsuccessful as a result of a significant change/s in the member's behaviors, the Contractor may submit a request to AHCCCS DHCM, Medical Management (MM) for re-approval of behavioral health Reinsurance. The request shall include documentation of any new or recurrent behaviors which cannot be appropriately managed by the lower level-of-care facility. If approved, the Contractor shall ensure the member is transitioned back to the previous or similar placement setting.

A member's temporary absence from the approved placement (e.g. for hospitalization) will not impact the continuation of the approval upon the member's return.

C. ADDITIONAL REQUIREMENTS

In addition to all other ALTCS case management standards, the following standards also apply for members covered under high cost behavioral health Reinsurance:

1. The following time frames and requirements apply to requests for renewal of a Reinsurance authorization:
 - a. A request for renewal of a Reinsurance authorization shall be submitted to AHCCCS/DHCM/MM using the form found in Exhibit 1620-6, at least 10 business days prior to the expiration of the current approval,

- b. If the renewal request is later than 10 days prior to the expiration of the current approval, the services provided after that deadline, through the date of approval of the renewal, will be removed from the calculation of the Reinsurance reimbursement,
 - c. If a renewal request is not received within 30 days after the expiration of the current approval, the Reinsurance case will be terminated,
 - d. If additional provider documentation that supports the member's current behaviors and need for intervention is requested by AHCCCS, this documentation shall be submitted within seven business days of the request,
 - e. If the requested documentation is received later than seven days after the request, the services provided after that deadline, through the date of receipt of the requested information, will be removed from the calculation of the Reinsurance reimbursement,
 - f. If the requested documentation is not received within 30 days of the request, the Reinsurance case will be terminated,
 - g. AHCCCS may waive the time frames and requirements for renewals and information requests at its discretion,
 - h. AHCCCS will provide the Contractor with written verification of authorization or denial, and
 - i. Authorization, if granted, will be for the member's current placement and setting only. If there is a subsequent change of placement or setting, information and documentation to describe the reason for the change shall be submitted as a new Reinsurance request within 30 days of the change in placement or setting. If the request is not received within 30 days of the change, the Reinsurance case will be terminated.
2. Contractors shall notify AHCCCS within 30 days by submitting Exhibit 1620-6, page 1 when a member covered under this Policy is disenrolled from ALTCS E/PD, transferred to another Contractor or Tribal ALTCS, no longer meets behavioral health Reinsurance criteria and/or is discharged from a specialized treatment setting.
 3. The Service Plan for members who receive specialized services covered under high cost behavioral health Reinsurance shall be developed with, and a copy provided to, the member's Primary Care Provider (PCP), the behavioral health provider, the family/guardian/representative, and the Contractor's Medical Director.
 4. Covered services included under high cost behavioral health Reinsurance may be found in Exhibit 1620-19. Given that high cost behavioral health Reinsurance is not available post-2007 as described in this Policy, AHCCCS does not update this service list to add, modify, or exclude services from the calculation.

Refer to the AHCCCS Encounter Manual and the AHCCCS Reinsurance Policy Manual for information regarding reporting and payment issues.