California Medical Necessity Criteria

March 2025

Carelon Health IPA (CHIPA) Medical Necessity/ Level of Care Criteria

Carelon Health IPA (CHIPA) uses its Medical Necessity Criteria (MNC) as guidelines, not absolute standards, and considers them in conjunction with other indications of a member's needs, strengths, and treatment history in determining the best placement for a member. CHIPA's MNC criteria are applied to determine appropriate care for all members. In general, members will only be certified if they meet the specific medical necessity criteria for a particular level of care. However, the individual's needs and characteristics of the local service delivery system and social supports are taken into consideration.

Medically Necessary Services are defined as those that are:

1. Intended to prevent, diagnose, correct, cure, alleviate or preclude deterioration of a diagnosable condition (most current version of ICD or DSM) that threatens life, causes pain or suffering, or results in illness or infirmity.
2. Expected to improve an individual's condition or level of functioning.
3. Individualized, specific, and consistent with symptoms and diagnosis, and not in excess of patient's needs.
4. Essential and consistent with nationally accepted standard clinical evidence generally recognized by mental health or substance abuse care professionals or publications.
5. Reflective of a level of service that is safe, where no equally effective, more conservative, and less resource intensive treatment is available.
6. Not primarily intended for the convenience of the recipient, caretaker, or provider.
7. No more intensive or restrictive than necessary to balance safety, effectiveness, and efficiency.
8. Not a substitute for non-treatment services addressing environmental factors
9. Reasonable and necessary to protect life, prevent illness or disability, or to ease pain through the diagnosis or treatment of disease, illness or injury.
10. Services needed to assist members in achieving age-appropriate growth and development, and attain, maintain, or regain functional capacity.

* For client or state specific medical necessity definitions, see addenda to policy UM 20 Medical Necessity.

CHIPA never requires the attempt of a less intensive treatment as a criterion to authorize any service.

The following Medical Necessity Criteria are intended to be used by CHIPA Clinical Utilization Management staff, Peer Advisors and Providers in determining the appropriate level of care for individuals in need of mental health services. Unless mandated by regulation or contract, CHIPA utilizes the American Society of Addiction Medicine (ASAM) criteria for the management of all substance use services.

Additionally, when determining the Medical Necessity of Covered Services for a **Medi-Cal** beneficiary under the age of 21, "Medical Necessity" is expanded to include the standards set forth in 42 USC Section 1396d(r), and W & I Code Section 14132 (v).

Where there is an overlap between Medicare and Medi-Cal benefits (e.g., durable medical equipment services), the CHIPA will apply the definition of medical necessity that is the more generous of the applicable Medicare and California Medi-Cal standards.

For **Medicare Plans:** Medicare (CMS) Guidelines are applied first, followed by National Coverage Determinations (NCD) or Local Coverage Determinations (LCD). If no CMS criteria exists for Medicare members, Change Healthcare's InterQual® Behavioral Health Criteria would be appropriate. If the applicable level of care is not found within the criteria noted above, CHIPA's Medical Necessity Criteria may be appropriate to use (Medicare Clinical Review Process Hierarchy is available in the P&P on Application of Level of Clinical Criteria for Medicare).

In addition to meeting Medical Necessity Criteria, services must be included in the member's benefit to be considered for coverage.

NMNC 4.401.10 Mobile Crisis

Mobile Crisis provides onsite assessment and crisis intervention to members in an active state of a behavioral health crisis. The purpose of a Mobile Crisis service is to provide rapid response, assessment, and timely intervention for adults, children/adolescents and families experiencing a behavioral health crisis.

This service is provided 24 hours a day, seven days a week, and the crisis team should be able to meet with the member at the site of the crisis, whether at home, at the workplace, or in other community-based settings, in a timely manner. The intervention should include a crisis assessment, de-escalation interventions and, if the member remains in the community after the intervention, the development of a risk management/safety plan.

Optimally, Mobile Crisis teams are comprised of 2 people, to increase safety for responders. One of the responders should be a licensed and/or credentialed clinician, capable of assessing the risk and clinical needs of the individual in crisis. Best practices include the involvement of peer support in mobile crisis services as well. A licensed clinician must at the very least be available for real time supervision if not part of the responding team. Optimally, Mobile Crisis teams should respond without law enforcement accompaniment, unless special circumstances warrant inclusion. The specific operations of a Mobile Crisis team need to be tailored to the community in which it operates, regulatory guidance and the resources available.

If the crisis is able to be de-escalated without referral to higher levels of care, and the member is not in treatment at the time of the crisis, then linkage and coordination of services are provided to connect members and their families to other service providers and community supports to assist with maintaining the member's functioning and treatment in the least restrictive, most appropriate setting along the behavioral health continuum of care. If applicable, the Mobile Crisis clinician will coordinate with the member's community providers, primary care physician, behavioral health providers, or any other care management program providing services to the youth or adult, in order to develop a plan tailored to the member's needs. Primary goals of Mobile Crisis services include the prevention of unnecessary emergency department visits, hospitalizations, and involvement of law enforcement. Mobile Crisis Services are typically delivered face-to-face (in person). Telehealth is a consideration depending on acuity of member, the location of the member relative to mobile crisis hubs, state/regulatory requirements, and other clinical considerations.

Admission Criteria	Continued Stay Criteria	Discharge Criteria
***All* of** the following criteria must be met: 1. Member must be in an acute, emergent or imminent state of crisis 2. Member must have insufficient or limited resources to cope with the immediate crisis without further assistance at the time of the crisis 3. The crisis has not been resolved by a crisis call center professional (in models where they dispatch mobile crisis teams), outpatient provider or other community intervention 4. Member demonstrates and/or collateral contact(s) report at least one of the following: a. suicidal/assaultive/destructive ideas, threats, plans or actions that represent a risk to self or others, **OR**	Continued stay criteria for this service are met in the following instances: 1. Member's crisis has not stabilized or resolved, **OR** 2. Referral or placement determined by mobile crisis clinician to be clinically necessary has not yet occurred. 3. Duration of Mobile Crisis team involvement, including follow-up visits, is often determined by the population serviced, as well as state and municipal regulation.	Any ***one* of** the following criteria must be met: 1. Crisis assessment and other relevant information indicate that the crisis has been stabilized, and member can participate in treatment planning and crisis prevention planning, including referral or planned follow-up with the identified providers/community resources, **OR** 2. Crisis assessment and other relevant information indicate that member's symptoms and behaviors require a higher level of care, and that level of care is available and accessible so that member can be released or transferred to an appropriate treatment setting, with a warm hand-off from the Mobile Crisis team; **OR**

b. impairment in mood/thought/behavior that is disruptive to home, school, or the community and is causing dysfunction in daily living, **OR** c. significantly impaired judgment or impulse control as a result of intoxication, psychosis or cognitive disability. 5. Intervention is likely necessary to attempt to stabilize member's condition safely, and behavior is escalating to the extent that a higher intensity of services will likely be required without this intervention 6. Situation does not present an immediate personal or public safety response, requiring emergency medical services or law enforcement dispatch for transport 7. Member (or member's guardian) is able to engage in evaluation, treatment planning and express understanding of the planned intervention(s)		3. Member's physical condition necessitates transfer to an inpatient medical facility and the provider has communicated member risk management/safety plan to the receiving provider, **OR** 4. It has been determined that the member (or member's guardian) has the capacity to make an informed decision and consent for treatment is withdrawn, or a court has denied involuntary treatment

Exclusions:
A member's inability or unwillingness to participate in the assessment may result in referral/admission to a higher level of care.

Any **one of** the following criteria is sufficient for exclusion from this level of care:
1. Member is currently under the care of an Assertive Community Treatment team
2. Member currently resides at one of the following facilities:
   a. Mental health or substance use disorder residential treatment facility
   b. Inpatient psychiatry unit,
   c. Inpatient detoxification center
   d. Hospital emergency department
   e. Nursing home
   f. Correctional facility
3. Of note, states and municipalities may contract for mobile crisis services to cover services at one or more of these locations.

Reference Sources

CHIPA's Medical Necessity Criteria incorporate generally accepted standards of behavioral health practice. In the course of reviewing the criteria annually there is an extensive literature search conducted and each of the following sources are consulted to determine if there is any relevant research or update:

1. Professional societies: American Psychiatric Association (APA); American Academy of Psychiatrists in Alcoholism and Addictions (AAPAA); American Academy of Child and Adolescent Psychiatry (AACAP); American Association for Emergency Psychiatry (AAEP)
2. National care guideline and criteria entities: American Society of Addiction Medicine (ASAM); MCG Behavioral Health Care Guidelines (formerly known as Milliman Care Guidelines); Change Healthcare's InterQual® Behavioral Health Criteria
3. National health institutes: National Institutes of Health (NIH); National Institute on Alcohol Abuse and Alcoholism (NIAAA); National Institutes of Drug Abuse (NIDA); Substance Abuse and Mental Health Services Administration (SAMHSA)
4. Professional publications and psychiatric texts:
   - MOBILE CRISIS TEAM SERVICES: An Implementation Toolkit (DRAFT) – SAMHSA Publication No. PEP24-01-037 (February 2025)
   - Medicare Guidance on the Scope of and Payments for Qualifying Community-Based Mobile Crisis Intervention Services – SHO # 21-008 (December 2021)
   - National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit. Substance Abuse and Mental Health Services Administration (2020).
   - Building State Capacity to Address Behavioral Health Needs Through Crisis Services & Early Intervention. Stuart Yael Gordon. Milbank Memorial Fund. November 2020. Accessed via: https://www.milbank.org/wp- content/uploads/2020/11/Building-States-Capacity-for-BH-Crisis_4.pdf
   - Crisis Services: Meeting Needs, Saving Lives. National Association of State Mental Health Program Directors. August 2020. Accessed via: https://www.nasmhpd.org/sites/default/files/2020paper1.pdf
5. Federal/state regulatory and industry accreditation requirements, including CMS's National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs)
6. National industry peer organizations, including managed care organizations (MCOs) and behavioral health organizations (BHOs)

All MNC contained within this document is subject to benefit coverage limitations including state/federal restrictions.