



Department of
HUMAN SERVICES

**Children’s Mental Health Waiver Level of Care
IME-LOC-001**

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| Iowa Medicaid Program: | Level of Care | Effective Date: | 10/1/2005 |
| Revision Number: | 7 | Last Rev Date: | 7/16/2021 |
| Reviewed By: | Behavioral Health Specialist | Next Rev Date: | 7/15/2022 |
| Approved By: | Medicaid Medical Director | Approved Date: | 7/17/2020 |

Criteria

The child must meet **ALL** criteria in Sections 1, 2, and (a) and either (b) or (c) in Section 3 to meet the level of care required for the HCBS Children’s Mental Health (CMH) waiver.

1. Member presents with a serious emotional disorder as supported by a diagnosis from the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the Psychiatric Association.
 - a. Serious emotional disturbance (SED) is a diagnosable mental, behavioral, or emotional disorder that (1) is of sufficient duration to meet diagnostic criteria for the disorder specified by the DSM and (2) has resulted in a functional impairment that substantially interferes with or limits a consumer’s role or functioning in family, school, or community activities. SED shall not include neuro-developmental disorders, substance-related disorders, or conditions or problems classified in the current version of the DSM as “other conditions that may be a focus of clinical attention” unless these conditions co-occur with another diagnosable SED.
 - 1) *Initial certification.* SED must be current and has been determined by a mental health professional* within the 12-month period before the application date.
 - 2) *Ongoing certification.* A mental health professional* must complete an annual evaluation that substantiates a mental health diagnosis of serious emotional disturbance.
 - b. The member presenting with a qualifying SED must be determined to meet CMH waiver criteria from the qualifying SED and not from co-existing contributions from the excluded SED conditions specified in criterion 1.a.
 - c. The member must be certified as being in need of a level of care that, but for the waiver, would be provided in a psychiatric hospital serving children under 21 years of age.**
2. Level of stability must meet **ALL** of the following:
 - a. The member demonstrates a risk to self and/or others but can be managed with services available through the CMH waiver. The risk of harm must be sufficient to meet the current standard of practice for imminent risk

- necessitating a level of care that, but for the waiver, would be provided in a psychiatric hospital serving children under 21 years of age; **AND**
- b. The member is clinically stable; however, may require clinical observation and care that includes ongoing psychiatric medication management.
3. Degree of impairment must meet Section (a) **AND** either (b) or (c).
- a. The member has impairment in judgment, impulse control, and/or cognitive and/or perception arising from a qualifying mental disorder under Section 1 that indicates the need for close monitoring, supervision, and intensive intervention to stabilize or reverse the dysfunction beyond what can be addressed with typical outpatient treatment; **AND**
 - b. Social/Interpersonal/Familial: The member demonstrates significantly impaired interpersonal functioning arising from a qualifying mental disorder under Section 1 that requires active intervention beyond typical outpatient treatment to resume an adequate level of functioning; **OR**
 - c. Educational/Prevocational/Vocational: The member demonstrates impairment in educational and/or prevocational/vocational functioning arising from a qualifying mental disorder under Section 1 and may be identified by an individualized education plan team as having emotional/behavioral disability that requires active intervention beyond typical outpatient treatment.

Mental health professional* means a person who meets **ALL of the following conditions:

1. Holds at least a master's degree in a mental health field including, but not limited to, psychology, counseling and guidance, psychiatric nursing and social work; or is a doctor of medicine or osteopathic medicine; **AND**
2. Holds a current Iowa license when required by the Iowa professional licensure laws (such as a psychiatrist, psychologist, marital and family therapist, mental health counselor, advanced registered nurse practitioner, psychiatric nurse, or social worker); **AND**
3. Has at least 2 years of post-degree experience supervised by a mental health professional in assessing mental health problems, mental illness, service needs, and in providing mental health services.

***Psychiatric medical institution for children level of care* means that the member has been diagnosed with a SED and an independent team as identified in Iowa Administrative Code (IAC) 441-subrule 85.22(3) has certified that ambulatory care resources available in the community do not meet the treatment needs of the member, that proper treatment of the member's psychiatric condition requires services on an inpatient basis under the direction of a physician, and that the services can reasonably be expected to improve the member's condition or prevent further regression so that the services will no longer be needed.

Coding

NA

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

IAC 441-78.52(249A).

IAC 441-83.121(249A).

IAC 441-83.122(2).

IAC 441-83.122(3).

IAC 441-85.22(3).

PMIC Provider Manual.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

| Change Date | Changed By | Description of Change | Version |
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| 7/16/2021 | CAC | Annual review. Minor formatting/wording changes. | 7 |
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Signature

William (Bill) Jagiello, DO

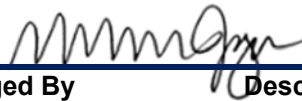


| Change Date | Changed By | Description of Change | Version |
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| 7/17/2020 | Behavioral Health Spec. | Revised criteria, added definitions, and revised references. | 6 |
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William (Bill) Jagiello, DO



| Change Date | Changed By | Description of Change | Version |
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| 2/21/2017 | Behavioral Health Spec. | Removed criterion #2(b). Removed ALL OF THE FOLLOWING for criterion #3 and replaced with (a) and EITHER (b) or (c). Re-wording of criterion #3(c). | 5 |
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Jason Kessler, MD



| Change Date | Changed By | Description of Change | Version |
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| 1/13/2016 | Behavioral Health Spec. | Changed DSM-IV-TR to DSM-5. Criterion #1 changed "neuro- developmental disorders" to "pervasive neuro- developmental disorders" and added "intellectual disability, substance-related disorders". | 4 |
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| 1/16/2015 | Medical Director | Added last paragraph in References. | 3 |
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| 1/11/2015 | BEH Peer Review Committee | Criterion 1a - added intellectual disability. Replaced Criterion 1b. Criterion 2a - added risk of harm. Criterion 3c - added consulting AEA and continued development in school setting. | 2 |
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Criteria Change History (continued)

| Change Date | Changed By | Description of Change | Version |
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| 9/30/2013 | BEH Peer Review Committee | Criterion #1 - added DSM-5. Removed criterion #1-c. Criterion #3 - removed must meet A and either B or C and replaced with all of the following. Change criteria numbers from roman numerals to numerical. | 1 |

Signature
