

Provider Manual

Section 15.0

Behavioral Health

Table of Contents

15.0 Behavioral Health

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15.1 Behavioral Health

Lighthouse's behavioral health program provides enrollees with access to a full continuum of recovery and resiliency-focused behavioral health and substance use disorders. Lighthouse has partnered with Access Behavioral Health "Access", and care is provided through its network of contracted providers. The primary goal of the program is to provide medically necessary care in the most clinically appropriate and cost-effective therapeutic settings. By ensuring that all Lighthouse enrollees receive timely access to clinically appropriate behavioral health and substance use disorder services, Lighthouse believes that quality clinical services can help lead to improved health outcomes for our enrollees.

If assistance is needed in finding an Access Behavioral Health provider, access the online provider directory www.abhfl.org, or call 800-342-3222.

Covered behavioral health services may include, but are not limited to:

- Individual, family, or group therapy;
- Individual and family assessments and evaluations;
- Psychosocial rehab / Clubhouse Day treatment for adults and children;
- Psychiatric evaluations;
- Treatment planning;
- Case management;
- Inpatient hospital services for behavioral health conditions;
- Therapeutic behavioral on-site services for children, teenagers and adults;
- State Inpatient Placement Program; and
- Residential services for mental health and substance use.

Some services may require prior authorization, such as psychological testing, Inpatient hospital treatment, targeted case management, psychosocial rehabilitation, therapeutic behavioral onsite services (TBOS), intensive outpatient treatment, and residential treatment services. Both Lighthouse and Access encourage community-based service and treatment in the least restrictive care setting whenever possible.

The access to care standards for behavioral health services and referrals are as follows:

- Urgent care will be seen within forty-eight (48) hours;
- Routine patient care will be scheduled within ten (10) business days;
- Within seven (7) days post-discharge from an inpatient behavioral health admission;
- Within fourteen (14) days for initial outpatient behavioral health treatment; and
- Well-care visits will be scheduled within thirty (30) days of a request for a primary care appointment.

Providers are monitored against these standards to ensure that Lighthouse enrollees can

obtain necessary health care and services within acceptable appointment wait times. Providers not in compliance with these standards will be required to implement corrective actions as set forth by Lighthouse Health Plan.

Lighthouse enrollees do not need a referral from their PCP to seek behavioral health care. The Access toll-free access line, 800-342-3222, is available to enrollees and to providers, and it is staffed by trained personnel twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five (365) days per year. In the event of a behavioral health emergency, behavioral health professionals are available to assess and triage through the crisis hotline, 800-342-3222. Lighthouse and Access can arrange for emergency and crisis Behavioral Health Services through mobile crisis teams in the enrollee's community. Face-to-face emergency services are available twenty-four (24) hours per day, seven (7) days per week through Access's behavioral health network.

All Lighthouse enrollees receiving psychiatric services must be scheduled for psychiatric follow up and/or continuing care and treatment prior to discharge, and include the name, date, and location of the provider to be seen.

15.1.1 Co-Payment Provision

If co-payments are waived as an expanded benefit, the Provider must not charge enrollees co-payments for Covered Services; and if co-payments are not waived as an expanded benefit, the amount paid to Providers will be the contracted amount, less any applicable co-payments.

15.1.2 Behavioral Health Program

The Plan does not require Prior Authorization for standard outpatient Services. The Plan encourages community-based services and enrollee treatment at the least restrictive level of care, whenever possible.

Prior Authorization is required for psychological testing, intensive outpatient, partial hospital programs, residential treatment programs, and inpatient hospital services. Prior Authorization request forms for all levels of care are made available to Providers online or upon request. For complete information regarding authorization requirements, please visit the Access Behavioral Health website at <https://abhfl.org/>.

15.1.3 Continuity and Coordination of Care

PCPs may provide any clinically appropriate behavioral health services within the scope of their practice. Behavioral Health Providers may also provide physical health care services if and when they are licensed to do so within the scope of their practice. Behavioral Providers are required to use the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition DSM-V multi-axial classification when assessing the enrollee for behavioral health services, and providers must document the DSM-V diagnosis and assessment/outcome information in the enrollee's medical record.