

CT Behavioral Health Partnership

Adult Psychiatric

Level of Care Guidelines

Final

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Guidelines for Making Level of Care Decisions

These Level of Care guidelines are designed to assist care managers and providers in assessing a patient's clinical presentation and determining the appropriate level of care. This document should be used as a guideline for facilitating access to the treatment setting and interventions based on a patient's severity of illness and intensity of service need. In general, patients should be placed in the least restrictive level of care that is warranted by the severity of presenting symptoms, degree of functional impairment and environmental circumstances. The level of treatment intervention should match the presentation that necessitated the intervention. The ASO will allow for multiple levels of care to be authorized concurrently for the purpose of treatment continuity and flexibility in service planning. In all cases, the ASO will give due consideration to patient choice and the provider's expertise and will engage in a highly collaborative care decision-making process with providers.

These guidelines are governed by the definitions of "medical necessity" and "EPSDT" (for members under twenty-one) included at the end of this document. Costs may be factored into decision-making only when two alternative treatments are equally effective.

A. Application of the Criteria

The application of the severity of illness criteria may be influenced by a variety of factors related to the patient's psychiatric condition and living environment. Aspects of a patient's condition that might warrant consideration in making level of care decisions include the following:

- Co-morbid psychiatric conditions
- Co-morbid substance use conditions
- Co-morbid developmental disabilities
- Co-morbid biomedical conditions
- Persistence of symptoms
- Relapse potential
- Prevalence of risk behaviors and victimization issues

Environmental factors that may influence level of care decisions include:

- Residence (e.g., home, shelter,)
- Family functioning
- Major life events
- Abuse/neglect
- Treatment motivation
- Vocational or Educational functioning

Although admission and continued care decisions should not be made solely on the basis of environmentally based risk, these factors need to be considered in treatment planning. Environmentally based factors may provide the impetus for continuing services or for facilitating access to a higher or lower level of care. Strengths and supportive factors should be considered in all care decision making.

When clinical presentation supports more than one level of care, the intensity of service need, prior treatment history and the presence of protective factors are used to determine the most appropriate level of care.

B. Mitigating Factors

Although efforts should always be made to review a patient's course of treatment and level of care determination based on clinical and environmental factors listed above, there are particular events that might require a decision that falls out of the parameters listed above. Special consideration may be made when:

- The level of care that the patient needs and is eligible for is currently not available and the patient's safety and well being requires placement in an alternative level of care, irrespective of clinical need

C. Medicaid Definitions

1. Medical Necessity - For purposes of the administration of the medical assistance programs by the Department of Social Services, "medically necessary" and "medical necessity" mean those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
2. EPSDT – Connecticut Medicaid recipients under the age of twenty one (21) are entitled to the benefits of the Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) program, which includes an age-appropriate

behavioral health and developmental assessment and any medically necessary follow-up treatment.

The Medical ASO is responsible for ensuring the provision of a behavioral health assessment for individuals~~patients~~ *under the age of twenty one* (21). A patient under 21 may be referred to either the medical or behavioral health ASO for an inter-periodic screen by a professional who comes in contact with a patient outside of the formal health care system. The Behavioral Health ASO is responsible for ensuring the provision of an inter-periodic assessment of the individual's~~patient's~~ behavioral health when the individual~~patient~~ is referred either directly to a behavioral health provider in the CMAPBHP network or to a Behavioral Health ASO care manager.

The Behavioral Health ASO's care managers or other Behavioral Health ASO staff must authorize all medically necessary behavioral health services that may be recommended or ordered pursuant to an EPSDT periodic or inter-periodic screening including medically necessary health care services that are not otherwise covered under the Connecticut Medicaid program. Care managers or other Behavioral Health ASO staff are also required to facilitate access to such services when contacted by the recipient or the recipient's designated representative.

A. ACUTE INPATIENT PSYCHIATRIC HOSPITALIZATION - ADULT

Definition

Inpatient treatment services in a licensed general, psychiatric hospital or a state operated psychiatric hospital offering a full range of diagnostic, educational, and therapeutic services with capability for emergency implementation of life-saving medical and psychiatric interventions. Services are provided in a physically secured setting. ~~Patient a~~ Admission into this level of care is the result of a serious or dangerous condition that requires rapid stabilization of psychiatric symptoms. This service is *generally* used when 24-hour medical and nursing supervision are required to provide intensive evaluation, medication titration, symptom stabilization, and intensive brief treatment.

Authorization Process and Time Frame for Service

This level of care requires prior authorization. The first authorization ~~is for up to 3 days~~ ~~ranges from 3 to 7 days~~. Subsequent authorizations are based on the ~~individual~~ needs of the ~~individual-patient~~ and with consideration of the physician's recommendations.

All inpatient admissions pursuant to an order of the court within the context of the jail diversion program or the Psychiatric Security Review Board (PSRB) shall be deemed medically necessary and so authorized.

Level of Care Guidelines:

A.1.0 Admission Criteria

~~A.1.1—Diagnosable DSM disorder, according to the most recent DSM, which requires and can reasonably be expected to respond to therapeutic intervention, excluding V codes and is not solely a result of Autism Spectrum Disorder or an Intellectual Disability. Symptoms and functional impairment include all of the following:~~

~~A.1.1.1 Diagnosable DSM Axis I or Axis II disorder,~~

~~A.1.1.2 Symptoms and impairment must be *primarily* the result of a psychiatric disorder, excluding V-codes,~~

~~A.1.1.3 Functional impairment not solely a result of Pervasive Developmental Disorder or Mental Retardation, or substance use and~~

~~A.1.1.4 GAF <30~~

~~A.1.1~~

A.1.2 Presentation consistent with at least one of the following
Symptom Categories:

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

- A.1.2.1 Current risk of suicide/self-injury: Imminent risk of suicide or self-injury, with an inability to guarantee safety in a less restrictive environment as manifested by:
- A.1.2.2 Attempt: Recent and serious suicide attempt indicated by degree of lethal intent, impulsiveness of actions and/or substance use. Inability to reliably contract for safety; or
- A.1.2.3 Intent/Plan: Current suicidal ideation with plan, imminent intent to act and available means that is severe and dangerous with minimal expressed ambivalence or significant barriers to doing so; or
- A.1.2.4 Self-mutilation: Recent self-mutilation that is severe and dangerous, e.g., deep cuts requiring sutures, 2nd to 3rd degree burns, swallowing objects; or
- A.1.2.5 Hallucinations and/or Delusions: Recent command/threatening hallucinations or delusions that threaten to override usual impulse control and likely to result in harm to self or others; or
- A.1.2.6 Current risk of homicide/danger to others: Imminent risk of homicide or harm to others with inability to guarantee safety in a less restrictive environment as manifested by:
 - A.1.2.6.1 Attempt: Recent and serious homicide attempt indicated by degree of lethal intent, impulsivity and/or substance use, severe and dangerous, or inability to reliably contract for safety or a history of serious past attempts that are not of a chronic, impulsive, or consistent nature; or
 - A.1.2.6.2 Intent/Plan: Current homicidal ideation with plan, imminent intent to act and available means that is severe and dangerous with minimal expressed ambivalence or significant barriers to doing so; or
 - A.1.2.6.3 Severe assault: Recent physically assaultive behavior with a high potential for recurrence and high potential for serious injury to self or others; or

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

A.1.2.6.4 Hallucinations and/or Delusions: Recent command/threatening hallucinations likely to result in harm to self or others; or

A.1.2.6.5 Agitation/Aggression: Sustained agitated and uncontrolled behavior including acts of violence against property or persons with high risk of recurrence.

~~A.1.2.6.5~~

A.1.2.7 Gravely Disabled: Acute and serious deterioration from baseline in mental status and level of functioning resulting in high risk of harm to self or others. Severe impairment of activities of daily living skills and not secondary to abuse or neglect as evidenced by one or more of the following:

A.1.2.7.1 Malnutrition of life-threatening severity and/or highly compromised nutrition or eating patterns (e.g. eating only food packaged in cellophane, eating only peas counted out one by one) which may be related to paranoid, delusional, or severe eating-disordered beliefs or rituals; or

A.1.2.7.2 Immobility with potential to compromise physical status; or

A.1.2.7.3 Unable to communicate basic needs; Catatonia; or

A.1.2.7.4 Severe psychomotor agitation (inability to sit still not related to ADHD or medication side effects; several nights without sleeping due to emotional agitation and/or delusions or paranoia; emotional lability with persistent pacing, with or without property damage, unresponsive to support or limits from others); or

A.1.2.7.5 Response to command/threatening hallucinations which could result in harm to self/others; or

A.1.2.7.6 Response to delusions, excessive preoccupations, inability to sort out fantasy from reality, or grossly impaired judgment which interfere with functioning and places the individual or others at risk (e.g., paranoid ideas that inspire retaliation; delusions of invincibility that lead patient to place self in harm's way, or

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

A.1.2.7.7 Disorientation to person, place and time; or
Delirium; or

A.1.2.7.8 Dissociative events, which could result in harm
to self/others.

A.1.2.7.8

A.1.2.8 Acute Medical Risk: Imminent risk for acute medical
status deterioration due to the presence and/or
treatment of an active psychiatric symptom(s)
manifested by

A.1.2.8.1 Signs, symptoms, and behaviors that interfere
with diagnosis or treatment of a serious medical
illness requiring inpatient medical services (e.g.,
endocrine disorders such as diabetes and
thyroid disease; cardiac conditions; etc.); or

A.1.2.8.2 A need for acute psychiatric interventions (e.g.,
drug, ECT, restraint) that have a high
probability of resulting in serious and acute
deterioration of physical and/or medical health;
or

A.1.2.8.3 Not eating and/or excessive exercise to the
point that further weight loss is medically
threatening.

A.1.2.9 Medication Adjustment: IndividualPatient has met any
of the above symptoms within the past 12 months and
requires a medication taper and re-evaluation in an
inpatient hospital setting. Previous attempts to taper
medication have resulted in behavioral escalations that
meet admission criteria for inpatient hospitalization, or
result in significant medical risk.

And meets at least one of the following criteria:

A.1.3 Intensity of Service Need

A.1.3.1 Individual requires inpatient psychiatric care with 24-
hour medical management. The above symptoms
cannot be contained, attenuated, evaluated and treated
in a lower level of care as evidenced by:

A.1.3.1.1 Psychiatric treatment (e.g., medication, ECT)
presents a significant risk of serious medical
compromise (e.g., ECT for an individualpatient

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

A.1.3.1.1

with a cardiac condition, restraint or seclusion of an individual patient with a cardiac condition, initiation of or change in neuroleptic medication for an individual patient with history of neuroleptic malignancy syndrome, or administration of ~~De~~epakote to an individual patient with a history of neutropenia); or

- A.1.3.1.2 IndividualPatient requires or is likely to have diagnostic or evaluative procedures readily available in a hospital setting (e.g., MRI, 24-hour EEG, neurological examination, or specialized lab work, etc.); or
- A.1.3.1.3 Intrusive route of medication administration requires medical management (e.g., intramuscular administration of PRN medication or administration by means of an NG tube); or
- A.1.3.1.4 IndividualPatient requires 1:1 supervision or frequent checks for safety (e.g., every 15 minutes or less); or
- A.1.3.1.5 Efforts to manage medical risk symptom or behavior (see III.A.1.b.(4)) in a lower level of care are ineffective or result in an acute escalation of behavior with risk of harm to self or others; or
- A.1.3.1.6 IndividualPatient requires close medical monitoring or skilled care to adjust dosage of psychotropic medications and such medical monitoring and dosage adjustment could not safely be conducted in a lower level of care; or
- A.1.3.1.7 IndividualPatient demonstrates grave disability and has not responded to intervention or an alternative level of care or supports are not available.

A.2.0 Continued Care Criteria

- A.2.1 IndividualPatient has met admission criteria within the past 48 hours or has been prevented from engaging in qualifying behavior due to use of 1:1 supervision, frequent checks (q5), physical/mechanical restraint, or locked seclusion; or

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

A.2.2 Evidence of active treatment and care management as evidenced by:

A.2.2.1 IndividualPatient participation in treatment consistent with care plan, or active efforts to engage the individualpatient and/or family are in process. Type, frequency, and intensity of services are consistent with the treatment plan, and

A.2.2.2 A treatment plan with evaluation and treatment objectives appropriate for this level of care has been established. Treatment objectives are related to readiness for discharge and progress toward objectives is being monitored daily, and

A.2.2.3 Vigorous efforts are being made to affect a timely discharge (e.g., meeting with caseworker, convening aftercare planning meetings with aftercare providers, identifying and referring for aftercare, scheduling initial aftercare appointments).

A.2.3 If the individualpatient does not meet criterion A.2.1, continued stay may still be authorized under any of the following exceptional circumstances:

A.2.3.1 IndividualPatient has clear behaviorally defined treatment objectives that can reasonably be achieved within this level of care and are determined necessary in order for the discharge plan to be successful, and there is no other suitable environment in which the objectives can be safely accomplished; or

A.2.3.2 IndividualPatient can achieve certain treatment objectives in the current level of care and achievement of those objectives will enable the patient to be discharged directly to the community rather than to another institutional setting; or

Note 1: ~~Clinical Intensive~~ Care Management

The individualpatient should be considered for referral to ~~Clinical Intensive~~ Care Management if there is significant risk of readmission or additional development of the aftercare plan is required post discharge. The ~~CICM~~ should coordinate with the Local Mental Health Authority or the individual'spatient's primary mental health provider in the development of an appropriate aftercare plan for individualspatients that meet the DMHAS target population definition.

Note 2: Making Level of Care Decisions

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the individualpatient shall be granted the level of care requested when:

- 1) Those mitigating factors are identified and
- 2) Not doing so would otherwise limit the individual'spatient's ability to be successfully maintained in the community or is needed in order to succeed in meeting individualpatient treatment goals.

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

B. INTERMEDIATE CARE

Definition

Intermediate care refers to ambulatory psychiatric treatment programs that offer intensive, coordinated and structured clinical and assessment services within a stable therapeutic milieu. These programs encompass partial hospital (PHP), Adult Day Treatment (ADT), and intensive outpatient (IOP) levels of care. ADT applies to those non-hospital providers that are not Community Mental Health Centers and who provide the equivalent of PHP level of care. PHP level of care guidelines apply to ADT programs. All programs require psychiatric evaluation, treatment planning and oversight and typically serve as a step down to, or diversion from, inpatient levels of psychiatric care. Multiple treatment modalities (i.e., individual therapy, group therapy, family therapy, medication management, rehabilitative therapies) are integrated within a single treatment plan that focuses on [individual patient](#) specific goals and objectives. Services vary according to intensity of service (day/hours offered weekly) and length of stay.

Authorization Process and Time Frame for Service

This level of care requires prior authorization. Time frame for initial authorization is individualized according to intensity of [individual client](#) need and type of program for which admission is sought. Generally, PHP, ADT, and IOP provide intensive service over a brief period of time to stabilize [an individual's client's](#) functioning. Some IOP level services are specialized in clinical focus or treatment model and are operated as intensive service components of outpatient clinics.

Use of Guidelines

The following guidelines are to be used when determining access to these levels of Intermediate Care. Differences in admission, intensity of service need, and continued care for each of these services are addressed in the service grid to be used conjointly with these guidelines.

Level of Care Guidelines:

B.1.0 Admission Criteria

B.1.1 [Diagnosable DSM disorder, according to the most recent DSM, which requires and can reasonably be expected to respond to therapeutic intervention, excluding V codes, and is not solely a result of Autism Spectrum Disorder or an Intellectual Disability. Symptoms and functional impairment include all of the following:](#)

——[B.1.1.1 Diagnosable DSM IV Axis I or Axis II disorder,](#)

——[B.1.1.2 Symptoms and impairment must be the result of a psychiatric disorder excluding V-codes,](#)

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

~~— B.1.1.3 Functional impairment not solely a result of Pervasive Developmental Disorder or Mental Retardation, and~~

B.1.1.4 Acute onset or exacerbation of an illness or persistent presentation (e.g., over 6 month period) of at least one of the following **Symptom Categories**:

B.1.1.4.1 Suicidal gestures or attempts, or suicidal ideation or threats that are serious enough to lead to suicidal attempts; or

B.1.1.4.2 Self-mutilation that is *moderate to* severe and dangerous; or

B.1.1.4.3 Deliberate attempts to inflict serious injury on another person; or

B.1.1.4.4 Dangerous or destructive behavior as evidenced by episodes of impulsive or physically or sexually aggressive behavior that present a moderate risk; or

B.1.1.4.5 Psychotic symptoms or behavior that poses a moderate risk to the safety of the individualpatient or others; or

B.1.1.4.6 Marked mood lability as evidenced by frequent or abrupt mood changes accompanied by verbal or physical outbursts/aggression.

And meets at least one of the following criteria:

B.1.2 Intensity of Service Need

B.1.2.1 The individualpatient requires an organized, structured program several days each week. The intensity of service and the length of stay vary according to individualpatient needs and the corresponding program. The above symptoms cannot be contained, attenuated, evaluated and treated in a lower level of community based care as evidenced by one of the following:

B.1.2.1.1 One or more recent efforts to provide or enhance outpatient treatment have been unsuccessful; or

B.1.2.1.2 Recent attempts to engage the individualpatient in outpatient therapy have been

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

unsuccessful or the [individualpatient](#) has been non-adherent with treatment; or

B.1.2.1.3 [IndividualPatient](#) is acutely symptomatic and needs -to be stepped down or diverted from inpatient level of care. [IndividualPatient](#) remains moderately to severely symptomatic and there is high likelihood that [individual'spatient's](#) condition would deteriorate if treated in a lower level of care.

Program Specific Requirements:

PHP/ADT: The [individualpatient](#) demonstrates severe and disabling symptom~~ae~~etology that severely impairs the [individual'spatient's](#) capacity to function adequately in multiple areas of life on a day-to-day basis. The [individualpatient](#) must require therapeutic services at levels of intensity and frequency comparable to [individualspatients](#) in an inpatient setting for similar psychiatric illnesses. It is highly likely that the [individualpatient](#) will require an inpatient level of care or will quickly deteriorate to a level of functioning that would require an inpatient admission without the intensive daily services of the PHP/ADT level of care. The [individualpatient](#) requires at least 4 hours/day of structured programming three to five days a week for a brief period of time with at least 3.5 hours of documented clinical service. May need continued diagnostic work and medication evaluation.

IOP: [IndividualPatient](#) demonstrates moderate level of ~~symptomotology~~symptomatology that has a moderate impact on the [individual'spatient's](#) capacity to function adequately in multiple areas of life on a day-to-day basis. The [individualpatient](#) is at substantial risk for further decompensation, deterioration or self-harm and inpatient hospitalization without IOP services. [IndividualPatient](#) requires at least 3 hours/day of structured programming for 2-5 days per week with at least 2.5 hours of documented clinical service. *Some specialized IOP programs may require longer lengths of stay.* Requires little or no additional diagnostic work but may require medication management. Has been unsuccessful in outpatient treatment or is stepping down from PHP or inpatient level of care and meets criteria for IOP level of care.

B.2.0 Continued Care Criteria

B.2.1 [IndividualPatient](#) has met admission criteria within the past three (3) days for PHP and/or ADT, and five (5) days for IOP as evidenced by:

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

B.2.1.1 -The ~~individual's~~^{patient's} symptoms or behaviors persist at a level of severity documented at the most recent start for this episode of care; or

B.2.1.2 The ~~individual~~^{patient} has manifested new symptoms or maladaptive behaviors that meet admission criteria and the treatment plan has been revised to incorporate new goals, and

B.2.2 Evidence of active treatment and care management as evidenced by:

B.2.2.1 -A treatment plan has been established with evaluation and ~~treatment~~ objectives appropriate for this level of care. Treatment objectives are related to readiness for discharge and progress toward objectives is monitored weekly, and

B.2.2.2 ~~Individual's~~^{Patient's} participation in treatment is consistent with treatment plan or active efforts to engage the ~~individual~~^{patient} are in process. Type, frequency and intensity of services are consistent with treatment plan, and

B.2.2.3 Vigorous efforts are being made to affect a timely discharge (e.g., meeting with caseworker, convening aftercare planning meetings with aftercare providers, identifying resources and referring for aftercare or care coordination, scheduling initial aftercare appointments).

B.2.3 If ~~individual~~^{patient} does not meet above criteria, continued stay may still be authorized under any of the following circumstances:

B.2.3.1 ~~Individual~~^{Patient} has clear behaviorally defined treatment objectives that can reasonably be achieved and are determined necessary in order for the discharge plan to be successful, and there is not a suitable lower level of care in which the objectives can be safely accomplished (for example, outpatient psychotherapy or psychiatry is not yet available); or

B.2.3.2 ~~Individual~~^{Patient} can achieve certain treatment objectives in the ~~current~~ level of care and achievement of those objectives will enable the ~~individual~~^{patient} to be discharged directly to a lower level of care rather than to a more restrictive setting; or

B.2.3.3 ~~Individual~~^{Patient} is gradually decreasing time at program towards goal of discharge and is transitioning to a lower level of care while being monitored to determine if ~~individual~~^{patient} maintains gains made in program.

Note: Making Level of Care Decisions

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the individualpatient shall be granted the level of care requested when:

- 1) Those mitigating factors are identified
- 2) Not doing so would otherwise limit the individual'spatient's ability to be successfully maintained in the community or is needed in order to succeed in meeting individual treatment goals.
~~in the community or is needed in order to succeed in meeting individualpatient treatment goals.~~

ADULT Guidelines

Intermediate Levels of Care - Partial Hospital, Adult Day Treatment, Intensive Outpatient

Aspects of Care	Partial Hospitalization/Adult Day Treatment	Intensive Outpatient
Hours Per Day	At least 4 hours per day with at least 3.5 hours of documented clinical service.	At least 3 hours per day with at least 2.5 hours of documented clinical service.
Days Per Week	3 - 5 Days Per Week	2 - 5 days Per Week
GAF	<50	<55
Medical Oversight	<u>IndividualsParticipants</u> are under the care of a physician who directs treatment. <u>IndividualClient</u> may require intensive nursing and/or medical intervention.	<u>IndividualsParticipants</u> are under the care of a physician who directs treatment. <u>IndividualClient</u> may require medical monitoring, adjustments and observation of side effects by medically trained staff.
Community Based Rehabilitative Therapies	Rehabilitative therapies (i.e., activities that restore social skills, age-appropriate activities of daily living) may be incorporated into the milieu. Services are provided on-site, the goals are short-term.	Rehabilitative therapies (i.e., activities that restore social skills, age-appropriate activities of daily living) may be incorporated into the milieu. Services are provided on-site, the goals are short-term.
Therapy	Individual, group and /or rehabilitative therapies (i.e., activities that restore social skills, age-appropriate activities of daily living) provided on a daily basis. Family involvement is desirable unless contraindicated.	Individual, group and /or rehabilitative therapies (i.e., activities that restore social skills, age-appropriate activities of daily living) provided on a daily basis. Family involvement is desirable unless contraindicated.
Target Length of Stay	2 - 4 weeks	2 - 6 weeks

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

<u>Some specialized IOP programs may require longer lengths of stay.</u>		
Clinical Intensity	<p><u>IndividualPatient</u> demonstrates severe level of symptomaetology requiring at least 4 hours/day of structured programming three to five days a week for brief period of time. May need continued diagnostic work and medication evaluation. May have been unsuccessful in IOP or other day program or may have recently been released from inpatient level of care or may have been unsuccessful in outpatient level of care.</p>	<p><u>IndividualPatient</u> demonstrates moderate level of symptomaetology requiring at least 3 hours/day of structured programming for 2 - 5 days per week. Requires little or no diagnostic work but may require medication management. Has been unsuccessful in outpatient or other community-based programs or is stepping down from PHP or inpatient level of care and meets admission criteria for IOP level of care.</p>

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

c. OUTPATIENT THERAPY - ADULT

Definition

Outpatient therapy services are ambulatory clinical services provided by a general hospital, private freestanding psychiatric hospital, psychiatric outpatient clinic, state-operated facility, or by a licensed mental health practitioner practicing independently or in a private practice group. This service involves the evaluation, diagnosis, and treatment of individuals, families or groups as well as medication management. Services are typically scheduled in advance, but may occur urgently without a scheduled appointment. Services are provided at a frequency designed to address immediate clinical need as directed by an individual treatment plan. Outpatient services are designed to promote, restore, or maintain social/emotional functioning and are intended to be focused and time limited with services discontinued as the individual-patient is able to function more effectively.

An individual-patient can receive services from more than one provider (e.g., clinic, independent practitioner) at any given time offering individual, family, group or medication management services, provided the services are not duplicative. Based on clinical necessity and with review by a care manager, an individual-client may be authorized to receive an outpatient service while simultaneously participating in a higher level of care.

Authorization Process and Time Frame for Service:

Registration is required which results in an initial authorization of ~~–~~ ninety (90) sessions covering a twelve-month period of time. Visits in excess of 90 or those beyond the initial twelve-month period would require ~~prior authorization~~ continued stay registration.

Level of Care Guidelines

C.1.0 Admission Criteria:

~~C.1.1—~~ Diagnosable DSM disorder, according to the most recent DSM, which requires and can reasonably be expected to respond to therapeutic intervention and is not solely a result of Autism Spectrum Disorder or an Intellectual Disability. Symptoms and functional impairment include all of the following:

~~C.1.1.1~~ Diagnosable DSM-IV Axis I or Axis II disorder,

~~C.1.1.2~~ Symptoms and impairment must be the result of a psychiatric or Substance abuse disorder,

~~C.1.1.3~~ Functional impairment not solely a result of Mental Retardation, and

~~C.1.1.4~~ GAF < 70

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

~~C.1.2~~C.1.1 Intensity of Service Need

~~C.1.2.1~~C.1.1.1 Individual Patient is experiencing behavioral and/or emotional problems as described in the most recent DSM-IV that can be assessed or safely addressed in an outpatient setting using one or more of the treatment modalities defined above.

C.2.0 Continued Care Criteria

C.2.1 The individual patient has met criteria for outpatient care and there is evidence of active treatment and care management as evidenced by:

C.2.1.1 Individual Patient participation in treatment consistent with treatment plan, or active efforts to engage the individual patient is in process. Type, frequency and intensity of services are consistent with treatment plan, and

C.2.1.2 A treatment plan with goals and treatment objectives appropriate for this level of care has been established and treatment objectives are related to readiness for discharge, progress towards objectives is being monitored and the individual patient is making measurable progress but identified objectives have not yet been met.

C.2.2 If the individual patient does not meet criteria listed above, additional outpatient services may be authorized if either of the following are true:

C.2.2.1 There is evidence that the individual patient will not be able to maintain functioning without sustained or significant deterioration if treatment is discontinued, or

C.2.2.2 There is an anticipated stressor within the individual's patient's immediate social or family environment that, based on clinical history could reliably predict behavioral and emotional regression (i.e., impending birth of child, divorce, scheduled medical procedure, change in home environment, etc.).

C.2.3 The individual patient does **not** meet continued care criteria if:

C.2.3.1 The individual patient has met treatment goals or the individual patient has demonstrated minimal or no progress toward treatment goals for a three-month

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

period and appropriate modifications of treatment plan have been made and implemented with no significant progress, suggesting the [individualpatient](#) is not benefiting from outpatient therapy services at this time.

Note: Making Level of Care Decisions

In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the [individualpatient](#) shall be granted the level of care requested when:

- 1) Those mitigating factors are identified and
- 2) Not doing so would otherwise limit the [individual'spatient's](#) ability to be successfully maintained in the community or is needed in order to succeed in meeting [individualpatient](#) treatment goals.

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

D. PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL TESTING – ADULT

Definition:

Psychological Testing involves the administration and interpretation of standardized tests used to assess an individual's psychological or cognitive functioning. It assists in gaining an understanding of an individual's diagnostic presentation and informs the appropriate course of treatment. Psychological evaluation using various measures may be conducted to clarify a psychiatric diagnosis in situations in which: 1) there is current symptomatic behavior that disrupts functioning and, 2) there is a lack of diagnostic clarity that can not be resolved by standard interview techniques and, 3) this lack of diagnostic clarity is preventing the development or revision of an appropriate treatment plan.

Results would be used to determine the best possible treatment approaches, clarify specific [individual/child](#) needs, identify [individual/child](#) strengths, or distinguish necessary interventions for best clinical utility. Common types of tests are: projective and/or objective personality assessments, intelligence assessments, adaptive living scales, and neuropsychological assessments.

All testing must be done in accordance with the American Psychological Association's Standards for Educational and Psychological Testing. As such, testing must be administered and interpreted by a licensed psychologist and any measure used must have documented standardization, reliability, and evidence that it is appropriate for its intended use and that it enhances diagnostic accuracy. Test results will lead to [individual/child](#) specific clinical recommendations that will be shared with caregivers with appropriate release of information as indicated.

Authorization Process and Time Frame for Service:

This service requires prior authorization through the submission of a Request for Psychological Testing form. Requests for psychological testing must target specific diagnostic questions and address the reasons why standard interview techniques or therapies cannot resolve those questions. All [individuals/children/adolescents](#) referred for psychological or neuropsychological testing and/or their caregivers may require a preliminary diagnostic interview by the Psychologist scheduled to perform the testing. This interview will allow the Psychologist to identify the specific test instruments needed to address the referral issues.

Once the preliminary diagnostic interview is completed, the psychologist will complete the Request for Psychological Testing Form. Each test and its clinical rationale must be listed. In addition, the time allocation for each test instrument to be used must be estimated based on information from test manufacturers, or, in the absence of such, based on time allotment approved by the Clinical Management Committee. It is expected that certain tests will be scored by computer and additional time for hand scoring will not be authorized. Authorization for this service will be granted not more frequently than once every

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12 months unless there is compelling evidence of marked change and 1) there is substantial clinical reason to suspect organic or trauma related deterioration or 2) previous test results are deemed invalid due to inappropriate administration or 3) client performance was impaired by issues that were unknown to the psychologist at the time of test administration (i.e., [individualchild](#) was becoming physically ill, [individualchild](#) had recently been traumatized).

Level of Care Guidelines

D.1.0 Admission Criteria

D.1.1 Severity of Symptoms and Functional Impairment

- D.1.1.1 The individual has or is believed to have a diagnosable DSM ~~IV Axis I or Axis II~~ disorder, [according to the most recent DSM](#), excluding V-codes (neuropsychological testing should be performed for the diagnosis and treatment of an organic disorder,) and
- D.1.1.2 Individual evidences significant functional impairment secondary to the above disorder, and

D.1.2 Intensity of Service Need

One or more of the following criteria must be met:

- D.1.2.1 Traditional clinical assessment has not proven effective in identifying the underlying cause for the [individual's](#) behavioral distress and testing is needed to determine diagnosis and the most appropriate course of treatment; or
- D.1.2.2 The [individualchild/adolescent](#) has not responded to traditional treatment with out a clear explanation of treatment failure and testing is necessary to address issues related to differential diagnosis, and
- D.1.2.3 The testing will have a timely effect on the revised treatment planning process.

D.1.3 Additional Variables to be Considered:

- D.1.3.1 Valid testing was not administered within the last year or there is sufficient justification for repeat/additional testing, and

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

~~D.1.3.2~~

D.1.3.2 Testing is not routine but medically necessary, and

D.1.3.3 Primary purpose of testing is not for educational, vocational, or legal purposes, and

D.1.3.4 The individual~~child/adolescent~~ is not under the influence of alcohol or other substances, undergoing detoxification, or experiencing residual or temporary effects of substance use that are likely to compromise the validity of testing, and

D.1.3.5 Symptoms of acute psychosis will not interfere with proposed testing validity, and

D.1.3.6 The time requested for test/test battery does not fall outside of the manufacturer's or the Clinical Management Committee's recommended time frames.

D.2.0 Continued Care Criteria – Not applicable

Note: Making Level of Care Decisions

In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the individual~~patient~~ shall be granted the level of care requested when:

- 1) Those mitigating factors are identified and
- 2) Not doing so would otherwise limit the individual's~~patient's~~ ability to be successfully maintained in the community or is needed in order to succeed in meeting individual~~patient~~ treatment goals.

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

E. Adult Mental Health Group Home

Definition

Mental Health Group Homes are designed to assist individuals with serious and persistent mental illnesses to achieve their highest degree of independent functioning and recovery. Access to mental health group home rehabilitative services is provided to those recipients whose mental illness is ~~so-se~~ ~~severe~~ **serious** and disabling ~~that the individual as to~~ requires care in a group home setting. Necessary rehabilitative services are provided by the group home to *individuals who have significant skill deficits in the areas of self-care, illness management, and independent living* as a result of their psychiatric disability and who require a non-hospital, 24/7 supervised community-based residence. Rehabilitative services are provided in a structured recovery environment, with *on-site staffing twenty-four hours a day, seven days a week*.

Authorization Process and Time Frame for Service

This level of care requires prior authorization. The first authorization is for up to six months. Subsequent authorizations for up to six months each can be given if the ~~individual~~ **client** meets continued care criteria.

Medical Necessity Criteria:

E.1.0 Admission Criteria

E.1.1 ~~Individual~~ **Client** is able to participate in and benefit from rehabilitative services.

E.1.2 Symptoms and functional impairment include all of the following:

E.1.2.1 ~~Diagnosable DSM disorder, according to the most recent DSM, which requires and can reasonably be expected to respond to therapeutic intervention, excluding V codes, and is not solely a result of Autism Spectrum Disorder or an Intellectual Disability. A primary diagnosis of a psychiatric disorder, DSM IV Axis I or Axis II, excluding V-codes (individual may have a coexisting substance abuse disorder, but the psychiatric disorder must be primary).~~

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

E.1.2.2 ~~Functional impairment not solely a result of Autism Spectrum Disorder or an intellectual Pervasive Developmental Disorder or Mental Retardation, and GAF <40~~

E.1.3 Chronic (> 6 months) presentation, as a result of a psychiatric disorder, consistent with at least one of the following:

E.1.3.1 Risk of self-injury: Risk of self-injury as manifested by sustained recklessness and/or impulsivity suggesting an inability or unwillingness to consider potential for risk to self (e.g., flagrant exposure to victimization, and other serious risk-taking behavior) which requires constant monitoring. ~~–~~The likelihood of occurrence of the behavior decreases in a 24-hour supervised setting.

E.1.3.2 Risk of danger to others: Risk of harm to others as manifested by sustained recklessness and/or impulsive behavior that poses potential risk to others that requires constant monitoring. ~~–~~The likelihood of occurrence decreases in a 24-hour supervised setting.

E.1.3.3 Gravely Disabled: Severe functional disabilities in the area of independent living skills that are secondary to serious and persistent mental illness. ~~–~~The disabilities are so great ~~as~~ ~~to that they~~ require ~~that~~ these individuals/clients ~~to~~ reside in a non-medical residential setting with rehabilitative services and supports. Presentation must be consistent with one or more of the following:

E.1.3.4 Severe impairment of activities of daily living skills as evidenced by:

E.1.3.4.1 Evidence of severe neglect of personal hygiene (i.e. highly malodorous, parasitic infestation, poor/no oral hygiene, grossly soiled clothing, inability to manage toileting tasks appropriately) despite appropriate and repeated attempts by caretakers to alter behaviors; or

E.1.3.4.2 Evidence of inability to attend to a medical condition(s) which may pose significant health problem; or

E.1.3.4.3 Malnutrition and/or highly compromised nutrition or eating patterns (i.e. eating only food packaged in cellophane, eating only peas counted out one by one) which may be related to paranoid, delusional, or severe eating-disordered beliefs or rituals; or

E.1.3.4.4 Evidence of inability to maintain a habitable living environment despite repeated attempts by others to

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support independence (i.e. unsanitary conditions, failure to maintain adequate supplies of nutritious food, failure to maintain security or safety of the premises); or

E.1.3.4.5 Inappropriate social interactions or poor judgment that put individual at risk for victimization (e.g., lack of awareness of social boundaries, sexual flirtatiousness, etc).

E.1.3.5 Severe reality impairment as evidenced by:

E.1.3.5.1 Response to command/threatening hallucinations which could result in harm to self/others; or

E.1.3.5.2 Response to delusions, excessive preoccupations, or inability to sort out fantasy from reality, which interfere with functioning and places individual or others at risk (i.e., paranoid ideas that inspire retaliation; delusions of invincibility that lead individual to place self in harm's way).

E.1.3.6 Serious cognitive impairments as evidenced by:

E.1.3.6.1 Disorientation to person, place and time; or

E.1.3.6.2 Delirium; or

E.1.3.6.34 Dissociative events, which could result in harm to self/others.

E.1.3.7 Inability to call for help independently.

E.1.3.8 Lack of awareness of medication compliance needs.

E.1.4 Intensity of Service Need

E.1.4.1 Individual requires care in a group home setting with 24-hour staff support and rehabilitative services. The above symptoms cannot be contained, attenuated, evaluated and treated in a lower level of care as evidenced by:

E.1.4.1.1 Individual requires that a staff member be awake in an adjoining area of the same residence, 24 hours a day seven days a week, which allows for monitoring of individuals who may not have the capacity to initiate a call for help; and

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E.1.4.1.2 Individual requires at least 40 direct service hours per month of rehabilitative services to develop or maintain skills needed for independent living; and

E.1.4.1.3 Arrangements for supervision at a lower level of care cannot be made adequate to assure a reasonable degree of safety; and

E.1.4.1.4 Individual's medical complications do not require on-site medical personnel

E.2.0 Continued Care Criteria

E.2.1 Individual~~Patient~~ has met admission criteria within the past 60 days as evidenced by:

E.2.1.1 The individual's~~patient's~~ symptoms or behaviors persist at a level of ~~—~~ severity documented at the most recent start for this episode of care; or

E.2.1.2 The individual~~patient~~ has manifested new symptoms or maladaptive behaviors that meet admission criteria and the treatment plan has been revised to incorporate new goals, and

E.2.2 Evidence of active treatment and care management as evidenced by:

E.2.2.1 Individual's~~Client's~~ participation in treatment is consistent with care plan or active efforts to engage the individual~~client~~ are in process. Type, frequency, and intensity of services are consistent with the treatment plan, and

E.2.2.2 A care plan with evaluation and treatment objectives appropriate for this level of care has been established. Treatment objectives are related to readiness for discharge and progress toward objectives is being monitored periodically; and

E.2.2.3 Vigorous efforts are being made to affect a timely discharge (e.g., meeting with caseworker, convening aftercare planning meetings with aftercare providers, identifying and referring for aftercare or local systems of care, scheduling initial aftercare appointments).

E.2.3 If the individual~~client~~ does not meet criterion A.2.1, continued stay may still be authorized under any of the following exceptional circumstances:

E.2.3.1 Individual~~Client~~ has clear behaviorally defined treatment objectives that can reasonably be achieved within 90 days and

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are determined necessary in order for the discharge plan to be successful, and there is no other suitable environment in which the objectives can be safely accomplished; or

E.2.3.2 IndividualClient has achieved treatment objectives in the current level of care but requires a period of stability to strengthen the habit of newly acquired skills to reduce the likelihood of deterioration after discharge. Continued stay to allow habit formation to be strengthened may be as long as 90 days; or

E.2.3.3 IndividualClient is expected to transfer to another setting (e.g. supervised or supported apartment, boarding home) within 90 days of discharge and continued stay at this level of care, rather than an interim placement (e.g. a shelter) can avoid disrupting care and compromising client stability. Continued stays for this purpose may be as long as 90 days; or

E.2.3.4 IndividualClient is scheduled for discharge, but the patient's aftercare plan is missing critical components. These components have been vigorously pursued but are not available (including but not limited to such resources as placement options, psychiatrist or therapist appointments, day treatment or partial hospital programs, etc.). Authorization may be extended-continued for up to 90 days.

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

F. ~~23-HOUR~~ OBSERVATION SERVICE review based upon Provider Bulletin 2016-34 issued by DSS June 2016 prior authorization no longer required

Definition

This level of care provides up to 4823 hours of care in a secure and protected, medically staffed, psychiatrically supervised treatment environment that includes continuous nursing services and an on-site or on-call physician. The primary objective of this level of care is for prompt evaluation and/or stabilization of individuals presenting with acute psychiatric/substance abuse symptoms or distress. This level of care should be used when diagnosis and disposition cannot be readily ascertained during an emergency department visit. Before or at admission, a comprehensive assessment is conducted and a treatment plan developed. The treatment plan should place emphasis on crisis intervention services necessary to stabilize and restore the individual to a level of functioning that does not require hospitalization. Active family/significant other involvement is provided unless it is contrary to the best interests of the individual/client. This service is not appropriate for individuals who, by history or initial clinical presentation, require services of an acute care setting exceeding 4823 hours. Duration of services at this level of care may not exceed 4823 hours, by which time stabilization and/or determination of the appropriate level of care will be made, with facilitation of appropriate treatment and support linkages by the treatment team. Physician's orders are necessary for admission and discharge from the observation service.

Authorization Process and Time Frame for Service:

Prior authorization is not required. The claim can be submitted directly to DXC Technology/HP. ~~and The~~ time frame for admission is no longer than 4823 hours. A minimum of 8 hours of monitoring is required.

Level of Care Guidelines

F.1.0 Admission Criteria

F.1.1 Symptoms and functional impairment include all of the following:

F.1.1.1 Symptoms consistent with a DSM Axis I or Axis II disorder, according to the most recent DSM

F.1.1.2 Indications that the symptoms may stabilize and a community-based treatment may be initiated within a 4823-hour period or observation and monitoring is necessary in order to determine the need for inpatient admission, and

F.1.1.3 Presenting crisis cannot be safely evaluated or managed in a less restrictive setting.

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

F.1.2. In addition to the above, *at least one* of the following must be present:

- F.1.2.1 An indication of actual or potential danger to self as evidenced by serious suicidal intent or a recent attempt with continued intent as evidenced by the circumstances of the attempt, the individual's statements, family and/or significant others reports or intense feelings of hopelessness and helplessness.
- F.1.2.2 Command auditory/visual hallucinations or delusions leading to suicidal or homicidal intent.
- F.1.2.3 An indication of actual or potential danger to others as evidenced by a current threat.
- F.1.2.4 Loss of impulse control leading to life-threatening behavior and/or other psychiatric symptoms that require immediate stabilization in a structured, psychiatrically monitored setting.
- F.1.2.5 Substance intoxication with suicidal/homicidal ideation.
- F.1.2.6 The individual is experiencing a crisis demonstrated by an abrupt or substantial change in normal life functioning brought on by a specific cause, sudden event, and/or severe stressor.
- F.1.2.7 The individual demonstrates a significant incapacitating or debilitating disturbance in mood/thought or behavior interfering with ADLs to the extent that immediate stabilization is required.

F.1.3 Intensity of Service Need

F.1.3.1 Individual requires further assessment, stabilization and short-term treatment. The above symptoms cannot be evaluated and treated in a lower level of care as evidenced by:

F.1.3.1.1 ~~Individual~~Patient requires at least 8 hours of diagnostic or evaluative procedures readily available in a hospital setting in order to achieve stabilization or discharge to community or determine the need for an inpatient admission; or

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.

F.1.3.1.2 Individual~~Patient~~ is unsafe for discharge and requires more complete information in order to determine the level of care required.

F.2.0 Continued Care Criteria

There is no continued stay associated with 23-hour observation. Individuals must be transferred to a more/less intensive level of care.

Note: Making Level of Care Decisions

In any case in which a request for services does not satisfy the above criteria, the ASO reviewer must then apply the document Guidelines for Making Level of Care Decisions and in these cases the individual~~patient~~ shall be granted the level of care requested when:

- 1) Those mitigating factors are identified
- 2) Not doing so would otherwise limit the individual's~~patient's~~ ability to be successfully maintained in the community or is needed in order to succeed in meeting patient treatment goals.

Revised 1/23/17~~10-3-11~~

All requests for services not satisfying these criteria must be individually reviewed and may not be denied unless the request does not meet the Department's definition of medical necessity and, for anyone under 21, does not meet the EPSDT criteria.