

Summary of Revisions to Level of Care Guidelines based on DSM 4 to DSM 5

The bullets below are explanations of some of the specific revisions to the CTBHP Level of Care Guidelines. Primarily, we updated based upon the changes that took place with the DSM 5. While we were reviewing for those changes, we noted that there were sections that required updating based upon changes in procedure as well as changes to the service delivery system. For example, you will notice two child services (Home Based Services and PASS Group Homes) that never existed or no longer exist. Another example pertains to Child Residential Treatment Services and Group Home Authorizations. The process described in the original language no longer makes sense as there is no DCF "Bureau of Behavioral Health". We therefore changed the language to reflect the current process. In addition, Observation bed stays now go up to 48 hours and do not require prior authorization, so the guidelines that are included are no longer applicable.

While there may be other content you might notice as you review the track changes within the Level of Care Guidelines please review these just with an eye towards the current recommended changes. There will be future opportunities should we need to make other changes. For now, we would like the Guidelines to be as up to date as possible.

There are some items that may not be addressed in the bullets below, but are changed in the Level of Care Guidelines that are self-explanatory.

ADULT LEVEL OF CARE GUIDELINES

- Changed the words "patient" or "member" to the word "individual" throughout the LOC Guidelines. There may be a few spots that were missed. Feel free to identify them.
- Adult inpatient psychiatric – "The first authorization is for up to 3 days" changed to "ranges from 3 to 7 days." This takes into account those facilities who are eligible for bypass.
- This is the new language pertaining to the new DSM: "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." There are some variations under other levels of care (e.g Psychological Testing).
- Intensive Care Management changed to clinical care management as not all cases get referred to ICM, some get referred to CCM depending on the level of risk.
- GAF has been taken out throughout the LOC Guidelines
- Outpatient LOC – "Visits in excess of 90 or those beyond the initial twelve-month period would require **prior authorization.**" Language changed to "**continued stay registration**". Outpatient is done through registration on the CT BHP website.
- New language under Psychological Testing LOC Guideline – "The individual has or is believed to have a diagnosable DSM disorder, according to the most recent DSM, excluding V-codes"
- New language under 23 hour observation - Prior authorization is not required. **The claim can be submitted directly to HP**

CHILD LEVEL OF CARE GUIDELINES

- Child LOC Guidelines under Guidelines for Making Level of Care Decisions last two paragraphs - “HUSKY A MCOs” changed to “medical ASO” Also added “behavioral health” in front of “ASO” to differentiate the medical ASO from the Behavioral health ASO.
- Language pertaining to EPSDT made consistent within the Adult and Child LOC Guidelines. HUSKY MCOs changed to ASO wherever applicable.
- Child Inpatient psychiatric LOC Guideline: “Diagnosable disorder, according to the most recent DSM, which requires and can be reasonably expected to respond to therapeutic intervention.”
- GAF removed throughout
- “Symptoms and impairment must be the result of a psychiatric or co-occurring substance use disorder”
- Changed the name of the State Hospital for Children to “Albert J. Solnit Center”
- Solnit Center LOC Guideline - “The first 30 days of court ordered admissions to the Albert J. Solnit Center shall be deemed medically necessary and so authorized.” has been changed to “If deemed medically necessary, Court ordered admissions to the Albert J. Solnit Center shall be authorized 30 units upon admission.”
- Psychiatric Residential Treatment Facility – Medicaid law pertaining to PRTFs pertains to those under 21. The license covers the community-based facilities up to age 18. Language was added to address this.
- Changed “family” to “family/caregiver” throughout the guidelines.
- Changed “Managed Service System” to “DCF Area Office” throughout the document. MSS is subsumed under the Area Office, this was felt to encompass any and all communication with DCF.
- Residential Treatment Center and Level 2 Group Home (Therapeutic Group Home), Maternity Group Home Authorization Process and Time Frame for Service – the language change reflects the current process that has been taking place for quite a while. The language describes Beacon’s role in reviewing for Level of Care Appropriateness. DCF Regions continue to play a substantive role in any referrals to RTC.
- Level 2 Group Homes (Therapeutic Group Home) – added Intellectual Disability because referrals are sometimes made to Group Homes who service children with Intellectual Disabilities.
- Multi-Systemic Therapy, Functional Family Therapy – number of days changed to number of units as this service is authorized/registered online.