

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 Clinics 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 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 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 a 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 ~~two~~ 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 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,

B.1.1.3 Functional impairment not solely a result of Pervasive Developmental Disorder or Mental Retardation, 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 medical appropriateness~~ and, for anyone under 21, does not meet the EPSDT criteria.

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 patient 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 patient requires an organized, structured program several days each week. The intensity of service and the length of stay vary according to patient 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 patient in outpatient therapy have been unsuccessful or the patient has been noncompliant with treatment; or

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_____ B.1.2.1.3 Patient is acutely symptomatic and needs to be stepped down or diverted from inpatient level of care. Patient remains moderately to severely

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symptomatic and there is high likelihood that patient's condition would deteriorate if treated in a lower level of care.

Program Specific Requirements:

PHP/ADT ~~adult~~ Day Treatment: The patient demonstrates severe and disabling symptomatology that severely impairs the patient's capacity to function adequately in multiple areas of life on a day-to-day basis. *The patient must require partial therapeutic services at levels of intensity and frequency comparable to patients in an inpatient setting for similar psychiatric illnesses.* It is highly likely that the patient 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 ~~adult~~ Day Treatment level of care. The patient 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: Patient demonstrates moderate level of symptomatology that has a moderate impact on the patient's capacity to function adequately in multiple areas of life on a day-to-day basis. The patient is at substantial risk for further decompensation, deterioration or self-harm and inpatient hospitalization without IOP services. Patient 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 Patient has met admission criteria within the past three (3) days for PHP **and/or ADT**, and five (5) days for IOP as evidenced by:

_____ B.2.1.1 The 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 patient has manifested new symptoms or maladaptive behaviors that meet admission criteria and the treatment plan has been revised to incorporate new goals, and

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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-

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~~Treatment objectives are related to readiness for discharge and progress toward objectives is being monitored weekly, and~~

~~_____~~ B.2.2.~~22~~ Patient's participation in treatment is consistent with treatment plan or active efforts to engage the patient are in process. Type, frequency and intensity of services are consistent with treatment plan, and

~~_____~~ B.2.2.~~33~~ 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 patient does not meet above criteria, continued stay may still be authorized under any of the following circumstances:

~~_____~~ B.2.3.1 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; or

~~_____~~ B.2.3.2 Patient 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 a lower level of care rather than to a more restrictive setting; or

~~_____~~ B.2.3.3 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 patient maintains gains made in program.

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 patient shall be granted the level of care requested when:

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

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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	Participants are under the care of a physician who directs treatment. Client may require intensive nursing and/or medical intervention. Services are provided under the direct supervision of a physician. Client requires intensive nursing and medical intervention.	Participants are under the care of a physician who directs treatment. Client 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
Clinical Intensity	Patient demonstrates severe level of symptomatology 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	Patient demonstrates moderate level of symptomatology 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

	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.	stepping down from PHP or inpatient level of care and meets admission criteria for IOP level of care.
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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 medical appropriateness~~ and, for anyone under 21, does not meet the EPSDT criteria.

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