G. INTERMEDIATE CARE - Child/Adolescent

Definition

Intermediate care refers to a continuum of ambulatory psychiatric treatment programs that offer intensive, coordinated and structured therapeutic and assessment services within a stable therapeutic milieu. These programs encompass partial hospital (PHP), intensive outpatient (IOP) and extended day treatment (EDT) levels of care. All programs require psychiatric evaluation, treatment planning and oversight and 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, therapeutic recreation) are integrated within a single treatment plan that focuses on patient specific goals and objectives. Services are office based although some programs may allow for structured off -site activity. Programs 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 and IOP provide more intensive service over a brief period of time to stabilize a client's functioning, while EDT offers clinical intervention and rehabilitative services over a longer period of time to help the patient achieve success in a less restrictive setting that incorporates community-based activities into the treatment plan. 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 any of these three levels of Intermediate Care. Differences in admission, intensity of service need, and continued care for each of these~~s~~ three services are addressed in the service grid to be used conjointly with these guidelines.

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.

Level of Care Guidelines

D.1.0 Admission Criteria

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

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

~~D.1.1.2~~D.1.1.1 Symptoms and impairment must be the result of a primary psychiatric disorder, excluding V-codes; substance abuse disorders may be secondary,

~~D.1.1.3~~D.1.1.2 Functional impairment not solely a result of Pervasive Developmental Disorder or Mental Retardation, and

~~D.1.1.4~~D.1.1.3 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:**

~~D.1.1.4.1~~D.1.1.3.1 Suicidal gestures or attempts or suicidal ideation or threats that are serious enough to lead to suicidal attempts; or

~~D.1.1.4.2~~D.1.1.3.2 Self-mutilation that is moderate to severe and dangerous; or

~~D.1.1.4.3~~D.1.1.3.3 Deliberate attempts to inflict serious injury on another person; or

~~D.1.1.4.4~~D.1.1.3.4 Dangerous or destructive behavior as evidenced by episodes of impulsive or physically or sexually aggressive behavior that present a moderate risk; or

~~D.1.1.4.5~~D.1.1.3.5 Psychotic symptoms or behavior that poses a moderate risk to the safety of the child or others; or

~~D.1.1.4.6~~D.1.1.3.6 Marked mood lability as evidenced by frequent or abrupt mood changes accompanied by verbal or physical outbursts/aggression; or

~~D.1.1.4.7~~D.1.1.3.7 Marked depression or anxiety as evidenced by significant disruption of activities of daily living or relationships with families and peers.

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And meets at least one of the following criteria:

D.1.2 Intensity of Service Need

D.1.2.1 The child or youth requires an organized, structured program several days each week. The intensity of service and the length of stay vary according to the child's needs and the program type. 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:

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

D.1.2.1.2 Recent attempts to engage the child and/or family in outpatient therapy have been unsuccessful or the patient and caregivers have been noncompliant with treatment; or

D.1.2.1.3 The child/adolescent is acutely symptomatic and needs to be stepped down or diverted from inpatient level of care. Child/adolescent remains moderately to severely symptomatic and there is a high likelihood that the child/adolescent's condition would deteriorate if treated in a lower level of care.

Program Specific Requirements:

PHP: Child/adolescent demonstrates severe and disabling level of symptomatology that severely impairs the child/adolescent's capacity to function adequately in multiple areas of life on a day-to- day basis. It is highly likely that the child/adolescent 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 level of care. The child/adolescent requires at least 4 hours/day of structured programming 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. May have been unsuccessful in IOP or other day program.

IOP: Child/adolescent demonstrates moderate level of symptomatology that has a moderate impact on the child/adolescent's capacity to function adequately in multiple areas of life on a day-to-day basis. The child/adolescent is at substantial risk for further decompensation, deterioration or self-harm and inpatient hospitalization without IOP services. Child/adolescent requires at least 3 hours/day of structured programming for ***2***-5 days per week for a brief period of time 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 out patient or other community based programs.

EDT: Child/adolescent demonstrates moderate level of symptomatology that appears to be persistent in nature (i.e., greater than six months) although may be the result of an acute exacerbation of symptoms and lack of success in shorter term intermediate programs, intensive home-based programs or other community –based services. This program must be 3 or more hours in duration 2 -5 days per week with at least 2.5 hours of documented therapeutic ~~clinical~~ services which includes rehabilitative therapies (i.e. activities that restore social skills, age appropriate activities of daily living) and clinical therapies such as individual, group and/or family therapy.

D.2.0 Continued Care Criteria

D.2.1 Patient has met admission criteria within the past three (3) days for PHP, five (5) days for IOP, and thirty (30) days for EDT evidenced by:

D.2.1.1 The child or youth's symptoms or behaviors persist at a level of severity documented at the most recent start for this episode of care; or

D.2.1.2 The child or youth has manifested new symptoms or maladaptive behaviors that meet admission criteria and the treatment plan has been revised to incorporate new goals, and

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

D.2.2.1 A care 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 being monitored weekly, and

D.2.2.2 Child and caregiver participation in treatment is consistent with care plan or active efforts to engage the child and caregiver are in process. Type, frequency and intensity of services are consistent with care plan, and

D.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)

D.2.3 If child/adolescent does not meet above criteria, continued stay may still be authorized under any of the following circumstances:

D.2.3.1 Child/adolescent has clear behaviorally defined treatment objectives that can reasonably be achieved within 5 days for PHP, 10 days for IOP and 30 days for EDT, and are determined necessary in order for the discharge plan to be successful, and there is not suitable lower level of care in which the objectives can be safely accomplished; or

D.2.3.2 Child/Adolescent 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

D.2.3.3 Child/adolescent is scheduled for discharge, but the community-based aftercare plan is missing critical components. The 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 intensive outpatient treatment etc.) Authorization may be extended in increments for up to 5 days for PHP, 10 days for IOP and up to 30 days for EDT. Under such circumstances, the Intensive Care Manager will work closely with the Managed Service System if the child is DCF involved or directly with local providers or Community Collaboratives to address aftercare needs.

Note: Making of 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 of Level of Care Decisions and in these cases the child/adolescent shall be granted the level of care requested when:

1) Those mitigating factors are identified and
2) Not doing so would otherwise limit the child/adolescent ability to be successfully maintained in the community or is needed in order to succeed in meeting child/adolescent 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.

Intermediate Levels of Care –
Partial Hospital, Intensive Outpatient, Extended Day Treatment

Aspects of Care	Partial Hospitalization	Intensive Outpatient	Extended Day Treatment
Hours Per Day	At least 4 Hours Per Day	At least 3 Hours Per Day	At least 3 Hours Per Day
Days Per Week	5 Days per week	2-5 Days per week	2-5 Days per week
GAF	<50	<55	<55
Documented Clinical Activities	3.5 hours of documented clinical service	2.5 hours of documented clinical service.	2.5 hours of documented therapeutic services ~~clinical service~~ such as rehabilitative services (i.e. activities that restore social skills, age appropriate activities of daily living) and clinical services (individual, group and ~~/or~~ family therapy)~~.~~
Medical Oversight	Participants are under the care of a physician who directs treatment. Client may require~~s~~ intensive nursing and/or ~~frequent~~ medical intervention~~monitoring, adjustments and observation of side effects on daily basis by medically trained staff. Typically involves daily rounds.~~	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.	Participants are under the care of a physician who directs treatment. Client may require medical monitoring, adjustment and observations of side effects by medically trained staff.
Community Based Therapeutic Recreation	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.	Rehabilitative therapies (i.e., activities that restore social skills, age appropriate activities of daily living) are a major focus of the program and occur onsite and offsite with the primary goal of reintegration into community based activities.
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 therapy provided at least 1x weekly 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 therapy provided at least 1x weekly 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 in treatment is expected.
Target Length of Stay	2-4 weeks	2-6 weeks	Up to 6 months

Clinical Intensity	Child/adolescent demonstrates severe level of symptomatology requiring 4-6 hours/day of structured programming 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 recently been unsuccessful in outpatient level of care.	Child/adolescent demonstrates moderate level of symptomatology requiring at least 3 hours/day of structured programming for 2-5 days per week for a brief period of time. 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.	Child/adolescent demonstrates moderate level of symptomatology that appears to be persistent in nature (i.e., greater than six months) requiring at least 3 hours/day of structured programming. Child/Adolescent may also demonstrate lack of success in shorter term intermediate programs or other community-based programs.

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