



# **Medical Necessity Criteria 2009**

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## **Introduction**

Cenpatico/Integrated Mental Health Services (IMHS) created its Medical Necessity Criteria for use by the Cenpatico/IMHS clinical staff and clinician consultants as well as Cenpatico/IMHS's network of providers in making determinations regarding the appropriateness and the level of mental health and substance abuse care medically necessary for individuals whose benefits are managed by Cenpatico/IMHS. These criteria are reviewed and revised annually and have been approved by the Cenpatico/IMHS Quality Improvement Committee, the corporate oversight committee. Upon receipt of the necessary clinical information including the assessment of the individual's biopsychosocial needs obtained from a face to face evaluation, Cenpatico/IMHS clinical staff will make a medical necessity determination using these criteria except when other criteria are mandated by State law or contract. For Chemical Dependency determinations, including ambulatory detoxification, Cenpatico/IMHS utilizes the American Association of Addiction Medicine (ASAM) criteria except when other criteria are mandated by State law or contract. The medical necessity determinations will be consistent with Cenpatico/IMHS's clinical practice guidelines and the prevailing standards of care. Cenpatico/IMHS will then communicate the decision to the member, provider, and/or facility.

Cenpatico/IMHS is dedicated to the principle that behavioral health and substance abuse services should be provided at the least restrictive level of care while ensuring safety, effectiveness, and a focus on recovery and resiliency.

**Recovery** is defined as the ability to live a fulfilling and productive life despite a history of behavioral health challenges, by reducing or eliminating the impact of the symptoms of mental illness, overcoming behavioral health challenges and developing compensatory life skills.

**Resiliency** is defined as the personal and community qualities that insulate us from trauma, adversity and stressors. Cenpatico/IMHS is committed to careful consideration of the individual's biopsychosocial needs and to ensuring that quality cost-effective care is provided in a culturally competent manner.

## **Medical Necessity Definition**

Cenpatico/Integrated Mental Health Services (IMHS) reviews mental health and substance abuse treatment for medical necessity. Cenpatico/IMHS defines medical necessity as:

Services by a provider to identify or treat an illness that has been diagnosed or suspected. The services are:

- A. consistent with the diagnosis and treatment of a condition and standards of good medical practice and
- B. required for reasons other than convenience and
- C. the most appropriate supply or level of service

When applied to inpatient care, this means the needed services can only be safely given on an inpatient basis.

Medical necessity determinations for admission to the higher levels of care require the intensity of service and severity of need criteria be met. Determinations for continued stay at these levels of care require the continued stay criteria be met.

## **Descriptions of Levels of Care**

Cenpatico/Integrated Mental Health Services (IMHS) philosophy of care is centered on our members receiving individualized, quality mental health care in the least restrictive setting to meet their needs. To ensure that members received a high standard of care, Cenpatico/IMHS has defined the following eight levels of care and described the minimum services which are associated with each level of care.

(Note: not all levels of care may be available as a covered benefit in all service areas.)

### **1. Acute Psychiatric Inpatient Hospitalization**

Acute hospitalization is the highest level of care for psychiatric and substances abuse services. This facility based care may occur in a psychiatric or detoxification unit of a general hospital or at a free standing psychiatric program. Key elements of this level of care are: the facility is licensed as a hospital, 24 hour medical and nursing care is provided, care is supervised by behavioral health specialists, and each patient has an individualized treatment plan that addresses their mental health and/or substance abuse needs.

The Acute Psychiatric Inpatient Hospitalization definition also covers 23-hour observation beds or beds that provide an equivalent or greater intensity of nursing and medical care.

### **2. Crisis Stabilization**

Crisis stabilization services provide 24 hour medical and nursing care, and serve as a diversion to acute psychiatric inpatient services. Crisis stabilization services are provided by behavioral health specialists at facilities which are not licensed as hospitals. At this level of care, each patient should have an individualized treatment plan that addresses their mental health and/or substance abuse needs.

### **3. Residential Treatment**

Residential treatment describes a longer term 24 hour program of treatment for severe mental disorders and/or substance use disorders. Care at an RTC is medically monitored, with 24 hour onsite nursing services and medical provider availability. RTC treatment is expected to provide a range and intensity of diagnostic, therapeutic, life skills, rehabilitation and milieu-behavioral health and/or substance abuse services that cannot be provided by a combination of outpatient or community based services. Each patient should have an individualized treatment plan that addresses their mental health and/or substance abuse needs, sets discharge criteria, identifies barriers to discharge, and ensures that the treatment is the least restrictive option. Family therapy should occur 2-3 times/week as part of the treatment to ensure that the

member can reintegrate back into their home and community (unless there is an identified valid reason why such a plan is not clinically appropriate or feasible).

#### **4. Partial Hospitalization**

Partial hospital programs provide services at least 4 hours/day for 3 days/week. These facility based services are of similar intensity to acute hospital services: on-site nursing, psychiatric and behavioral health services are available as needed by the patient, but are provided less than 24 hours/day. The patient is not a resident of the program. Each patient should have an individualized treatment plan that addresses their mental health and/or substance abuse needs. A specific treatment goal of this treatment is improving symptoms and level of functioning enough to return the patient to a lesser level of care. Partial hospital programs for children and adolescents are expected to have family therapy sessions at least once a week.

#### **5. Day Treatment**

Day Treatment Programs can be either free-standing or hospital based and provide frequent behavioral monitoring, and intervention and access to frequent medication management by a behavioral health specialist, when necessary. Individuals at this level of care are unable to be treated by or have not responded to traditional Mental Health Services (i.e. individual/family/group therapy, medication management, etc) and are experiencing an exacerbation of a longstanding psychiatric disorder, are at risk of deteriorating, or cannot reach identified goals due to significant functional impairments associated with the mental health diagnosis. The Day Treatment program must provide an integrated program of rehabilitation counseling, education, therapeutic, and/or family services at least 25 hours in a week to address an individual's mental health and/or substance abuse needs. Each patient should have an individualized treatment plan that addresses their mental health and/or substance abuse needs. A specific treatment goal of the treatment team is reduction in severity of symptoms and improvement in level of functioning sufficient to return the patient to a lower level of care.

#### **6. Intensive Outpatient Programs**

Intensive Outpatient Programs must provide an integrated program of rehabilitation, counseling, education, therapeutic, and/or family services preferably 9 hours in a week to address an individual's mental health and/or substance abuse needs. The minimum number of hours is 6 hours per week. Each patient should have an individualized treatment plan that addresses their mental health and/or substance abuse needs. A specific treatment goal of the treatment team is reduction in severity of symptoms and improvement in level of functioning sufficient to return the patient to outpatient treatment follow-up and/or self-help support groups.

#### **7. Community Based Services**

Community based services (where available) should be utilized in the member's treatment when Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent a member from deteriorating, and requiring a higher level of care. In the case

of children and adolescents, requests for this level of care must clearly document that the child is at imminent risk of out of home placement to a therapeutic setting due to functional impairments associated with a mental health diagnosis. In all cases, the treatment plan should be individualized and use techniques that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible. The treatment plan should be updated monthly (every 30 days) and reflect efforts to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.

#### **8. Outpatient Treatment**

Outpatient treatment may be comprised of evaluation services, individual, group, and/or family therapy, and medication management services provided by behavioral health specialists. Each patient should have an individualized treatment plan that addresses their mental health and/or substance abuse needs. The treatment plan should be updated monthly (every 30 days) and reflect efforts at targeting symptom reduction, increase community tenure, and enhance independence.

## **Hospitalization, Psychiatric Adult**

### ***Quality of Care Standards***

*Criteria must apply for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition, and the standards of good medical practice.

#### **I. Admission - Severity of Need**

*Criteria A and either B, C or D must be met to satisfy the criteria for severity of need.*

- A. Patient must have a diagnosed or suspected mental illness. Mental illness is defined as a psychiatric disorder that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate therapy at this level of care. Presence of the illness(es) must be documented through the assignment of appropriate DSM-IV-TR® codes on all applicable axes (I-V).
- B. The patient demonstrates a clear and reasonable inference of imminent serious harm to self by (any one of the following):
  - 1. Current plan or intent to imminently and seriously harm self with an available and highly lethal means.
  - 2. A highly lethal recent attempt to harm self with continued imminent risk as demonstrated by poor impulse control or an inability to plan reliably for safety.
  - 3. An acute, severe decompensation in the ability to care adequately for own physical needs demonstrated through disordered, disorganized or bizarre behavior.
  - 4. Other similarly clear and reasonable evidence of imminent serious harm to self.
- C. The patient demonstrates a clear and reasonable inference of imminent serious harm to others by (any one of the following):
  - 1. Current plan or intent to imminently and seriously harm others with an available and highly lethal means.
  - 2. A highly lethal recent action to harm others with continued imminent risk as demonstrated by poor impulse control or an inability to plan reliably for safety.
  - 3. Violent, unpredictable, or uncontrolled behavior that represents an imminently serious harm to the body or property of others.
  - 4. Other similarly clear and reasonable evidence of imminent serious harm to others.
- D. As a result of potential reasonable complications from an acute psychiatric assessment technique or intervention, there is a high probability of serious, imminent and dangerous deterioration of the patient's general medical or mental health.

## **II. Admission - Intensity of Service**

*Criteria A, B and C must be met to satisfy the criteria for intensity of service.*

- A. The evaluation and assignment of the mental illness diagnosis must take place in a face-to-face evaluation of the patient performed by an attending physician prior to, or within 24 hours following the admission.
- B. This care must require an individual plan of active psychiatric treatment that includes 24-hour need for, and access to, the full spectrum of psychiatric staffing. This psychiatric staffing must provide 24-hour services, including medication monitoring and administration, other therapeutic interventions, quiet room, seclusion, intermittent restraints, and suicidal/homicidal observation and precautions.
- C. A discharge plan is initially formulated that is directly linked to the behaviors and/or symptoms that resulted in admission. This plan receives regular review and revision that includes, as appropriate, timely evaluation of post-hospitalization needs.

## **III. Continued Stay**

*Criteria A, B, C and D, and either E or F must be met to satisfy the criteria for continued stay.*

- A. Despite therapeutic efforts, clinical evidence indicates the persistence of problems that caused the admission to the degree that would necessitate continued hospitalization, or the emergence of additional problems consistent with the admission criteria and to the degree that would necessitate continued hospitalization.
- B. The current treatment plan should include documentation of diagnosis (DSM-IV-TR®, I-V), discharge planning, individualized goals of treatment and treatment modalities needed and provided on a 24-hour basis.
- C. The patient's progress confirms that the presenting, or newly defined problem(s) will respond to the current treatment plan.
- D. Daily progress notes, written and signed by the provider, document the treatment received and patient's response.
- E. There is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting. This should be documented in daily progress notes by a physician.
- F. There is clinical evidence that disposition planning, progressive increases in hospital privileges and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization.

## **Hospitalization, Psychiatric, Child and Adolescent**

### ***Quality of Care Standards***

*Criteria must apply for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition, and the standards of good medical practice.

#### **I. Admission - Severity of Need**

*Criteria A and either B, C or D must be met to satisfy the criteria for severity of need.*

- A. Patient must have a diagnosed or suspected mental illness that can be expected to improve significantly. Mental illness is defined as a psychiatric disorder that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate therapy at this level of care. Presence of the illness(es) must be documented through the assignment of appropriate DSM-IV-TR® codes on all applicable axes (I-V).
- B. The patient demonstrates a clear and reasonable inference of imminent serious harm to self by (any one of the following):
  - 1. Current plan or intent to imminently and seriously harm self with an available and highly lethal means.
  - 2. A highly lethal recent attempt to harm self with continued imminent risk as demonstrated by poor impulse control or an inability to plan reliably for safety.
  - 3. An imminently dangerous inability to care adequately for own physical needs through disordered, disorganized or bizarre behavior.
  - 4. Other similarly clear and reasonable evidence of imminent serious harm to self.
- C. Current plan or intent to imminently and seriously harm others with an available and highly lethal means.
  - 1. Current plan or intent to imminently and seriously harm others with an available and highly lethal means.
  - 2. A highly lethal recent action to harm others with continued imminent risk as demonstrated by poor impulse control or an inability to plan reliably for safety.
  - 3. Violent, unpredictable, or uncontrolled behaviors that represents an imminently serious harm to the body or property of others.
  - 4. Other similarly clear and reasonable evidence of imminent serious harm to others.
- D. As a result of potential reasonable complications from an acute psychiatric assessment technique or intervention, there is a high probability of serious, imminent and dangerous deterioration of the patient's general medical or mental health.

## **II. Admission - Intensity of Service**

*Criteria A, B and C must be met to satisfy the criteria for intensity of service.*

- A. The evaluation and assignment of the mental illness diagnosis must take place in a face-to-face evaluation of the patient performed by an attending physician prior to, or within 24 hours following the admission. Parents/ guardians/ other caretakers should be included in the evaluation process, unless there are specific clinical contraindications for their involvement.
- B. This care must require an individual plan of active psychiatric treatment that includes 24-hour need for, and access to, the full spectrum of psychiatric staffing. This psychiatric staffing must provide 24-hour services, including medication monitoring and administration, other therapeutic interventions, quiet room, seclusion, intermittent restraints, and suicidal/homicidal observation and precautions.
- C. A discharge plan is initially formulated that is directly linked to the behaviors and/or symptoms that resulted in admission. This plan receives regular review and revision that includes, as appropriate, timely evaluation of post-hospitalization needs.

## **III. Continued Stay**

*Criteria A, B, C, D and E, and either F or G must be met to satisfy the criteria for continued stay.*

- A. Despite therapeutic efforts, clinical evidence indicates the persistence of problems that caused the admission to the degree that would necessitate continued hospitalization, or the emergence of additional problems consistent with the admission criteria and to the degree that would necessitate continued hospitalization.
- B. The current treatment plan should include documentation of diagnosis (DSM-IV-TR®, I-V), discharge planning, individualized goals of treatment and treatment modalities needed and provided on a 24-hour basis.
- C. The patient's progress confirms that the presenting, or newly defined problem(s) will respond to the current treatment plan.
- D. Daily progress notes, written and signed by the provider, document the treatment received and patient's response.
- E. There should be evidence of intensive family involvement occurring several times per week unless the treatment plan specifically indicates a clinical need for less frequent involvement.
- F. There is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting. A physician should document this in daily progress notes.
- G. There is clinical evidence that disposition planning, progressive increases in hospital privileges and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization.

## **Hospitalization, Psychiatric, Geriatric<sup>1</sup>**

### ***Quality of Care Standards***

*Criteria must apply for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition, and the standards of good medical practice.

#### **I. Admission - Severity of Need**

*Criteria A and either B, C or D must be met to satisfy the criteria for severity of need.*

- A. Patient must have a diagnosed or suspected mental illness. Mental illness is defined as a psychiatric disorder that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate therapy at this level of care. Presence of the illness(es) must be documented through the assignment of appropriate DSM-IV-TR® codes on all applicable axes (I-V).
- B. The patient demonstrates a clear and reasonable inference of imminent serious harm to self by (any one of the following):
  - 1. Current plan or intent to imminently and seriously harm self with an available and highly lethal means.
  - 2. A highly lethal recent attempt to harm self with continued imminent risk as demonstrated by poor impulse control or an inability to plan reliably for safety.
  - 3. An imminently dangerous inability to care adequately for own physical needs through disordered, disorganized or bizarre behavior.
  - 4. Other similarly clear and reasonable evidence of imminent serious harm to self.
- C. The patient demonstrates a clear and reasonable inference of imminent serious harm to others by (any one of the following):
  - 1. Current plan or intent to imminently and seriously harm others with an available and highly lethal means.
  - 2. A highly lethal recent action to harm others with continued imminent risk as demonstrated by poor impulse control or an inability to plan reliably for safety.
  - 3. Violent, unpredictable, or uncontrolled behavior that represents an imminently serious harm to the body or property of others.
  - 4. Other similarly clear and reasonable evidence of imminent serious harm to others.
- D. As a result of potential reasonable complications from an acute psychiatric assessment technique or intervention, there is a high probability of serious, imminent and dangerous deterioration of the patient's general medical or mental health.

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<sup>1</sup> These criteria apply to those individuals at or over the age of 65.

## **II. Admission - Intensity of Service**

*Criteria A, B, C and D must be met to satisfy the criteria for intensity of service.*

- A. The evaluation and assignment of the mental illness diagnosis must take place in a face-to-face evaluation of the patient performed by an Attending Physician prior to, or within 24 hours following the admission.
- B. This care must require an individual plan of active psychiatric treatment that includes 24-hour need for, and access to, the full spectrum of psychiatric staffing. In addition to skilled nursing care for activities of daily living and supervision required for structure and redirection of behavior, the psychiatric staffing must provide 24-hour services, including medication monitoring and administration, other therapeutic interventions, quiet room, seclusion, intermittent restraints, and suicidal/homicidal observation and precautions.
- C. For those patients whose co-morbid medical conditions may contribute to their mental status, there must be the availability of an appropriate initial medical assessment and ongoing medical management.
- D. A discharge plan is initially formulated that is directly linked to the behaviors and/or symptoms that resulted in admission. This plan receives regular review and revision that includes, as appropriate, timely evaluation of post-hospitalization needs.

## **III. Continued Stay**

*Criteria A, B, C, D and E, and either F or G must be met to satisfy the criteria for continued stay.*

- A. Despite therapeutic efforts, clinical evidence indicates the persistence of problems that caused the admission to the degree that would necessitate continued hospitalization, or the emergence of additional problems consistent with the admission criteria and to the degree that would necessitate continued hospitalization.
- B. The current treatment plan should include documentation of diagnosis (DSM-IV-TR®, axes I-V), discharge planning, individualized goals of treatment and treatment modalities needed and provided on a 24-hour basis.
- C. The patient's progress confirms that the presenting, or newly defined problem(s) will respond to the current treatment plan.
- D. Daily progress notes, written and signed by the provider, document the treatment received and patient's response.
- E. There should be evidence that disposition planning includes ongoing contact with facility of residence, personal caretakers and medical caretakers.
- F. There is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting. A physician should document this in daily progress notes.
- G. There is clinical evidence that disposition planning, progressive increases in hospital privileges and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization.

## Hospitalization, Eating Disorders<sup>2</sup>

### *Quality of Care Standards*

*Criteria must apply for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition, and the standards of good medical practice.

#### **I. Admission - Severity of Need**

*Criteria A and one of criteria B, C, D, or E must be met to satisfy the criteria for severity of need.*

- A. Patients must have a *primary* diagnosis of Anorexia Nervosa, Bulimia Nervosa, or Eating Disorder Not Otherwise Specified. The illness can be expected to improve significantly through medically necessary and appropriate therapy at this level of care. Patients hospitalized because of another primary psychiatric disorder who have a coexisting Eating Disorder should be reviewed according to the criteria below *only* if the primary psychiatric disorder no longer requires hospitalization.
- B. Body weight less than 75% of Ideal Body Weight (IBW) or Body Mass Index (BMI) of 16 or below. If body weight is greater than 75% of IBW (or BMI > 16), this criterion can be met if there is evidence of weight loss of >15% in one month or weight loss associated with physiologic instability unexplained by any other medical condition. This criterion may be satisfied in children and adolescents who have a body weight between 75-85% of ideal, based upon height, during a period of rapid growth.
- C. Medical consequences of the eating disordered behavior that present the potential for imminent harm such that immediate medical and psychiatric stabilization is necessary before ambulatory or residential management can be considered safe or effective. Such medical consequences would include severe malnutrition, emaciation, significant electrolyte or fluid imbalance, cardiac arrhythmias, hypotension, impaired renal function, intestinal atony or obstruction, pancreatitis, gastric dilatation, esophagitis or esophageal tears, and colitis.
- D. In bulimia, immediate interruption of the binge/purge cycle is required to avoid imminent, serious harm, due to the presence of a co-morbid medical or psychiatric condition (e.g. pregnancy, uncontrolled diabetes, severe depression with suicidal ideation, etc.), with the need to ensure adequate nutrition and absorption of pharmaceuticals.

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<sup>2</sup> Because of the severity of co-existing medical disorders, the principle or primary treatment of some eating disorders may be medical/surgical. In these instances, medical/surgical benefits and criteria for appropriateness of care will apply.

- E. Failure to respond to an adequate therapeutic trial of treatment in a less restrictive setting (partial hospital). An adequate therapeutic trial would, at a minimum, consist of treatment several times per week with twice weekly individual and/or family therapy, either professional group therapy or self-help group involvement, nutritional counseling, and medication if indicated.

To meet this criterion, the patient must have significant weight loss (<85% IBW), significant impairment in social or occupational functioning, and be uncooperative with treatment (or cooperative only in a highly structured environment) despite having insight and motivation to recover. If patient has failed to improve in an acute program, there must be evidence to suggest that necessary changes in the treatment plan cannot be implemented in an outpatient setting or that inpatient hospitalization is required due to medical co-morbidity or need for special feeding.

## **II. Admission - Intensity of Service**

*Criteria A, B and C must be met to satisfy the criteria for intensity of service.*

- A. The evaluation and assignment of the mental illness diagnosis must take place in a face-to-face evaluation of the patient performed by an Attending Physician prior to, or within 24 hours following the admission. For child and adolescents, parents/guardians/ other caretakers should be included in the evaluation process, unless there are specific clinical contraindications for their involvement.
- B. This care must require an individual plan of active psychiatric treatment that includes 24-hour need for, and access to, the full spectrum of psychiatric staffing. This psychiatric staffing must provide 24-hour services, including medication monitoring and administration, other therapeutic interventions, quiet room, seclusion, intermittent restraints, and suicidal/homicidal observation and precautions.
- C. A discharge plan is initially formulated that is directly linked to the behaviors and/or symptoms that resulted in admission. This plan receives regular review and revision that includes, as appropriate, timely evaluation of post-hospitalization needs.

## **III. Continued Stay**

*Criteria A, B, C, D and E, and either one of F, G, H, I or J, must be met to satisfy the criteria for continued stay.*

- A. The admission criteria Severity of Need A and B, C, or D, and Intensity of Service A, B and C are continually met.
- B. The current treatment plan should include documentation of diagnosis (DSM-IV-TR®, axes I-V), discharge planning, individualized goals of treatment and treatment modalities needed and provided on a 24-hour basis.
- C. The patient's progress confirms that the presenting, or newly defined problem(s) will respond to the current treatment plan.
- D. Daily progress notes, written and signed by the provider, document the treatment received and patient's response.

- E. There should be evidence of intensive family involvement occurring several times per week unless the treatment plan specifically indicates a clinical need for less frequent involvement.
- F. The patient's weight remains <85% of IBW and he/she fails to achieve a reasonable and expected weight gain despite provision of adequate caloric intake.
- G. Continued inability to adhere to a meal plan and maintain control over urges to binge/purge such that continued supervision during and after meals and/or in bathrooms is required. In order to satisfy this criterion, there must be evidence that patient is unable to participate in ambulatory treatment, lacks significant insight into the symptoms of his/her illness, *and* has regressed in response to progressive increases in privilege level.
- H. The patient continues to meet Admission Criteria, I-C with the need for ongoing medical monitoring of medical consequences of the eating disorder.
- I. There is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting. A physician should document this in daily progress notes.
- J. There is clinical evidence that disposition planning, progressive increases in hospital privileges and/or attempts at therapeutic re-entry into the community have resulted in, or would result in exacerbation of the psychiatric illness to the degree that would necessitate continued hospitalization.

## **Residential Treatment Center (RTC), Psychiatric**

### ***Quality of Care Standards***

*Criteria must apply for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition, and the standards of good medical practice.

#### **I. Admission – Severity of Need**

*Criteria A, B, C and D must be met to satisfy the criteria for severity of need.*

- A. There is clinical evidence that the patient has a long-term and/or severe DSM-IV disorder that is amenable to active psychiatric treatment and has a high degree of potential for leading to acute psychiatric hospitalization in the absence of residential treatment.
- B. Due to the psychiatric disorder, the patient exhibits an inability to adequately care for his/her own physical needs, representing potential serious harm to self and/or others. The family and/or other non-residential community support systems are unable to safely fulfill these needs.
- C. The patient requires supervision 7 days per week/24 hours per day to develop skills necessary for daily living, to assist with planning and arranging access to a range of educational, therapeutic and aftercare services, and to develop the adaptive and functional behavior that will allow him/her to live outside of a residential setting.
- D. The patient's current living environment does not provide the support and access to therapeutic services necessary for recovery.

#### **II. Admission – Intensity of Service**

*Criteria A, B, and C must be met to satisfy the criteria for intensity of service.*

- A. The evaluation and assignment of a diagnosis must result from a face-to-face psychiatric evaluation.
- B. The program provides supervision 7 days per week/24 hours per day to assist with the development of skills necessary for daily living, to assist with planning and arranging access to a range of educational, therapeutic and aftercare services, and to assist with the development of the adaptive and functional behavior that will allow the patient to live outside of a residential setting.
- C. An individualized plan of active psychiatric treatment and residential living support is provided. This plan must include evaluation for individual and/or family treatment. This plan must include weekly family and/or supportive person involvement or identify valid reasons why such a plan is not clinically appropriate.

### **III. Continued Stay**

*Criteria A, B, C, (D for children and adolescents), and E, must be met to satisfy the criteria for continued stay.*

- A. Despite reasonable therapeutic efforts, clinical evidence indicates the persistence of problems that caused the admission to a degree that continues to meet the admission criteria, or the emergence of additional problems that meet the admission criteria.
- B. There is evidence of therapeutic clinical goals that must be met before the patient can return to a new or previous living situation. There is evidence that attempts are being made to secure housing in anticipation of this event.
- C. There is evidence that treatment plan is focused on the alleviation of psychiatric symptoms that are interfering with the patient's ability to return to a less intensive level of care.
- D. For Children and Adolescents, there is evidence of intensive family involvement occurring several times per week (unless there is an identified valid reason why such a plan is not clinically appropriate or feasible).
- E. The patient's progress confirms that the presenting, or newly defined problem(s) will respond to the current treatment plan, and this is documented in weekly progress notes, written and signed by the provider.

## **Partial Hospitalization, Psychiatric, Adult**

### ***Quality of Care Standards***

*Criteria must apply for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition, and the standards of good medical practice.

#### **I. Admission – Severity of Need**

*Criteria A, B, C and D must be met to satisfy the criteria for severity of need.*

- A. Patient must have a diagnosed or suspected mental illness. Mental illness is defined as a psychiatric disorder that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate therapy at this level of care. Presence of the illness(es) must be documented through the assignment of appropriate DSM-IV-TR® codes on all applicable axes (I-V).
- B. There is clinical evidence that a less intensive outpatient setting is not appropriate at this time and/or a partial hospital program can safely substitute for, or shorten, a hospital stay.
- C. Either:
  - 1. There is clinical evidence that the patient would be at risk to self or others if he were not in a partial hospitalization program; or
  - 2. As a result of the patient's mental disorder there is an inability to adequately care for one's physical needs, representing potential serious harm to self.
- D. Additionally, either:
  - 1. The patient can reliably plan for safety in a structured environment under clinical supervision for part of the day and has a suitable environment for the rest of the time; or
  - 2. The patient is believed to be capable of controlling this behavior and/or seeking professional assistance or other support when not in the partial hospital setting.

#### **II. Admission – Intensity of Service**

*Criteria A, B, C and D must be met to satisfy the criteria for intensity of service.*

- A. In order for a partial hospital program to be safe and therapeutic for an individual patient, professional and/or social supports must be identified and available to the patient outside of program hours, and the patient must be capable of seeking them as needed.
- B. The patient's condition must require a structured program with nursing and medical supervision, intervention and/or treatment for at least 4 hours per day.
- C. The individualized plan of treatment for partial hospitalization requires treatment by a multidisciplinary team. A specific treatment goal of this team is improving symptoms and level of functioning enough to return the patient to a lesser level of care.

- D. A discharge plan is initially formulated that is directly linked to the behaviors and/or symptoms that resulted in admission. This plan receives regular review and revision that includes, as appropriate, timely evaluation of post-partial hospitalization needs.

**III. Continued Stay**

*Criteria A, B, C, and D must be met to satisfy the criteria for continued stay.*

- A. Despite treatment efforts, clinical evidence indicates the persistence of problems that necessitated the admission to the partial hospitalization program, or the emergence of additional problems consistent with the admission criteria.
- B. There are progress notes for each day that the patient is in a partial hospital/day treatment program documenting the provider's treatment, and the patient's response to treatment.
- C. The patient's progress confirms that the presenting, or newly defined problem(s) will respond to the current treatment plan.
- D. Clinical evidence indicates that attempts at therapeutic re-entry into a less intensive level of care have or would result in exacerbation of the psychiatric illness to the degree that would warrant the continued need for partial hospitalization services.

## **Partial Hospitalization, Psychiatric, Child and Adolescent**

### ***Quality of Care Standards***

*Criteria must apply for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition, and the standards of good medical practice.

#### **I. Admission – Severity of Need**

*Criteria A, B, C and D must be met to satisfy the criteria for severity of need.*

- A. Patient must have a diagnosed or suspected mental illness. Mental illness is defined as a psychiatric disorder that, by accepted medical standards, can be expected to improve significantly through medically necessary and appropriate therapy at this level of care. Presence of the illness(es) must be documented through the assignment of appropriate DSM-IV-TR® codes on all applicable axes (I-V).
- B. There is clinical evidence that a less intensive outpatient setting is not appropriate at this time and/or a partial hospital program can safely substitute for, or shorten, a hospital stay.
- C. Either:
  - 1. There is clinical evidence that the patient would be at risk to self or others if he were not in a partial hospitalization program; or
  - 2. As a result of the patient's mental disorder there is an inability to adequately care for one's physical needs, representing potential serious harm to self.
- D. Additionally, either:
  - 1. The patient can reliably plan for safety in a structured environment under clinical supervision for part of the day and has a suitable environment for the rest of the time; or
  - 2. The patient is believed to be capable of controlling this behavior and/or seeking professional assistance or other support when not in the partial hospital setting.

#### **II. Admission – Intensity of Need**

*Criteria A, B, C and D must be met to satisfy the criteria for intensity of service.*

- A. In order for a partial hospital program to be safe and therapeutic for an individual patient, professional and/or social supports must be identified and available to the patient outside of program hours, and the patient must be capable of seeking them as needed.
- B. The patient's condition must require a structured program with nursing and medical supervision, intervention, treatment, and/or family services for at least 4 hours per day.

- C. The individualized plan of treatment for partial hospitalization requires treatment by a multidisciplinary team. A specific treatment goal of this team is improving symptoms and level of functioning enough to return the patient to a lesser level of care.
- D. A discharge plan is initially formulated that is directly linked to the behaviors and/or symptoms that resulted in admission. This plan receives regular review and revision that includes, as appropriate, timely evaluation of post-partial hospitalization needs.

**III. Continued Stay**

*Criteria A, B, C, D, and E must be met to satisfy the criteria for continued stay.*

- A. Despite treatment efforts, clinical evidence indicates the persistence of problems that necessitated the admission to the partial hospitalization program, or the emergence of additional problems consistent with the admission criteria.
- B. There are progress notes for each day that patient is in a partial hospital/day treatment program documenting the provider's treatment, and the patient's response to treatment.
- C. The patient's progress confirms that the presenting or newly defined problem will respond to the current treatment plan.
- D. Clinical evidence indicates that attempts at therapeutic re-entry into a less intensive level of care have or would result in exacerbation of the psychiatric illness to the degree that would warrant the continued need for partial hospitalization services.
- E. Patients must receive family therapy a minimum of once per week, unless a specific clinical reason is given as to why this is not needed and is documented in the medical record.

## **Day Treatment**

### ***Quality of Care Standards***

*Criteria must be applied for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition and the standards of good medical practice.

#### **I. Admission Criteria (all must be met):**

- A. The individual has received a psychological or psychiatric evaluation that includes a DSM-IV-TR®, axes I-V. The individual demonstrates symptoms that require interventions that cannot adequately be provided in a lower level of care.
- B. The individual has a longstanding psychiatric disorder and is experiencing a worsening of symptoms of that disorder (behaviors, mood, psychotic thinking) and there is significant functional impairment.
- C. Traditional mental health services have been attempted (i.e. individual/group/family therapy, medication management) and are inadequate to prevent the functional deterioration.
- D. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope, and duration as well as specific interventions must be documented in the treatment plan and progress notes.
- E. The individual demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy and the appropriate use of community resources.

#### **II. Continued Stay Criteria (all must be met):**

- A. Validated DSM-IV diagnosis which continues to have a broad and persistent negative effect on the individual's functioning.
- B. The treatment plan is regularly updated and documents the individual's functional status changes and documents modifications to the treatment plan in response to changing functional status or lack of progress.
- C. The individual is making progress toward treatment goals as evidenced by a lessening of symptoms and stabilization of functioning but goals of treatment have not yet been achieved.
- D. Discharge planning and coordination is documented.
- E. Services provided are time-limited in nature and tailored to assist in developing autonomy in the least restrictive environment.

**III. Discharge Criteria (any one of the criteria is met):**

- A. The individual no longer meets continued stay criteria.
- B. The individual appears able to function and remain stable with diminished intensity of service. The risk of immediate functional deterioration is low.
- C. The individual becomes more acutely symptomatic and requires a higher level of care for stabilization.
- D. The individual fails to make progress toward treatment plan goals and no further progress is expected from this level of care.

## **Intensive Outpatient Treatment, Psychiatric, Adult**

### ***Quality of Care Standards***

*Criteria must apply for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition, and the standards of good medical practice.

#### **I. Admission – Severity of Need**

*Criteria A, B and C must be met to satisfy the criteria for severity of need.*

- A. The clinical evaluation indicates that the individual has a primary DSM-IV-TR®, IV diagnosis or severe emotional disturbance that is the cause of significant psychological, personal care, vocational, educational, and/or social impairment. The individual's disorder can be expected to improve significantly through medically necessary and appropriate therapy at this level of care. The individual is sufficiently competent, and behaviorally and cognitively stable, to benefit from admission to an intensive outpatient program.
- B. The impairment results in at least one of the following:
  - 1. A clear, current threat to the individual's ability to live in his/her customary setting for an individual who, without that setting and the supports of that setting, would then meet the criteria for a higher level of care, e.g., inpatient care.
  - 2. A clear, current threat to the individual's ability to be employed or attend school.
  - 3. An emerging/impending risk to the safety or property of the individual or of others.
- C. Either:
  - 1. For individuals with persistent or recurrent disorders, the individual's past history indicates that when the patient has experienced similar clinical circumstances, less intensive treatment was not sufficient to prevent clinical deterioration, stabilize the disorder, support effective rehabilitation, or avert the need for a more intensive level of care due to increasing risks to the patient or others; or
  - 2. For individuals with an acute disorder, crisis, or those transitioning from an inpatient to a community setting, there is clinical evidence that less intensive treatment will not be sufficient to prevent clinical deterioration, stabilize the disorder, support effective rehabilitation or avert the need to initiate or continue a more intensive level of care due to current risk to the patient or others.

#### **II. Admission – Intensity of Service**

*Criteria A, B and C must be met to satisfy the criteria for intensity of service.*

- A. In order for intensive outpatient services to be safe and therapeutic for an individual, professional and/or social supports must be identified and available to the individual outside of program hours, and the individual must be capable of seeking them as needed when not attending the program.

- B. The individual's condition must require an integrated program of rehabilitation counseling, education, therapeutic, and/or family services at least 2 hours/day or for 6 hours in a week.
- C. The individual treatment plan for intensive outpatient requires that a multidisciplinary team of professional and supervised support staff provide the services. A specific treatment goal of the treatment team is reduction in severity of symptoms and improvement in level of functioning sufficient to return the patient to outpatient treatment follow-up and/or self-help support groups.

**III. Continued Stay**

*Criteria A, B and C must be met to satisfy the criteria for continued stay.*

- A. Despite treatment efforts, clinical evidence indicates the persistence of the problems that necessitated the admission to the intensive outpatient program, or the emergence of additional problems consistent with the admission criteria.
- B. There are progress notes for each day that patient is in intensive outpatient services documenting the provider's treatment, and the patient's response to treatment.
- C. The patient's progress confirms that the presenting, or newly defined problem(s) will respond to the current treatment plan.
- D. Clinical evidence indicates that attempts at therapeutic re-entry into a less intensive level of care have or would result in exacerbation of the psychiatric illness to the degree that would warrant the continued need for intensive outpatient services.

## **Intensive Outpatient Treatment, Psychiatric, Child and Adolescent**

### ***Quality of Care Standards***

*Criteria must apply for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition, and the standards of good medical practice.

#### **I. Admission - Severity of Need**

*Criteria A, B and C must be met to satisfy the criteria for severity of need.*

- A. The clinical evaluation indicates that the individual has a primary DSM-IV-TR®, IV diagnosis or severe emotional disturbance that is the cause of significant psychological, personal care, vocational, educational, and/or social impairment. The individual's disorder can be expected to improve significantly through medically necessary and appropriate therapy at this level of care. The individual is sufficiently competent, and behaviorally and cognitively stable, to benefit from admission to an intensive outpatient program.
- B. The impairment results in at least one of the following:
  - 1. A clear, current threat to the individual's ability to live in his/her customary setting for an individual who, without that setting and the supports of that setting, would then meet the criteria for a higher level of care, e.g., inpatient care.
  - 2. A clear, current threat to the individual's ability to be employed or attend school.
  - 3. An emerging/impending risk to the safety or property of the individual or of others.
- C. Either:
  - 1. For individuals with persistent or recurrent disorders, the individual's past history indicates that when the patient has experienced similar clinical circumstances, less intensive treatment was not sufficient to prevent clinical deterioration, stabilize the disorder, support effective rehabilitation, or avert the need for a more intensive level of care due to increasing risks to the patient or others; or
  - 2. For individuals with an acute disorder, crisis, or those transitioning from an inpatient to a community setting, there is clinical evidence that less intensive treatment will not be sufficient to prevent clinical deterioration, stabilize the disorder, support effective rehabilitation or avert the need to initiate or continue a more intensive level of care due to current risk to the patient or others.

#### **II. Admission – Intensity of Service**

*Criteria A, B and C must be met to satisfy the criteria for intensity of service.*

- A. In order for intensive outpatient services to be safe and therapeutic for an individual, professional and/or social supports must be identified and available to the individual outside of program hours, and the individual must be capable of seeking them as needed when not attending the program.

- B. The individual's condition must require an integrated program of rehabilitation counseling, education, therapeutic, and/or family services at least 2 hours/day or for 6 hours in a week.
- C. The individual treatment plan for intensive outpatient requires that a multidisciplinary team of professional and supervised support staff provide the services. A specific treatment goal of the treatment team is reduction in severity of symptoms and improvement in level of functioning sufficient to return the patient to outpatient treatment follow-up and/or self-help support groups.

**III. Continued Stay**

*Criteria A, B, C, and D must be met to satisfy the criteria for continued stay.*

- A. Despite treatment efforts, clinical evidence indicates the persistence of the problems that necessitated the admission to the intensive outpatient program, or the emergence of additional problems consistent with the admission criteria.
- B. There are progress notes for each day that patient is in intensive outpatient services documenting the provider's treatment, and the patient's response to treatment.
- C. The patient's progress confirms that the presenting, or newly defined problem(s) will respond to the current treatment plan.
- D. Clinical evidence indicates that attempts at therapeutic re-entry into a less intensive level of care have or would result in exacerbation of the psychiatric illness to the degree that would warrant the continued need for intensive outpatient services.

## **Community Based Services (CBS), Child and Adolescent**

### **Services covered by this guideline:**

1. Community Psychiatric Supportive Treatment
2. Personal Care Services
3. Mental Health Attendant Care
4. Child & Adolescent Psychosocial Group
5. Child and Adolescent Day Supports
6. Psychosocial Rehabilitation Group
7. Targeted Case Management
8. Crisis Management
9. Activity Therapy
10. Assertive Community Treatment
11. Residential Rehabilitative Supports
12. Intensive Family Intervention

### **I. Intensity Guidelines: (three (3) elements are evaluated):**

1. Severity of the functional impairment
2. Appropriate intensity of services
3. Least restrictive or intrusive services necessary

### **II. Admission Guidelines (all must be met):**

1. The child has received a psychological or psychiatric evaluation that includes a DSM-IV-TR®, IV diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
2. The child demonstrates imminent risk of out of home placement to a therapeutic setting due to functional impairments clearly linked to a mental health diagnosis.
3. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the youth from deteriorating or to reach identified goals.
4. Services are supervised by a qualified licensed mental health professional.
5. At least one adult member of the child's family agrees to participate in the service.
6. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope and duration as well as specific interventions must be documented in the treatment plan and supported by progress notes.

7. The child demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

**III. Continued Stay Guidelines (all must be met):**

1. Validated DSM IV Diagnosis which continues to have a broad and persistent effect on the child's ability to remain in the home/community.
2. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.
3. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.
4. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

**IV. Discharge Criteria:**

1. Child no longer meets continued stay criteria.
2. Child has progressed to the extent CBS are no longer necessary.
3. Severity of illness requires higher level of care.

## **Community Based Services (CBS), Adult**

### **Services covered by this guideline:**

1. Community Psychiatric Supportive Treatment
2. Personal Care Services
3. Mental Health Attendant Care
4. Psychosocial Rehabilitation Group
5. Targeted Case Management
6. Crisis Management
7. Assertive Community Treatment
8. Residential Rehabilitative Supports
9. Peer Supports
10. Skills Training

### **I. Intensity Guidelines: all three (3) elements are evaluated**

1. Severity of the functional impairment
2. Appropriate intensity of services
3. Least restrictive or intrusive services necessary

### **II. Admission Guidelines (all must be met):**

1. The member has received a psychological or psychiatric evaluation that includes a DSM-IV-TR®, axes I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
2. The member demonstrates an exacerbation of a longstanding psychiatric disorder the symptoms of which (e.g. thought disorder, mood disorder) result in significant functional impairments associated with the mental health diagnosis.
3. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the member from deteriorating or to reach identified goals.
4. Services are supervised by a qualified licensed mental health professional.
5. At least one member of the family agrees to participate in the service.
6. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope and duration as well as specific interventions must be documented in the treatment plan and supported by progress notes.
7. The member demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

**III. Continued Stay Guidelines (all must be met):**

8. Validated DSM IV Diagnosis which continues to have a broad and persistent effect on the member's ability to remain in the home/community.
9. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.
10. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.
11. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

**IV. Discharge Criteria:**

1. Member no longer meets continued stay criteria.
2. Member has progressed to the extent CBS are no longer necessary.
3. Severity of illness requires higher level of care.

## **Outpatient Treatment, Psychiatric**

### ***Quality of Care Standards***

*Criteria must apply for any requested service either at admission or during continued stay.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition, and the standards of good medical practice.

#### **I. Initial Review - Severity of Need**

*Criteria A, B, C, and D must be met to satisfy the criteria for severity of need.*

- A. A DSM-IV-TR® diagnosis on Axis I and/or Axis II.
- B. Completed assessments on Axes III, IV and V.
- C. A description of DSM-IV-TR®, IV psychiatric symptoms, intrapsychic conflict, behavioral and/or cognitive dysfunction consistent with the diagnoses on Axes I and II.
- D. Either 1, 2, or 3 below must be met to satisfy criteria D.
  - 1. At least mild symptomatic distress and/or impairment in functioning due to psychiatric symptoms and/or behavior in at least one of the three spheres of functioning (occupational, scholastic, or social), that are the direct result of an Axis I or Axis II disorder. This is evidenced by specific clinical description of the symptom(s) and/or impairment(s) consistent with a GAF (DSM-IV-TR®, Axis V) score of less than 71.
  - 2. The individual has a persistent DSM-IV illness for which maintenance treatment is required to maintain optimal symptom relief and/or functioning.
  - 3. There is clinical evidence that further therapy is required to support termination of therapy, although the individual no longer has at least mild symptomatic distress or impairment in functioning. The factors considered in making a determination about the continued medical necessity of treatment in this termination phase are the frequency and severity of previous relapse, level of current stressors, and other relevant clinical indicators. The therapist should be able to explain whether the treatment being utilized will change (and if not, why) when there has been sustained improvement as measured in part by a GAF score over 70.

#### **II. Initial review - Intensity of Service**

*Criteria A and B must be met to satisfy the criteria for intensity of service.*

- A. A medically necessary and appropriate treatment plan, or its update, specific to the patient's impairment in functioning and DSM-IV-TR®, IV psychiatric symptoms, behavior, cognitive dysfunctions, and/or psychodynamic conflicts. The treatment plan is expected to be effective in either:
  - 1. Alleviating the patient's distress and/or dysfunction, or
  - 2. Achieving appropriate maintenance goals for a persistent illness, or

3. Supporting termination.
- B. The treatment plan must identify (1-6) to satisfy criteria B:
  1. The status of target-specific DSM-IV-TR®, IV psychiatric symptoms, behavior, and cognitive dysfunction being treated.
  2. The current or anticipated modifications in, biologic, behavioral, psychodynamic or psychosocial framework(s) of treatment for each psychiatric symptom/cluster and/or behavior.
  3. The status of specific and measurable goals for treatment specified in terms of symptom alleviation, behavioral change, cognitive alteration, psychodynamic change, or improvement in social, occupational, or scholastic functioning.
  4. The current, or anticipated modifications in, treatment methods in terms of:
    - a. Treatment framework or orientation
    - b. Treatment modality
    - c. Treatment frequency
    - d. Estimate of treatment duration
  5. Status of measurable, target criteria used to identify both interim treatment goals and end of treatment goals (unless this is a maintenance treatment) to substantiate that: a) treatment is progressing, and/or b) goals have been met and treatment is no longer needed.
  6. An alternative plan to be implemented if the patient does not make substantial progress toward the given goals in a specified period of time. Examples of an alternative plan are a second opinion or introduction of adjunctive or alternative therapies.

### **III. Continued Stay**

*Criteria A, B, C and D must be met to satisfy the criteria for continued outpatient treatment.*

- A. Intensity of Service Criteria for the Initial Treatment Review must be met.
- B. A DSM-IV-TR®, IV diagnosis on Axis I and/or a personality disorder diagnosis on Axis II.
- C. A description of -IV-TR®, IV psychiatric symptoms, intrapsychic conflict, cognitive dysfunction, or behavior consistent with the diagnoses given.
- D. Either 1, 2, or 3 must be met to satisfy criteria D.
  1. There is the persistence of, or recurrence of at least mild symptomatic distress and/or impairment in functioning due to these psychiatric symptoms and/or behavior.
  2. The individual has a persistent DSM-IV-TR®, IV illness for which maintenance treatment is required to maintain optimal symptom relief and/or functioning.

3. There is clinical evidence that further therapy is required to support termination of therapy, although the individual no longer has at least mild symptomatic distress or impairment in functioning. The factors considered in making a determination about the continued medical necessity of treatment in this termination phase are the frequency and severity of previous relapse, level of current stressors, and other relevant clinical indicators. The therapist should be able to explain whether the treatment being utilized will change (and if not, why) when there has been sustained improvement as measured in part by a GAF score over 70.

## **Psychological Testing & Neuro Psychological Testing**

### ***Quality of Care Standards***

*Criteria must be applied for any requested service.*

The services provided to identify or treat an illness are consistent with the diagnosis and treatment of a condition and the standards of good medical practice.

#### **I. Severity of Need:**

- A. Testing may be required if the individual's diagnosis is unclear and cannot be determined from standard interviews and assessment procedures and if the testing results will significantly impact the outcome of treatment.
- B. Testing may be required if the individual has a poor or no response to standard therapies and the explanation for the failure is unclear and the testing results may significantly impact the outcome of treatment.

#### **II. Intensity:**

*Criteria A and B must be met:*

- A. A licensed doctoral-level psychologist (Ph.D., Psy.D or Ed.D.), or other qualified provider as permitted by applicable state and/or federal law, who is credentialed by and contracted with Cenpatico/Integrated Mental Health Services, administers the tests.
- B. Requested tests must be valid and reliable, and the most recent version of the test must be used. The instrument must be age-appropriate and meet the individual's developmental, linguistics, and cultural requirements.

#### **III. Exclusion Criteria:**

- A. Testing primarily for educational or vocational purposes.
- B. Testing that is routine for entrance in to a treatment program.
- C. Testing using measures that have no standardized norms or documented validity.
- D. Testing primarily for cognitive rehabilitation.
- E. Testing is primarily for legal purposes.
- F. The time requested to administer the testing exceeds established time parameters.

## **Electroconvulsive Therapy**

### ***Quality of Care Standards***

*Criteria must apply for any requested service either at initiation or during continued treatment for both inpatient and outpatient electroconvulsive therapy (ECT).*

It should be noted that this criteria set is abstracted from the Task Force Report of the American Psychiatric Association, *The Practice of Electroconvulsive Therapy, Recommendations for Treatment, Training, and Privileging, Second Edition, 2001*. It should also be noted that various states have enacted laws relating to ECT and those laws will supersede Cenpatico/IMHS criteria for those states.

#### General Principles of ECT:

- A. The total number of treatments depends upon the treatment response and severity of adverse effects.
- B. An ECT course usually consists of 6 to 12 treatments for Major Depression and is generally performed every other day. For the newer technique of ultra brief pulse ECT, there may be a need for up to 15 treatments. Initially, in severe cases, the treatment may be performed on a daily basis for severe risk posed by the underlying condition. Larger numbers of treatments may be required for Schizophrenia.
- C. ECT is usually ended or tapered when the maximum response has been achieved.
- D. In the absence of significant clinical improvement after 6 to 10 treatments, the indication for continued ECT should be reassessed.
- E. Repeated courses of ECT are sometimes necessary. Also, some patients benefit from maintenance ECT when medications alone are not effective.

#### **I. Severity of Need**

*Criteria A B, C and D must be met to satisfy the criteria for severity of need.*

- C. Patient must have a diagnosed mental illness that can be expected to improve significantly from medically necessary and appropriate ECT. The diagnoses include, but are not limited to: Major Depression, Bipolar Disorder and acute Mania, Mood Disorder, Schizoaffective Disorder, Schizophrenia, and Mental Disorders due to medical conditions.
- D. The severity of the patient's symptoms requires a definitive intervention for reasons such as, but not limited to, high risk of suicide, extreme agitation, catatonia, and/or marked impairment and inability to function.
- E. There is evidence of at least one of the following:
  - 1. Patient has been a poor responder to adequate trials of medications or combinations of medications; *or*
  - 2. Patient is unable to tolerate adverse side effects of medications; *or*

3. Patient has a history of a positive response to ECT for previous episodes of the illness; *or*
  4. The patient is pregnant or has another co-morbid medical condition where providing ECT is favorable to providing no treatment.
- F. The patient has had a thorough medical evaluation and has no condition that might be a risk with ECT. Examples include, but are not limited to, increased intracranial pressure, risk for hemorrhagic cerebrovascular events, unstable cardiovascular disease, severe electrolyte imbalance, severe pulmonary disease, untreated glaucoma, and recent or evolving retinal detachment. If the medical risk has been contained ETC may be appropriate.

## **II. Intensity of Service**

*Criteria A, B and C must be met to satisfy the criteria for intensity of service.*

- D. The evaluation and assignment of the mental illness diagnosis must take place in a face-to-face evaluation of the patient performed by a physician who is credentialed by the facility to provide ECT services. This should include a full psychiatric (including response to past ECT) and a medical history, review of recent physical examination and evaluation of pertinent laboratory tests and procedures.
- E. There should be a treatment plan or update of a previous treatment plan that documents the reasons for ECT and the individual course planned for the patient including anesthesia evaluation.
- F. There is availability of proper medical monitoring prior to, during, and after the administration of anesthesia and ECT

## **III. Continued Treatments**

*Criteria A, B, and C must be met to satisfy the criteria for continued care.*

- H. Despite therapeutic efforts, clinical evidence indicates the persistence of problems that caused the initiation of ECT.
- I. The patient's progress confirms that the presenting or newly defined problem will respond to the current treatment plan.
- J. The treatment plan meets the intensity of Intensity of Service criteria found above in section II.

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**Addendum A – Florida Community Based Services (CBS), Child and Adolescent  
Community Based Services (CBS), Child and Adolescent, Florida Service Area**

**Services covered by this guideline:**

1. Therapeutic Behavioral On Site Services – Therapy
2. Therapeutic Behavioral On Site Services – Behavior Management
3. Therapeutic Behavioral On Site Services – Therapeutic Support
4. Targeted Case Management
5. Psychosocial Rehabilitation Group

**I. Intensity Guidelines:** *(three (3) elements are evaluated):*

1. Severity of the functional impairment
2. Appropriate intensity of services
3. Least restrictive or intrusive services necessary

**II. TBOS and Psychosocial Rehabilitation Admission Guidelines** *(all must be met):*

1. The child has received a psychological or psychiatric evaluation which includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
2. The child demonstrates imminent risk of out of home placement due to functional impairments associated with a mental health diagnosis
3. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the youth from deteriorating or to reach identified goals
4. Services are supervised by a qualified licensed mental health professional
5. At least one adult member of the child's family agrees to participate in the service
6. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope and duration as well as specific interventions must be documented in the treatment plan and supported by progress notes
7. The child demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

**Targeted Case Management Eligibility Guidelines:**

*In order to be certified to receive children's targeted case management services, the child must meet all criteria:*

1. Be enrolled in a Department of Children and Families (DCF) children's mental health target population (birth through 17 years);

2. Have a mental health disability (i.e. serious emotional disturbance) that requires advocacy for and coordination of services to maintain or improve level of functioning;
3. Require services to assist in attaining self sufficiency and satisfaction in the living, learning, work and social environments of choice;
4. Lack a natural support system for accessing needed medical, social, education, and other services;
5. Require ongoing assistance to access or maintain needed care consistently within the service delivery system;
6. Have a mental health disability (i.e. serious emotional disturbance) that, based upon professional judgment, will last for a minimum of one year;
7. Is in out-of-home mental health placement or at documented risk of out-of-home mental health treatment placement; and
8. Is not receiving duplicate case management services from another provider

**Exception to Eligibility Criteria:**

*The following recipients may receive mental health targeted case management for up to a maximum of 30 days without meeting the eligibility criteria for a specific target group:*

- A recipient who has been referred by CBH after a denied admission to or discharge from an inpatient psychiatric unit
- A recipient who has been admitted to an inpatient psychiatric

**III. Continued Stay Guidelines (*all must be met*):**

1. Validated DSM IV Diagnosis which continues to have a broad and persistent effect on the child's ability to remain in the home/community
2. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS
3. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services
4. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible

**IV. Discharge Criteria:**

1. Child no longer meets continued stay criteria
2. Child has progressed to the extent CBS are no longer necessary
3. Severity of illness requires higher level of care

## **Addendum B – Florida Community Based Services (CBS), Adult**

### **Community Based Services (CBS), Adult, Florida Service Area**

#### **Services covered by this guideline:**

1. Psychosocial Rehabilitation Group
2. Targeted Case Management
3. Intensive Team Case Management

#### **I. Intensity Guidelines: *all three (3) elements are evaluated***

1. Severity of the functional impairment
2. Appropriate intensity of services
3. Least restrictive or intrusive services necessary

#### **II. Psychosocial Rehabilitation Admission Guidelines (*all must be met*):**

1. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
2. The member demonstrates an exacerbation of a longstanding psychiatric disorder the symptoms of which (e.g. thought disorder, mood disorder) result in significant functional impairments associated with the mental health diagnosis.
3. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the member from deteriorating or to reach identified goals.
4. Services are supervised by a qualified licensed mental health professional.
5. At least one member of the family agrees to participate in the service.
6. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope and duration as well as specific interventions must be documented in the treatment plan and supported by progress notes.
7. The member demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

#### **Targeted Case Management Eligibility Guidelines:**

*In order to be certified to receive adult targeted case management services, the adult must:*

1. Be enrolled in a Department of Children and Families (DCF) mental health target population (18 years and older);

2. Have a mental health disability (i.e. severe and persistent mental illness) that requires advocacy for and coordination of services to maintain or improve level of functioning;
3. Require services to assist in attaining self sufficiency and satisfaction in the living, learning, work and social environments of choice;
4. Lack a natural support system for accessing needed medical, social, education, and other services;
5. Require ongoing assistance to access or maintain needed care consistently within the service delivery system;
6. Have a mental health disability (i.e. severe and persistent mental illness) that, based upon professional judgment, will last for a minimum of one year;
7. Is not receiving duplicate case management services from another provider; and
8. Meets at least one of the following requirements:
  - Is awaiting admission to or has been discharged from a state mental health treatment facility;
  - Has been discharged from a mental health residential treatment facility;
  - Has had more than one admission to a crisis stabilization unit (CSU), short-term residential facility (SRT), inpatient psychiatric unit, or any combination of these facilities within the past 12 months;
  - Is at risk of institutionalization for mental health reasons; or
  - Is experiencing long-term or acute episodes of mental impairment that may put him/her at risk of requiring more intensive services.

**Exception to Eligibility Criteria:**

*The following recipients may receive mental health targeted case management for up to a maximum of 30 days without meeting the eligibility criteria for a specific target group:*

- A recipient who has been referred by CBH after a denied admission to or discharge from an inpatient psychiatric unit
- A recipient who has been admitted to an inpatient psychiatric unit; or
- A recipient who has been identified by CBH as high risk

**III. Continued Stay Guidelines (all must be met):**

1. Validated DSM IV Diagnosis which continues to have a broad and persistent effect on the member's ability to remain in the home/community.
2. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.

3. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.
4. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

**IV. Discharge Criteria:**

1. Member no longer meets continued stay criteria.
2. Member has progressed to the extent CBS are no longer necessary.
  - A. Severity of illness requires higher level of care.

**Addendum C – Georgia Community Based Services (CBS), Child and Adolescent  
Community Based Services (CBS), Child and Adolescent, Georgia Service Area**

**Services covered by this guideline:**

1. Community Psychiatric Supportive Treatment (Team)
2. Child & Adolescent Psychosocial Group
3. Activity Therapy
4. Assertive Community Treatment
5. Residential Rehabilitative Supports (short term crisis stabilization)
6. Intensive Family Intervention
7. Child and Adolescent Day Supports
8. Psychosocial Rehabilitation Group
9. Crisis Assessment

**I. Intensity Guidelines:** *(three (3) elements are evaluated):*

1. Severity of the functional impairment
2. Appropriate intensity of services
3. Least restrictive or intrusive services necessary

**II. Admission Guidelines** *(all must be met):*

1. The child has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
2. The child demonstrates imminent risk of out of home placement due to functional impairments associated with a mental health diagnosis.
3. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the youth from deteriorating or to reach identified goals.
4. Services are supervised by a qualified licensed mental health professional.
5. At least one adult member of the child's family agrees to participate in the service.
6. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope and duration as well as specific interventions must be documented in the treatment plan and supported by progress notes.
7. The child demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

**III. Continued Stay Guidelines (*all must be met*):**

1. Validated DSM IV Diagnosis which continues to have a broad and persistent effect on the child's ability to remain in the home/community.
2. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.
3. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.
4. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

**IV. Discharge Criteria:**

1. Child no longer meets continued stay criteria.
2. Child has progressed to the extent CBS are no longer necessary.
3. Severity of illness requires higher level of care.

## **Addendum D – Georgia Community Based Services (CBS), Adult**

### **Community Based Services (CBS), Adult, Georgia Service Area**

#### **Services covered by this guideline:**

1. Community Psychiatric Supportive Treatment (Team)
2. Psychosocial Rehabilitation Group
3. Crisis Assessment Services
4. Assertive Community Treatment
5. Crisis Residential Services (short term)
6. Residential Services/Supported Housing
7. Adult Self Help/Peer Supports
8. Skills Training

#### **I. Intensity Guidelines:** *all three (3) elements are evaluated*

1. Severity of the functional impairment
2. Appropriate intensity of services
3. Least restrictive or intrusive services necessary

#### **II. Admission Guidelines** *(all must be met):*

1. The member has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
2. The member demonstrates an exacerbation of a longstanding psychiatric disorder the symptoms of which (e.g. thought disorder, mood disorder) result in significant functional impairments associated with the mental health diagnosis.
3. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the member from deteriorating or to reach identified goals.
4. Services are supervised by a qualified licensed mental health professional.
5. At least one member of the family agrees to participate in the service.
6. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope and duration as well as specific interventions must be documented in the treatment plan and supported by progress notes.
7. The member demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

**III. Continued Stay Guidelines (*all must be met*):**

1. Validated DSM IV Diagnosis which continues to have a broad and persistent effect on the member's ability to remain in the home/community.
2. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.
3. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.
4. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

**IV. Discharge Criteria:**

1. Member no longer meets continued stay criteria.
2. Member has progressed to the extent CBS are no longer necessary.
  - A. Severity of illness requires higher level of care.

**Addendum E – Kansas Community Based Services (CBS), Child and Adolescent  
Community Based Services (CBS), Child and Adolescent, Kansas Service Area**

**Services covered by this guideline:**

1. Community Psychiatric Supportive Treatment
2. Child & Adolescent Psychosocial Group

**I. Intensity Guidelines:** (three (3) elements are evaluated):

1. Severity of the functional impairment
2. Appropriate intensity of services
3. Least restrictive or intrusive services necessary

**II. Admission Guidelines** (*all must be met*):

1. The child has received a psychological or psychiatric evaluation that includes a DSM-IV Axis I-V diagnosis that requires and will respond to therapeutic/supportive interventions and which documents the need for CBS.
2. The child demonstrates imminent risk of out of home placement due to functional impairments associated with a mental health diagnosis
3. Traditional Mental Health Services have been attempted (i.e. individual/family/group therapy, medication management, etc) and are inadequate to prevent the youth from deteriorating or to reach identified goals
4. Services are supervised by a qualified licensed mental health professional
5. At least one adult member of the child's family agrees to participate in the service
6. A clear individualized treatment plan is established including specific behavioral based and objective goals. Amount, scope and duration as well as specific interventions must be documented in the treatment plan and supported by progress notes
7. The child demonstrates the capability of developing more complex personal and interpersonal life skills including problem solving, self advocacy, and the appropriate use of community resources.

**III. Continued Stay Guidelines** (*all must be met*):

1. Validated DSM IV Diagnosis which continues to have a broad and persistent effect on the child's ability to remain in the home/community.
2. Member is making adequate progress toward treatment goals as evidenced by lessening of symptoms over time and stabilization of psychosocial functioning through treatment planning and involvement but would not be able to progress without the services provided by the CBS.

3. The treatment plan is updated monthly (30 days) and reflects effort to reduce the frequency of service or clinical documentation for inability to decrease the usage of community based services.
4. Techniques are employed in treatment that are time-limited in nature and subordinate to a goal of enhanced autonomy and the least restrictive environment possible.

**IV. Discharge Criteria:**

1. Child no longer meets continued stay criteria.
2. Child has progressed to the extent CBS are no longer necessary.
3. Severity of illness requires higher level of care.

## **Addendum F – South Carolina Outpatient Treatment, Applied Behavior Analysis (ABA)**

### **Outpatient Treatment, Applied Behavior Analysis, South Carolina Service Area**

#### ***Quality of Care Standards***

*The specified requirements for severity of need and intensity and quality of service must be met to satisfy the criteria for outpatient applied behavior analysis (ABA).*

#### **I. Initial Review– Severity of Need**

*Criteria A, B, C and D must be met to satisfy the criteria for severity of need.*

There must be documentation of:

- A. A DSM-IV diagnosis of Autism, Asperger’s Disorder, or Pervasive Developmental Disorder (not including Rhett’s Disorder) on Axis I or II.
- B. A severe behavior that:
  - Presents a health or safety risk to self or others (such as self-injury, aggression toward others, destruction of property, stereotyped/repetitive behaviors, elopement, severe disruptive behavior); *or*
  - Significantly interferes with home or community activities.
- C. Less-intensive behavior treatment or other therapy has been seriously considered or has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behaviors.
- D. The patient is medically stable and does not require 24-hour medical/nursing monitoring or procedures provided in a hospital level of care.

#### **II. Initial Review– Intensity of Service**

*Criteria A, B, C, D, E and F must be met to satisfy the criteria for intensity and quality of service.*

- A. A reasonable expectation on the part of a qualified treating health care professional who has completed an initial evaluation of the patient, that the individual’s behavior will improve significantly with ABA therapy
- B. The treatment plan is built upon individualized goals. Objectives are measurable and tailored to the patient.
- C. Parent or caregiver training and support is incorporated into the treatment plan.
- D. Interventions emphasize generalization of skills and focus on the development of spontaneous social communication, adaptive skills, and appropriate behaviors.
- E. Interventions are consistent with ABA techniques.
- F. The number of service hours necessary to effectively address the challenging behaviors is listed in the treatment plan.

## **Outpatient Applied Behavior Analysis**

### **III. Continued Stay**

*Criteria A or B and C, D, E, F and G must be met to satisfy the criteria for continued stay:*

- A. Intensity of Service Criteria for the Initial Treatment Review must be met.
- B. Appearance of new problems or symptoms that meet Intensity of Service Criteria for the Initial Treatment Review.
- C. Reasonable expectation that the patient will benefit from the continuation of ABA services.
- D. The treatment plan is updated on a monthly basis.
- E. Measurable progress is documented.
- F. Treatment is not making the symptoms worse.
- G. Reasonable expectation, based on the patient's clinical history, that withdrawal of treatment will result in the patient's decompensation or the recurrence of signs or symptoms.

### **IV. Exclusion Criteria**

ABA treatment will not be authorized for any of the following purposes:

- A. Speech therapy
- B. Occupational therapy
- C. Vocational rehabilitation
- D. Supportive respite care
- E. Recreational therapy
- F. Orientation and mobility.

ABA services provided in the school setting are not the responsibility of Cenpatico

### **V. Discharge Criteria**

*Criteria A, B, C or D must be met to satisfy the criteria for discharge.*

- A. No meaningful, measurable change has been documented in the patient's behavior(s) for a period of three months
  - For changes to be "meaningful they must be durable over time beyond the end of the actual treatment session, and generalized outside of the treatment setting to the patient's residence and to the larger community within which the patient resides.
- B. Treatment is making the symptoms worse.

- C. The patient has achieved adequate stabilization of the challenging behavior and less-intensive modes of therapy are appropriate.
- D. The patient demonstrates an inability to maintain long-term gains from the proposed plan of treatment.