

Medical Necessity Criteria

**for use by
The Maryland Public Mental
Health System**

Preamble

"Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential."

National Consensus Statement on Mental Health Recovery
U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administration,
Center for Mental Health Services

Principles for Medical Necessity Determinations

The Public Mental Health System is committed to the philosophy of providing treatment at the least intensive level of care necessary to provide safe and effective treatment and meet the individual's biopsychosocial needs. The continuum of care is a fluid treatment pathway, where individuals may enter treatment at any level and be moved to more or less intensive settings or levels of care as their changing clinical needs dictate. The ASO will implement this philosophy while facilitating individual choice in the treatment process.

The Public Mental Health System is committed to the six goals of the New Freedom Commission on Mental Health:

1. Mental Health is essential to overall health.
2. Mental health care is consumer and family driven.
3. Disparities in mental health services must be eliminated.
4. Early mental health screening, assessment and referral to service are common practice.
5. Excellent mental health care is delivered and research is accelerated.
6. Technology is used to access mental health care and information.

The ASO will make clinical decisions about each individual based on the clinical features of the individual case, the medical necessity criteria, and the real resources available, since we recognize that a full array of services is not available everywhere. When a medically necessary level of care does not exist, (e.g. rural locations) the ASO will authorize alternative services.

Introduction

The Public Mental Health System is committed to facilitating the individual's recovery through treatment and rehabilitation services that are in the least restrictive and intensive level of care necessary to provide safe and effective treatment and meet the individual's biopsychosocial needs. The continuum of care is a fluid treatment pathway, where individuals may enter treatment at any level and receive services, in more or less intensive settings or levels of care, as their changing clinical needs dictate. The ASO will implement this philosophy while facilitating individual choice in the treatment process.

Medical Necessity Criteria

Table of Contents

Preamble.....	i
Introduction.....	ii
Table of Contents.....	iii
I. Levels of Care.....	1
II. Medical Necessity Definition.....	3
Level of Care 1: Hospitalization, Adult.....	4
Level of Care 1: Hospitalization, Child and Adolescent.....	7
Level of Care 2: Residential Treatment Centers (RTC), Child and Adolescent.....	10
Level of Care 2: Crisis Services, Mental Health, Adult, Adolescent, Child (Residential Crisis).....	12
Level of Care 3: Community-Based Mental Health Residential Care, Adul.....	14
Level of Care 3: Residential Rehabilitation Program (RRP), Intensive.....	17
Level of Care 3: Mental Health Residential Care, Child and Adolescent.....	19
Level of Care 4: Psychiatric Partial Hospitalization, Child, Adolescent and Adult	21
Level of Care 5: Intensive Outpatient Treatment Criteria for Mental Health Services, Adult, Adolescent and Children.....	23
Level of Care 5: Psychiatric Rehabilitation Programs Criteria (PRP), Adult,	25
Level of Care 5: Psychiatric Rehabilitation Program (PRP) Criteria for Admission- Children and Adolescents	27
Level of Care 5: Mobile Treatment, Mental Health Services, Adult.....	30
Level of Care 5: Mobile Treatment, Mental Health Service, Adolescent, Child.....	32
Level of Care 5: Therapeutic Behavioral Services (TBS), Child and Adolescent.....	34
Level of Care 6: Outpatient Services for Mental Health.....	36
Level of Care 6: Respite Care, Child and Adolescent.....	38
Level of Care 6: Respite Care, Adult.....	39
III. Appendices.....	40
Appendix A.....	40
Appendix B - Therapeutic Leave of Absence Documentation.....	41
Appendix C - Priority Population, Adult.....	42

I. Levels of Care

The Public Mental Health System believes that when an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

The Public Mental Health System has defined six levels of care as listed below: (These are levels of care and not specific services. For service descriptions, please refer to the Provider Manual, Chapter 5.)

1. Acute Inpatient Level of Care

Acute care describes the high level of skilled psychiatric services in a hospital. This could be a free-standing psychiatric hospital or a psychiatric unit of general hospital or a state psychiatric hospital. Settings that are eligible for this level of care are licensed at the hospital level and provide 24-hour medical and nursing care.

2. Subacute Inpatient/RTC Level of Care

Subacute care is residential, intermediate level skilled care, usually provided in a Residential Treatment Center (RTC). Residential treatment for adolescents with psychiatric conditions is included in this level of care.

3. Supervised/Supported Community Residential Level of Care

Supervised residential care is provided in therapeutic group homes, or supervised residential settings. This level of care combines outpatient treatment on an individual, group and/or family basis (usually provided by outside providers) with assistance and supervision in managing basic day-to-day activities and responsibilities. At least one responsible staff person must be present or available by telephone at all times when there are clients on the premises. These settings are approved as residential rehabilitation programs or group homes.

4. Partial Hospital Level of Care

Partial hospital programs are defined as structured and medically supervised day, evening or night treatment programs. Program services are provided at least 4 hours/day and at least 3 days/week. The services are essentially the same nature and intensity (including medical and nursing) as would be provided in a hospital except that the individual is in the program less than 24 hours/day. The individual is not considered a resident at the program. The range of services offered is designed to address a mental health disorder through an individualized treatment plan provided by a coordinated multidisciplinary treatment team.

Medical Necessity Criteria

5. Intensive Outpatient Treatment Level of Care

Intensive outpatient programs are defined as having the capacity for planned, structured, service, provided by a multidisciplinary team, including at least 3 hours of therapeutic services, including at least two group therapies, and needed physician services.

6. Traditional Outpatient Treatment

Traditional outpatient treatment is typically individual, family, and/or group psychotherapy, rehabilitation (e.g., on-site or off-site visits) and consultative services ranging in time from fifteen minutes (e.g. medication check) to fifty minutes (e.g. individual, conjoint, family psychotherapy) up to two hours (e.g. group psychotherapy) duration each.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified herein before treatment will be authorized.

II. Medical Necessity Definition

Under the authority of the Maryland Public Mental Health System (MPMHS), the ASO bases its decisions on medical necessity, which is defined as follows according to COMAR 10.09.62.01.

107) "Medically necessary" means that the service or benefit is:

(a) Directly related to diagnostic, preventive, curative, palliative, rehabilitative, or ameliorative treatment of an illness, injury, disability, or health condition;

(b) Consistent with current accepted standards of good medical practice;

(c) The most cost efficient service that can be provided without sacrificing effectiveness or access to care; and

(d) Not primarily for the convenience of the consumer, the consumer's family, or the provider.

(108) Repealed.

(109) "Medical necessity" means what is medically necessary.

(110) "Medically needy" has the meaning stated in COMAR 10.09.24.02.

Our concise interpretation is:

*"Services by a provider to identify or treat an illness that has been diagnosed or suspected."
That are:*

a. Consistent with:

(1) The diagnosis and treatment of a condition; and

(2) Standards of good medical practice;

b. Required for other than convenience; and

c. The most appropriate level of service in light of available resources."

Level of Care 1: Hospitalization, Adult

The criteria below for Inpatient Psychiatric treatment are a more detailed elaboration of the medical necessity definition for the purposes of establishing medical necessity for these health care services.

The health care provider must document medical necessity of psychiatric inpatient admissions based on conditions defined under Section I as well as meeting Section II A and one of the other criteria defined under Section II.

Principles for Medical Necessity Determinations

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

Inpatient psychiatric treatment is defined as a 24-hour inpatient level of care that provides highly skilled psychiatric services to adults with severe mental disorders.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

I. Criteria for Admission

[A-C below must be met]

- A. The individual must have a diagnosed or suspected mental disorder that can be expected to improve significantly through medically necessary treatment.
- B. The evaluation and assignment of the mental disorder diagnosis must take place in a face-to-face evaluation of the individual performed by an Attending Physician prior to, or within 24 hours following the admission.
- C. Presence of the disorder(s) must be documented through the assignment of DSM-IV-TR codes on all applicable Axes (I-V), except for the diagnoses included in appendix A (appended.)

Medical Necessity Criteria

II. Severity of Need and Intensity of Service at the Acute Level of Care

[Criterion A must be met. In addition B, C, D or E must be met].

- A. PMHS Specialty Mental Health DSM-IV-TR diagnosis.
- B. The individual makes direct threats or there is a clear and reasonable inference of serious harm to self, where suicidal precautions or observations on a 24-hour basis are required.
- C. The individual demonstrates violent, unpredictable or uncontrolled behavior which represents potential serious harm to self or others or there is evidence for a clear and reasonable inference of serious harm to others. This behavior must require intensive psychiatric and nursing treatment interventions on a 24-hour basis.
- D. The individual demonstrates severe psychiatric symptoms which cannot be safely treated in an outpatient setting or which are not able to be successfully treated in a lower level of care due to their severity. This care must require an individual plan of active psychiatric treatment which includes 24-hour need for, and access to, the full spectrum of psychiatric staffing and services.
- E. Where diagnostic assessment or treatment are not available or are unsafe on an outpatient basis (e.g., individual needs a somatic treatment, such as: ECT or medication management that can only be accomplished safely in a hospital setting with 24-hour psychiatric and nursing care.)

III. Criteria for Continued Stay

The initial 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. There should be daily progress notes documenting the provider's treatment and the individual's response to treatment. In addition to continuing to meet the criteria given above for admission, and continued evidence of active treatment, one of the criteria A-C, and D must be met for Continued Stay.

- A. Clinical evidence indicates the persistence of the problems that caused the admission to the degree which would necessitate continued hospitalization, despite therapeutic efforts, or the emergence of additional problems consistent with the admission criteria and to the degree which would necessitate continued hospitalization.
- B. The physician documents in daily progress notes that there is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting.

Medical Necessity Criteria

- C. 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.

- D. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 1: Hospitalization, Child and Adolescent

The criteria below for Inpatient Psychiatric treatment are a more detailed elaboration of the medical necessity definition for the purposes of establishing medical necessity for these health care services.

The health care provider must document medical necessity of psychiatric inpatient admissions based on conditions defined under Section I, as well as meeting Section II A and one of the other criteria defined under Section II.

Principles for Medical Necessity Determinations

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

Inpatient psychiatric treatment is defined as a 24-hour inpatient level of care that provides highly skilled psychiatric services to children and adolescents with severe mental disorders.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

I. Criteria for Admission

[A-C below must be met]

- A. The individual must have a diagnosed or suspected mental disorder that can be expected to improve significantly through medically necessary treatment.
- B. The evaluation and assignment of the mental disorder diagnosis must take place in a face-to-face evaluation of the individual performed by an Attending Physician prior to, or within 24 hours following the admission.
- C. Presence of the disorder(s) must be documented through the assignment of DSM-IV-TR codes on all applicable Axes (I-V), except for the diagnoses included in appendix A (appended.)

Medical Necessity Criteria

II. Severity of Need and Intensity of Service at the Acute Level of Care

[Criterion A must be met. In addition B, C, D or E must be met]

- A. PMHS Specialty Mental Health DSM-IV-TR diagnosis.
- B. The individual makes direct threats or there is a clear and reasonable inference of serious harm to self where suicidal precautions or observations on a 24-hour basis are required.
- C. The individual demonstrates violent, unpredictable or uncontrolled behavior which represents potential serious harm to others or there is evidence for a clear and reasonable inference of serious harm to others. This behavior must require intensive psychiatric and nursing treatment interventions on a 24-hour basis.
- D. The individual demonstrates severe psychiatric symptoms which can not be safely treated in an outpatient setting or which are not able to be successfully been treated in a lower level of care due to their severity. This care must require an individual plan of active psychiatric treatment which includes 24-hour need for, and access to, the full spectrum of psychiatric staffing and services.
- E. Where diagnostic assessment or treatment are not available or are unsafe on an outpatient basis (e.g., individual needs a somatic treatment such as medication management that can only be accomplished safely in a hospital setting with 24- hour psychiatric and nursing care).

III. Criteria for Continued Stay

The initial 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. The health care provider shall make daily progress notes documenting the treatment and the individual's response to treatment. In addition to continuing to meet the criteria given above for admission, and continued evidence of active treatment, one of the following criteria A, B, or C below must apply; and in addition, criteria D and E must be met in order to meet Criteria for Continued Stay.

- A. Clinical evidence indicates the persistence of the problems that caused the admission to the degree which would necessitate continued hospitalization, despite therapeutic efforts, or the emergence of additional problems consistent with the admission criteria and to the degree which would necessitate continued hospitalization.
- B. The physician documents, in daily progress notes, that there is a severe reaction to medication or need for further monitoring and adjustment of dosage in an inpatient setting.

Medical Necessity Criteria

- C. 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 mental disorder to the degree that would necessitate continued hospitalization.
- D. There should be evidence of an attempt to gain intensive family or caretaker involvement, occurring several times per week, unless the treatment plan specifically indicates a clinical need for less frequent involvement.
- E. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 2: Residential Treatment Centers (RTC), Child and Adolescent

The purpose of this section is to define and clarify criteria for when an RTC is a medically necessary treatment for children or adolescents with a DSM-IV-TR mental disorder, except for excluded diagnoses which are appended.

Principles for Medical Necessity Determinations

An RTC is defined as a 24-hour inpatient level of care that provides children and adolescents with long-term and severe mental disorders with residential care, as well as treatment with a range of diagnostic and therapeutic mental health services when these services cannot be provided through existing community programs.

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

I. Criteria for Admission

Medical necessity for admission to an RTC must be documented by the presence of all of the criteria given below in Section A and Section B.

The child must have a mental disorder amenable to active psychiatric treatment. The evaluation and assignment of a DSM-IV-TR diagnosis must result from a face-to-face psychiatric evaluation.

A. Severity of Need

1. PMHS Specialty Mental Health DSM-IV-TR diagnosis.
2. There must be clinical evidence the child or adolescent has a long-term and severe mental disorder.
3. Due to the mental disorder, the child or adolescent exhibits symptoms that represent severe risk of injury to self or others.

Medical Necessity Criteria

B. Intensity of Service

1. RTC placement is considered medically necessary when all less intensive levels of treatment have been determined to be unsafe or unsuccessful.
2. The child or adolescent requires a 24 hours/day, 7 days/week structured and supportive inpatient living environment.
3. An individual plan of active psychiatric treatment and residential living support is required. There should be evidence of an attempt to gain weekly family or caretaker involvement, or identification of valid reasons why such a plan is not clinically necessary, or obtainable.

II. Criteria for Continued Stay

In addition to meeting all of the admission criteria on a continuing basis, and continued evidence of active treatment, the following criteria must be met:

- A. Evidence of the need for continued support 24 hours/day through a therapeutic living situation.
- B. There must be clinical evidence of therapeutic clinical goals that must be met before the individual can transition to a less intensive level of care.
- C. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 2: Crisis Services, Mental Health, Adult, Adolescent, Child (Residential Crisis)

The purpose of this document is to define and clarify referral guidelines for Crisis Services for children, adolescents, and adults.

Principles for Referral

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

Psychiatric crisis services include mobile crisis services and residential crisis services. Services are designed to respond immediately through mental health interventions to prevent an admission to a more restrictive setting.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

Residential Crisis

Residential Crisis services are provided on a short term basis in a community-based residential setting to prevent a psychiatric inpatient admission or the need for a prolonged acute hospitalization.

I. Criteria for Admission

Medical necessity for admission of a child, adolescent, or adult to Residential crisis must be documented by presence of all the criteria below (A-D):

- A. Has a primary DSM –IV-TR diagnosis of a mental disorder,
- B. Is at risk for hospitalization, or
- C. Continued Hospitalization,
- D. Has a need of immediate intervention because the individual:
 1. Is at risk for harm to self or others; or
 2. Is experiencing rapid deterioration of functioning as a result of psychiatric symptoms.

II. Criteria for Continued Care

Authorization for continued services is based on documentation that Continuation of Residential crisis services is necessary for children, adolescents, and adults who meet all of the outlined below:

- A. Clinical evidence indicates the persistence of the problem that necessitated residential crisis services;
- B. Diversion from inpatient hospitalization continues to appear possible;
- C. The individual's current available living environment is not suitable for stabilizing the individual during the crisis; and
- D. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 3: Community-Based Mental Health Residential Care, Adult

The purpose of this document is to define and clarify medical necessity criteria for Community-Based Mental Health Residential Care for adults.

Principles for Medical Necessity Determinations

Community-Based Mental Health Residential Care for adults provides support in a residence outside of the individual's own home and provides needed resources and support not sufficiently available within the individual's own existing social support system. The decision to place an individual in a community residential crisis intervention unit, licensed group home (small 4-8 people, large, 9-16 people), or other supervised residential setting is based upon a determination of which setting would best meet the needs of the individual and availability. RRP's provide services based upon the individual's needs in varying levels of support, general and intensive.

- **General Support.** Staff is available on-call 24 hours/day, 7 days/week, and provides, at a minimum, three face-to-face contact per individual, per week or 13 face-to-face contacts per month.
- **Intensive Support.** Staff provides services daily on-site in the residence, with a minimum of 40 hours per week, up to 24 hours per day, 7 days per week.

Community-Based Mental Health Residential Care for adults includes community residential crisis intervention units, residential rehabilitation programs, licensed group homes (small 4-8 people, large 9-16 people) in community-based, home-like settings, and other residential settings which provide rehabilitation, assistance, support, and sometimes, specialized services. These programs provide needed resources and support not sufficiently available within the individual's existing social support system. PRPs provide services to an individual in the supportive, structured environment of the RRP residence. The services are to promote an individual's ability to engage and participate in appropriate community activities and to enable the individual to develop the daily living skills that are needed for independent functioning.

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the following conditions and factors identified before treatment will be authorized.

Medical Necessity Criteria

I. Criteria for Admission

Medical necessity for admission of an individual to Community-Based Mental Health Residential Care must be documented by the presence of all of the criteria given below (A-D). Additionally, for RRP, criterion E must be met.

- A. The individual has a primary DSM-IV-TR diagnosis of a mental disorder which is the cause of significant functional and psychosocial impairment, and the individual's clinical condition can be expected to be stabilized through the provision of medically necessary supervised residential services in conjunction with medically necessary treatment, rehabilitation, and support.

For RRP – General and Intensive, the individual has a serious mental illness as defined by diagnosis and impairments in level of functioning and meets criteria as defined in MHA’s priority population. (Appendix C)

- B. The individual requires active support to ensure the adequate, effective coping skills necessary to live safely in the community, participate in self-care and treatment, and manage the effects of his/her illness. As a result of the individual's clinical condition (impaired judgment, behavior control, or role functioning), there is significant current risk of one of the following:

1. Hospitalization or other inpatient care as evidenced by the current course of illness or by the past history of illness; or
2. Harm to self or others as a result of the mental illness and as evidenced by the current behavior or by the past history;
3. Deterioration in functioning in the absence of a supported community-based residence that would lead to items 1 or 2 noted above.

- C. The individual's own resources and social support system are not adequate to provide the level of residential support and supervision currently needed as evidenced, for example, by one of the following:

1. The individual has no residence and no social support; or
2. The individual has a current residential placement, but the existing placement does not provide sufficiently adequate supervision to ensure safety and ability to participate in treatment; or
3. The individual has a current residential placement, but the individual is unable to use the relationships in the existing residence to ensure safety and ability to participate in treatment, or the relationships are dysfunctional and undermine the stability of treatment.

Medical Necessity Criteria

- D. The individual is judged to be able to reliably cooperate with the rules and supervision provided and to contract reliably for safety in the supervised residence.

Additionally;

- E. To be in a Residential Rehabilitation Program (RRP) the individual shall receive Psychiatric Rehabilitation Program (PRP) services.
- F. Priority for RRP is for individuals currently hospitalized in state psychiatric hospitals that are ready for discharge and for individuals at risk of hospitalization or due to the need for mental health support and treatment are at risk for incarceration or homelessness.

II. Criteria for Continued Stay

Continuation of supervised residential services is necessary for adults who meet all of the criteria outlined below.

- A. The individual continues to have significant functional impairment as a result of a mental illness and the problems which caused the admission persist to the degree that continued placement in a supervised residence is necessary to support improvement or maintain functioning.
- B. There continues to be a risk of deterioration in functioning that may lead to one of the following:
 - 1. Inpatient admission; or
 - 2. Harm.
- C. There is evidence that the resources and social support system, which are available to the individual outside the supervised residence, continue to be inadequate to provide the level of residential support and supervision currently needed for safety, self-care or effective treatment despite current treatment, rehabilitation and discharge/disposition planning.
- D. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 3: Residential Rehabilitation Program (RRP), Intensive

Individuals must meet each of the following three medical necessity criteria in order to be determined eligible for residential rehabilitation program intensive services.

I. Diagnosis

A primary DSM-IV-TR diagnosis of a serious mental illness, and meet priority population criteria, including impaired role functioning (Appendix C).

II. History

History of at least one of the following:

- A. Criminal behavior
- B. Treatment and/or medication non-compliance
- C. Substance abuse
- D. Aggressive behavior
- E. Psychiatric hospitalization
- F. Psychosis
- G. Poor reality testing

-and-

III. Current Presentation

Current presentation of at least one of the following behaviors or risk factors that require daily structure and support in order to manage:

- A. Safety risk
- B. Active delusions
- C. Active psychosis
- D. Poor decision making skills

Medical Necessity Criteria

- E. Impulsivity
- F. Inability to perform Activities of Daily Living (ADL) skills to maintain tasks necessary to live in the community environment
- G. Impaired judgment, including social boundaries
- H. Inability to self-protect in community situations
- I. Inability to safely self-medicate or otherwise self-manage the illness
- J. Aggression
- K. Inability to access community resources necessary for safety
- L. Impaired community living skills.

Level of Care 3: Mental Health Residential Care, Child and Adolescent

The purpose of this document is to define and clarify medical necessity criteria for Mental Health Residential Care for children and adolescents.

Principles for Medical Necessity Determinations

Mental Health Residential Care for children and adolescents provides supervision and support in a residence outside of the child's own home and provides needed resources and support not sufficiently available within the child's own existing social support system.

Mental Health Residential Care for children and adolescents includes residential crisis services and therapeutic group homes, which serve children and adolescents in community-based settings.

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individuals' medical needs.

I. Criteria for Admission

Medical necessity for admission of a child or adolescent to Residential Care must be documented by the presence of all the criteria given below

- A. The child has a PMHS Specialty Mental Health DSM-IV-TR diagnosis.
- B. The child or adolescent requires supervision and active support to ensure the adequate, effective, coping skills necessary to live safely in the community and manage the effects of his/her illness.
- C. As a result of the child's mental disorder there continues to be a risk of:
 - 1. Harm to self or others;
 - 2. Extended length of stay in a hospital or Residential Treatment Center.
- D. Together, the child or adolescent's home environment, family resources and support services, and network are not adequate to provide the level of residential support and supervision currently needed by the child to successfully participate in or transition to community services.
- E. The child or adolescent is judged to be able to reliably cooperate with the rules and supervision provided and can be safe in supervised residence.

II. Continued Stay Criteria

Continuation of supervised residential services is medically necessary for children and adolescents who meet all of the criteria outlined below.

- A. The child continues to have significant functional impairment as a result of a mental disorder and the problems which caused the admission to persist to the degree that continued placement in a supervised residence is necessary.
- B. As a result of the child's mental disorder there continues to be a risk of harm to self or others.
- C. There is clinical evidence that together, the child or adolescent's home environment, family resources and support services, and network are not adequate to provide the level of residential support and supervision currently needed by the child to successfully participate in or transition to community services.
- D. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 4: Psychiatric Partial Hospitalization, Child, Adolescent & Adult

The purpose of this document is to define and clarify criteria for when partial hospitalization for psychiatric treatment meets the definition for medical necessity. Partial hospital programs provide the nature and intensity of services that would be provided in a hospital (including medical and nursing supervision and interventions) for at least 4 hours/day, but the individual is not involved in a 24 hour/day program including a stay overnight.

Principles for Medical Necessity Determinations

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

I. Criteria for Admission

Medical necessity for psychiatric partial hospitalization treatment must be based on meeting all the conditions defined under Section A, (1-4), as well as meeting the criteria defined under Section B.

A. Severity of Need

1. PMHS Specialty Mental Health DSM-IV-TR diagnosis.
2. There is clinical evidence that documents a less intensive outpatient setting is not necessary at this time and/or a partial hospitalization program can safely substitute for or shorten a hospital stay or prevent deterioration that would lead to a re-hospitalization.
3. There is clinical evidence the individual would be at risk to self or others if he/she were not in a partial hospitalization program, and;
4. There is clinical evidence that the individual will be safe in a structured environment, under clinical supervision, for part of the day and has a suitable environment for the rest of the time.

Medical Necessity Criteria

B. Intensity of Service

The individual's condition must require a structured program with nursing and medical supervision, intervention and/or treatment.

II. Criteria for Continued Stay

In addition to continuing to meet the criteria given above for admission, adults must meet A, B and D, and children and adolescents must meet A, B, C and D.

- A. Clinical evidence indicates the persistence of the problems that necessitated the admission to the partial hospitalization program, despite treatment efforts, or the emergence of additional problems consistent with the admission criteria. (There should be progress notes for each day the individual is in a partial hospitalization program documenting the provider's treatment, and the individual's response to treatment.)
- B. Clinical evidence indicates that attempts at therapeutic re-entry into a less intensive level of care have, or would, result in exacerbation of the mental disorder to the degree that would warrant the continued need for partial hospitalization services.
- C. For children and adolescents there should be evidence of continued involvement of family or caretaker in a frequency and manner as indicated by the treatment plan.
- D. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 5: Intensive Outpatient (IOP) Treatment Criteria for Mental Health Services, Adult, Adolescent and Children

The purpose of this document is to define and clarify criteria when intensive outpatient treatment for mental health services meets the definition of medical necessity. The criteria contained here are developed for programs/treatment courses less intensive than partial hospitalization.

IOP is a program of intensive treatment involving multiple treatment services on multiple days provided by a multidisciplinary team. An IOP program provides a minimum of three (3) hours of therapeutic services per day, which includes at least two (2) group therapies. The treatment constellation can include individual, group, family therapy, and medication management. This is considered a short-term intensive intervention.

Principles for Medical Necessity Determinations

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

Medical necessity for intensive outpatient services is established by satisfying the admission and continued care criteria outlined in the following sections. The criteria contained here apply to programs and services that are less intensive than partial hospitalization.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

I. Criteria for Admission

Intensive outpatient services are medically necessary for an individual who has serious mental disorders and who meet each of the following criteria outlined in Sections A and B.

A. Severity of Need

1. PMHS Specialty Mental Health DSM-IV-TR diagnosis.
2. The impairment results in a clear, current threat to the individual's ability to live in his/her customary setting.
3. There is clinical evidence that less intensive treatment will not be sufficient to improve the individual's clinical condition or to prevent clinical deterioration.

Medical Necessity Criteria

B. Intensity of Service.

1. The individual's condition must require an integrated program of coordinated and structured multidisciplinary services at least 3 hours/day.

II. Criteria for Continued Stay

Continuation of intensive outpatient services is medically necessary for individuals who meet each of the criteria outlined below (A-E):

- A. Clinical evidence indicates a persistence of the problems that necessitated the provision of treatment services.
- B. The individual continues to require structured therapeutic services provided by a multidisciplinary team for at least 3 hours /day.
- C. Clinical evidence indicates that therapeutic re-entry into a less intensive level of care would result in exacerbation of the symptoms of the individual's mental disorder.
- D. The individual's disorder can be expected to improve significantly through medically necessary therapy and the individual is able to benefit from the therapy provided.
- E. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 5: Psychiatric Rehabilitation Programs Criteria (PRP), Adult

The purpose of this document is to define and clarify the medical necessity criteria for outpatient psychiatric rehabilitation programs.

Psychiatric Rehabilitation (PRP) services facilitate the individual's recovery and develop or restore an individual's independent living and social skills, including the individual's ability to make decisions regarding: self-care management of illness, life, work, and community participation, and promote the use of community resources to integrate the individual into the community. Services may be provided in an on-site facility, or in a setting most conducive to promoting the participation of the individual in community life.

Principles for Medical Necessity Determinations

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

Medical necessity for PRP services is established by satisfying the admission and continued care criteria outlined in the following sections.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

I. Criteria for Admission- Adults

PRP services are necessary for an adult with a serious mental disorder who meets each of the criteria outlined below in Sections A and B. The individual must meet criteria for MHA's priority population based on diagnosis and level of functional impairment. (Appendix C)

A. Severity of Need

1. PMHS Specialty Mental Health DSM-IV-TR diagnosis.
2. The impairment results in at least one of the following:
 - a. A clear, current threat to the individual's ability to live in his/her customary setting
 - b. An inability to be employed or attend school without support
 - c. An inability to manage the individual's mental illness
3. There is clinical evidence that less intensive treatment will not be sufficient to prevent clinical deterioration.

Medical Necessity Criteria

B. Intensity of Service

1. In order for PRP 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 receiving PRP services.
2. The individual's condition must require an integrated program of rehabilitation services to develop and restore independent living skills to support the individual's recovery.
3. The individual must also be engaged in outpatient mental health treatment.

II. Criteria for Continued Stay

Continuation of PRP services is medically necessary for individuals who meet both criteria A-D.

- A. Clinical evidence indicates a persistence of the problems that necessitated the provision of rehabilitation services.
- B. The individual continues to require structured rehabilitation services provided by a PRP.
- C. Clinical evidence indicates that therapeutic re-entry into a less intensive level of care would result in clinical deterioration.
- D. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 5: Psychiatric Rehabilitation Program (PRP) Criteria for Admission- Children and Adolescents

Psychiatric Rehabilitation Services (PRP) are for children and adolescents with serious mental illness or emotional disturbance who have been referred by a licensed professional of the healing arts based on a screening, assessment, or ongoing treatment of the individual. The services must be goal directed and outcome focused. The services are time-limited interventions provided only as long as they continue to be medically necessary to reduce symptoms of the individual's mental illness or to reduce the functional behavioral impairment that is a result of the mental illness and to restore the individual to an appropriate functional level. A clinical evaluation and the ongoing mental health treatment plan must indicate that the individual has a primary DSM-IV-TR diagnosis that is causing the significant symptoms or serious functional behavioral impairment to be addressed by the rehabilitation services.

To assure that PRP services are both clinically indicated and meet medical necessity criteria there must be written documentation by the treating licensed mental health professional supporting the diagnosis, domains of dysfunction, and expectation of what PRP services would achieve.

In making a determination of whether to authorize or reauthorize PRP services, the Administrative Services Organization (ASO) will consider information presented regarding the following factors or criteria justifying the need for PRP services, but will consider any other clinical information provided by a referring professional that in his or her professional judgment justifies the need for a child to receive PRP services for reasons *other* than those listed below:

The Public Mental Health System believes that when an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

A. Factors or Criteria Justifying the need for PRP Services

1. The youth's mental illness is the cause of serious dysfunction in one or more life domains (home, school, community). Based on the clinical evaluation and ongoing treatment plan, PRP services are indicated and are expected to reduce the symptoms of the youth's mental illness or the functional behavioral impairment that is a result of the mental illness.
2. The impairment as a result of the youth's mental illness results in:
 - a) A clear, current threat to the individual's ability to be maintained in his or her customary setting, or
 - b) An emerging / pending risk to the safety of the individual or others, or

Medical Necessity Criteria

- c) Other evidences of significant psychological or social impairment such as inappropriate social behavior causing serious problems with peer relationships and/or family members.
- 3. The individual, due to dysfunction, is at risk for requiring a higher level of care, or is returning from a higher level of care.
- 4. Either:
 - a) There is clinical evidence that the current intensity of outpatient treatment will not be sufficient to reduce the youth's symptoms and functional behavioral impairment resulting from the mental illness and restore him or her to an appropriate functional level, or prevent clinical deterioration, or avert the need to initiate a more intensive level of care due to current risk to the individual or others.
 - or
 - b) For individuals transitioning from an inpatient, day hospital or residential treatment setting to a community setting there is clinical evidence that PRP services will be necessary to prevent clinical deterioration and support successful transition back to the community, or avert the need to initiate or continue a more intensive level of care.
- 5. The individual's disorder can be expected to improve through medically necessary rehabilitation or there is clinical evidence that this intensity of rehabilitation is needed to maintain the individual's level of functioning; and
- 6. The individual is judged to be in enough behavioral control to be safe in the rehabilitation program and benefit from the rehabilitation provided.

B. PRP Service Requirements:

- 1. In order for rehabilitation services to be safe for an individual, outpatient mental health services and social supports should be identified and available to the individual outside program services, and the individual or the individual's parent/guardian should be capable of seeking them when needed when the individual is not receiving PRP services.
- 2. The rehabilitation program must have a documented crisis response plan for each individual coordinated with the primary mental health clinician treating the individual that indicates clear responsibility for the mental health clinician and rehabilitation program.

Medical Necessity Criteria

3. The individual rehabilitation plan (PRP) requires that services are rendered by PRP staff who are supervised by a licensed mental health professional and the Individual Rehabilitation Plan (IRP) is signed off by at least 2 licensed mental health professionals who have collaborated regarding the IRP. The IRP must be carried out in accordance with the Child and Adolescent PRP regulations (10.21.29). The team, where appropriate, also shall seek input from teachers and other child serving agencies involved with the individual.
4. Family / Caregiver participation is required in the establishment, delivery and evaluation of the rehabilitation services provided.

II. Continued Stay Factors or Criteria for Continued PRP Services

[The following criteria shall be met]

- A. Clinical evidence and an evaluation of previously identified rehabilitation goals and interventions needed to improve individual outcomes indicate a persistence of the original problems or an emergence of additional problems that necessitate ongoing PRP services. If original problems persist, the individual's multidisciplinary team including the PRP provider, the individual's primary clinician and family / caregiver must evaluate why the problem persists and what, if any, overall plan of care modifications are necessary to improve outcomes.
- B. For continued stay approval, the admission criteria above and any other clinical information provided by a referring professional that in his or her professional judgment justifies the need for a child to continue to receive PRP services will be considered. The need for continued PRP services should be supported by the individual's primary mental health clinician and family / caregiver.
- C. There must be documented evidence that the individual is improving with rehabilitation services.

Level of Care 5: Mobile Treatment, Mental Health Services, Adult

Medical Necessity Criteria

The purpose of this document is to define and clarify medical necessity criteria for mobile treatment for mental health services.

Principles for Referral

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

Medical necessity for mobile treatment services is established by satisfying the admission and continued care criteria outlined in the following sections.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

I. Criteria for Admission

Mobile treatment services are necessary for adults who have serious mental disorders, which are exemplified by non-compliance and vulnerability and who meet all of the guidelines outlined below in Sections A and B.

A. Severity of Need

1. A clinical evaluation that indicates the individual has a primary DSM-IV-TR diagnosis included in the Priority Population (Appendix C), which is the cause of significant psychological, personal care, and social impairment.
2. The impairment results in at least one of the following:
 - a. A clear, current threat to the individual's ability to live in his/her customary setting, or the individual is homeless, and would meet the criteria for a higher level of care, (e.g., inpatient or supervised residential) if mobile treatment services were not provided);
 - b. An emerging/impending risk to self or others;
 - c. Inability to engage in traditional outpatient treatment.
3. Inability to form a therapeutic relationship on an ongoing basis as evidenced by one or more of the following:
 - a. Frequent use of emergency rooms for psychiatric reasons,
 - b. Psychiatric hospitalization, or

Medical Necessity Criteria

- c. Arrest for reasons associated with the individual's mental illness.

B. Intensity of Service

1. The individualized service plan requires that services are rendered by a multidisciplinary team of professional and support staff supervised by mental health professionals. A specific goal of the treatment is improving the individual's symptoms, behavior, and/or level of functioning enough to return the individual to a lesser level of care.
2. The individual's condition must require intensive, assertive mental health treatment and supportive services delivered by a multidisciplinary treatment team, providing a minimum of weekly face-to-face contact.
3. The individual must have 24-hour access to the mobile treatment team.

II. Criteria for Continued Care

Continuation of mobile treatment services is necessary for individuals who meet each of the criteria outline below (A-D):

- A. Clinical evidence indicates a persistence of the problems that necessitated the provision of treatment services despite treatment efforts, or there is the emergence of additional problems consistent with the admission guidelines.
- B. Evidence of attempts to integrate the individual into traditional outpatient treatment.
- C. The individual continues to be unable to engage in traditional outpatient treatment.
- D. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 5: Mobile Treatment, Mental Health Service, Adolescent, Child

Medical Necessity Criteria

The purpose of this document is to define and clarify guidelines when mobile treatment for mental health services meets the definition of medical necessity.

Principles for Referral

When an individual with a mental disorder requires professional evaluation and treatment, he/she should be treated at the least intensive level necessary for the condition.

Medical necessity for mobile treatment services is established by satisfying the admission and continued care guidelines outlined in the following sections.

Satisfaction of admission and continued care guidelines must be documented in the clinical record, based upon the conditions and factors identified below, before treatment will be authorized.

I. Guidelines for Admission

Mobile treatment services are necessary for children and adolescents who have serious mental disorders, which are exemplified by non-compliance and vulnerability, and who meet all of the criteria outlined below in sections A and B.

A. Severity of Need

1. A clinical evaluation that indicates the individual has a primary DSM-IV-TR diagnosis that is the cause of significant psychological impairment.
2. The individual is at risk for out-of-home placement, including hospitalization or RTC placement; and
3. Either a or b:
 - a. The individual has not maintained, on a continuous basis, community mental health services that are prescribed; or
 - b. The individual is exhibiting behavior that is a risk of harm to self or others; and;
4. The primary caretaker:
 - a. Has the goal of maintaining the child or adolescent safely in the home; and
 - b. Agrees to participate in mobile treatment services.

B. Intensity of Service

Medical Necessity Criteria

1. The individual treatment plan requires that services are rendered by a multidisciplinary team of professional and support staff supervised by mental health professionals. A specific goal of the treatment is improving the individual's symptoms, behavior, and/or level of functioning enough to return the individual to a lesser level of care.
2. The individual's condition must require intensive, assertive mental health treatment and supportive services delivered by a multidisciplinary treatment team, providing a minimum of weekly face-to-face contact.
3. The individual must have 24 hours per day access to the mobile treatment team.

II. Guidelines for Continued Care

Continuation of mobile treatment services is necessary for individuals who meet each of the guidelines outlined below (A-E).

- A. Despite treatment efforts, clinical evidence indicates that the problems that necessitated the provision of treatment services persist or additional problems consistent with the admission criteria have emerged.
- B. Evidence of attempts to integrate the individual into traditional outpatient treatment has not been successful.
- C. The individual continues to be unable to engage in traditional outpatient treatment.
- D. The primary caretaker:
 1. Continues to have the goal of maintaining the child or adolescent safely in the home, and
 2. Continues to participate in mobile treatment services.
- E. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 5: Therapeutic Behavioral Services (TBS), Child and Adolescent

The purpose of this section is to define and clarify criteria for when TBS is a medically necessary treatment for children or adolescents with a DSM-IV-TR mental disorder.

Principles for Medical Necessity Determinations

When an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

The Therapeutic Behavioral Service (TBS) Program is a rehabilitative referred service for children and adolescents under 21 years of age. It is designed to provide rehabilitative treatment interventions to reduce or ameliorate the target maladaptive behavior(s) appropriately through restoration of a recipient to his/her best possible functional level.

The following criteria are a more detailed elaboration of the medical necessity criteria for the purpose of establishing the medical necessity of Therapeutic Behavioral Services.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

I. Criteria for Admission

Therapeutic Behavioral Services are medically necessary for children or adolescents under age 21 children who have behaviors or symptoms related to a mental health diagnoses that place the individual's current living arrangement at risk and create a risk for a more restrictive placement, or prevent transition to a less restrictive placement. A parent, guardian or the individual who customarily provides care must be present during the provision of services to participate in the behavioral plan unless there are clinical goals specifically addressed in the behavior plan that require that the parent, guardian or individual who customarily provides care not be present. The following medical necessity criteria must be met:

A. Severity of Need

1. A clinical evaluation indicates that the individual has PMHS Specialty Mental Health DSM-IV-TR diagnosis with maladaptive behaviors or symptoms relating to that diagnosis.
2. There is clinical evidence that the behaviors or symptoms place the individual's current living arrangement at risk and create a risk for a more restrictive placement, or prevent transition to a less restrictive placement.

Medical Necessity Criteria

3. The services required are rehabilitative, not habilitative, custodial or activities of daily living.

B. Intensity of Service

1. The recipient's behaviors or symptoms can be safely and effectively treated in the community.
2. The recipient requires on-site one-to-one behavioral assistance and intervention in order to accomplish outcomes specified in the behavioral plan.

II. Criteria for Continued Stay

Therapeutic Behavioral Services shall be:

- A. Decreased proportionally when indicated by the recipient's progress,
- B. Discontinued when the targeted outcomes have been reached,
- C. Reassessed for new targeted outcomes if progress on the current outcomes is not being achieved, and
- D. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 6: Outpatient Services for Mental Health

The criteria contained in this section of the document have been developed specifically for outpatient mental health services that are less intensive than partial hospitalization and intensive outpatient treatment.

Outpatient treatment is expected to be consumer and family driven and recovery oriented.

The Public Mental Health System believes that when an individual has a mental disorder that requires professional evaluation and treatment, he/she should be treated at the least intensive setting able to meet the individual's medical needs.

Satisfaction of all admission and continued care criteria must be documented in the clinical record based upon the conditions and factors identified below before treatment will be authorized.

I. Criteria for Admission

A. Severity of Need Indicators

Initial authorization of outpatient treatment requires the presence of each of the following:

1. A PMHS Specialty Mental Health DSM-IV-TR diagnosis.
2. A description of DSM-IV-TR psychiatric symptoms, consistent with the diagnoses; and
3. At least mild symptomatic distress and/or impairment in functioning due to psychiatric symptoms.

B. Intensity of Services Indicators

The frequency of services should depend on the individual's plan of care tied to the DMS-IV-TR psychiatric symptoms.

II. Criteria for Continued Stay

Continuation of outpatient treatment services is medically necessary for an individual meeting the criteria below:

- A. A PMHS Specialty Mental Health DMS-IV-TR diagnosis,
- B. There is a persistence of at least mild symptomatic distress and/or impairment of functioning due to these psychiatric symptoms, and

Medical Necessity Criteria

- C. There is clinical evidence of symptom improvement. If there has been no improvement, the treatment plan should be reviewed and a second opinion considered.

Level of Care 6: Respite Care, Child and Adolescent

The purpose of this document is to define and clarify when respite care for children and adolescents meets the established guidelines for authorization.

Principles for Referral:

When a child or adolescent has a mental disorder that required professional evaluation and treatment, he/she should be treated in the least restrictive level necessary for the condition. Because of the burden that caring for a child or adolescent with such a condition places on family caregivers, respite care should be considered a necessary service to maintain the child or adolescent in the current least restrictive necessary level of care and to prevent escalation to more intensive levels. As a result, the level of burden on the family caregivers is as important a dimension in determining necessity as the clinical status of the child or adolescent.

I. Guidelines for Initial Referral

Child and adolescent respite care services are necessary for the caregivers of a child or adolescent under age 18 when the conditions in the child or adolescent's home increases stress on the child's adult caregiver(s) and increases the risk of placement in a higher level of care or in an out-of-home placement of any kind. Children already in out-of-home placements such as group homes or other congregate facilities are therefore not appropriate for referral. Similarly, most families who are intensive, therapeutic, or specialized foster care parents, usually have access to respite care as a part of their entire foster care program. Families whose ability to function is affected by the duties of childcare constitute the families to be referred for this service. As a result, the service should not be solely tied to changes in the level of functioning of the child but may be indicated as a result of other factors in the social environment which affect the family's ability to function effectively.

Respite care is necessary when the following guidelines are met:

A. Level of Stress on Family

1. The child meets the diagnostic criteria for participation in the PMHS and has emotional and / or behavioral problems which stress the ability of the caregiver to provide for the child in the home.
2. The family caregiver's ability to participate in normal activities of daily life in the community, including employment, training opportunities, other family obligations, and social connection is compromised as a result of caring for the child. The additional stress on the caregiver puts the child at risk of out-of home placement.

Level of Care 6: Respite Care, Adult

Medical Necessity Criteria

The purpose of this document is to define and clarify when respite care for adults meets the established guidelines for authorization.

Principles for Referral:

When an adult has a mental disorder that requires professional evaluation and treatment, he/she should be treated in the least restrictive level necessary for the condition. Respite is provided when the caregiver, family member, or consumer requires another environment on a short-term basis to support the individual to prevent escalation to more intensive levels of care.

I. Guidelines for Initial Referral

Adult respite care services are necessary when the individual may be at the risk of losing the individual's residence, homelessness, or higher level of care.

Respite care is necessary when the following guidelines are met:

A. Level of Stress on Family

1. The adult meets the diagnostic criteria for participation in the PMHS and has emotional and / or behavioral problems which stress the ability of the caregivers or the consumer to provide for them in the home.
2. The family or caregiver's ability to participate in normal activities of daily life in the community is compromised as a result of caring for the consumer.
3. Respite is an option when individuals who live in congregate settings need a hiatus from the interactions with roommates in order to maintain their living arrangements.

III. Appendices

Appendix A

The following sole diagnoses are not in the domain of the public mental health system. Individuals with co-occurring covered PMHS psychiatric diagnosis are eligible for psychiatric services in the PMHS for treatment of that co-occurring psychiatric illness:

- Mental Retardation
- Learning Disorders
- Motor Skills Disorder
- Communication Disorders
- Pervasive Development Disorders
- Tic Disorders
- Delirium, Dementia, Amnesic and other Cognitive Disorders
- Mental Disorders due to a General Medical Condition (Personality Changes Due to a Medical Condition is an included PMHS diagnosis)
- Substance-Related Disorders
- Substance-Induced Disorders
- Sexual dysfunctions will not be covered except paraphilias and gender identity disorders
- Sleep Disorders (except Parasomnias)
- Antisocial Personality Disorder
- Psychological factors affecting medical condition
- Relational Problems
- Other V codes

Note: The Public Mental Health System will be available for consultation.

Appendix B - Therapeutic Leave of Absence Documentation

The criteria below for Therapeutic Leave of Absence (TLOA) are a more detailed elaboration of the above definition for the purposes of establishing medical necessity for these health care services.

Definition

Therapeutic Leave of Absence (TLOA) is any leave from a facility which is ordered by a physician, medically necessary, and not supervised by staff. A leave for medical reasons, e.g., consultations, evaluations, office visits, and treatments, is excluded from this definition.

Documentation Guidelines

To ensure that a TLOA is recognized as meeting the above definition, the medical record must contain the following information:

1. A physician must order each TLOA, identify it as a TLOA, and specify the number of leave hours approved.
2. Therapeutic rationale must be included in the ITP's, and/or physician progress notes, and/or social worker notes.
3. The nurse, physician, or social worker must document the outcome of the TLOA in the medical record.

Medical Necessity

While these guidelines address the documentation of therapeutic leaves of absence, the medical necessity of each leave of absence continues to be determined by the application of the Psychiatric Hospitalization Criteria.

Therapeutic leaves of absence are not reimbursed by the Public Mental Health System.

Appendix C – Priority Population – Adults

SEVERELY MENTALLY ILL PRIORITY POPULATION DEFINITION - ADULTS (SMI)

REVISED 9/1/03 Reviewed 05/10/07

INCLUDED DIAGNOSES (DSM-IV):

295.10 Schizophrenia, Disorganized Type
295.20 Schizophrenia, Catatonic Type
295.30 Schizophrenia, Paranoid Type
295.40 Schizophreniform Disorder
295.60 Schizophrenia, Residual Type
295.70 Schizoaffective Disorder
295.90 Schizophrenia, Undifferentiated Type
(*includes ICD-9 diagnoses 295.10-295.95)

296.33 Major Depressive Disorder, Recurrent, Severe Without Psychotic Features
296.34 Major Depressive Disorder, Recurrent, Severe With Psychotic Features

297.1 Delusional Disorder

298.9 Psychotic Disorder, NOS

301.22 Schizotypal Personality Disorder
301.83 Borderline Personality Disorder

296.43 Bipolar I Disorder, Most Recent Episode, Manic, Severe Without Psychotic Features
296.44 Bipolar I Disorder, Most Recent Episode, Manic, Severe With Psychotic Features
296.53 Bipolar I Disorder, Most Recent Episode, Depressed, Severe Without Psychotic Features
296.54 Bipolar I Disorder, Most Recent Episode, Depressed, Severe With Psychotic Features
296.63 Bipolar I Disorder, Most Recent Episode, Mixed, Severe Without Psychotic Features
296.64 Bipolar I Disorder, Most Recent Episode, Mixed, Severe With Psychotic Features
296.80 Bipolar Disorder, NOS
296.89 Bipolar II Disorder

Medical Necessity Criteria

-and-

In order to be included in the PRIORITY POPULATION, individuals must meet the target diagnostic criteria and meet the following functional limitations:

Serious mental illness is characterized by impaired role functioning, on a continuing or intermittent basis, for at least two years, including at least three of the following:

- Inability to maintain independent employment,
- Social behavior that results in interventions by the mental health system,
- Inability, due to cognitive disorganization, to procure financial assistance to support living in the community,
- Severe inability to establish or maintain a personal support system, or
- Need for assistance with basic living skills.

The diagnostic criteria may be waived for the following two conditions:

1. An individual committed as not criminally responsible who is conditionally released from a Mental Hygiene Administration facility, according to the provisions of Health General Article, Title 12, Annotated Code of Maryland. Or
2. An individual in a Mental Hygiene Administration facility with a length of stay of more than 6 months who requires RRP services, but who does not have a target diagnosis. This excludes individuals eligible for Developmental Disabilities services.