

## **Appendix A**

### **Resources Offered by ADVANTAGE Providers of Service for Each Level of Care**

## CRISIS SERVICES

### **Resource: Mobile Crisis Response Team Services**

#### Description:

Mobile Crisis Response Teams provide assessment, triage, and related crisis services for anyone experiencing a mental health crisis, an urgent condition, or a psychiatric emergency, with a goal of preventing harm to self or others or further deterioration of the individual's condition.

Advantage Behavioral Health will contract with mobile crisis response teams that serve all Tennesseans with a behavioral health crisis. Crisis Team response services are not limited to TennCare members. In addition, Crisis Teams with specialty pediatric clinicians and backed up by child psychiatrists are available to respond to children and adolescents experiencing a crisis. The latter are available to respond to crises occurring at home or school, and make every attempt to resolve the crisis without admitting the child or youth to a hospital or residential program.

#### Admission Criteria:

Crisis assessment is provided in any of the following situations:

- A Mental Health Crisis - Any mental health situation perceived as a crisis by an individual, family member, law enforcement official, hospital staff, or others
- An Urgent Condition - An acute onset of a psychiatric condition which does not constitute an immediate, substantial likelihood of harm to self or others but, if left untreated, may deteriorate into a psychiatric emergency
- A Psychiatric Emergency - An acute onset of a psychiatric condition that manifests itself by an immediate, substantial likelihood of harm to self or others

#### Exclusion Criteria:

The absence of a crisis situation, as described above under admission criteria

#### Continued Stay Criteria:

Not applicable

#### Discharge Criteria:

Either:

- Treatment is scheduled or begins
- The crisis is alleviated

### **Resource: Crisis Respite**

#### Description:

Crisis respite provides immediate shelter to members with behavioral health problems who are in need of emergency respite. This is a service of relatively brief duration, typically not to exceed 72 hours. Crisis respite services include assessment, triage, intervention, and support provided in a community based setting for persons experiencing a behavioral health crisis and who are at risk

of hospitalization or disruption of their current living or placement arrangement. Respite services for adults are provided in a secure, safe, and therapeutic environment with 24-hour supervision, and drop-in peer respite hostels are also available. Child and adolescent respite services, with parent or guardian consent, provide immediate shelter and nurturance to those children/adolescents with emotional/behavioral problems in need of emergency respite with 24-hour supervision in a secure setting.

#### Admission Criteria:

Criteria for all members, based on a crisis team assessment:

- The member has a mental illness and/or is experiencing a severe crisis to the point where hospitalization is under consideration for their condition
- The member is assessed as not at risk of acting upon any suicidal or homicidal ideations
- If age 18 or older, the member is willing to sign a no-harm contract and capable of adhering to it
- The member agrees to voluntary admission
- The member is ambulatory
- The member is able to perform basic self-help activities, as appropriate for age and developmental status
- The member is able to care for his/her own possessions and to maintain the living area in a reasonable state of orderliness and cleanliness, as appropriate for age and developmental status
- The member is medically stable and, if age 18 or older, able to manage any medications or medical needs he/she may have during the respite; if there are any obvious and/or serious concerns, the member will be taken to the emergency room or his/her physician for medical clearance prior to respite admission
- Member does not have a history of violent behavior and is not under the influence of substances of abuse

Additional criteria for children and adolescents:

- Member has a diagnosed or suspected mental illness documented on Axis I-V  
*and*
- The family or caretaker is currently unable to adequately or safely care for the child's needs due to either a mental health crisis or a situation that is temporarily impacting the caregiver's ability to provide care  
*and*
- There is evidence that the child will be safe in a respite setting

#### Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

#### Continued Stay Criteria:

Member continues to meet initial authorization criteria

#### Discharge Criteria:

- The member can safely return to his or her usual residence with transition to a community-based treatment provider
- OR**
- The member is transferred to a higher level of care

### **Resource: Facility-Based Crisis Stabilization Units**

#### **Description:**

Advantage contracts with Psychiatric Rehabilitation Treatment Facilities (PRTFs) to provide crisis stabilization services for both adults and members under the age of 21. These units offer a high degree of security and sometimes admit people for lengths of stay longer than 72 hours. These services are more intensive than regular behavioral health crisis respite services – they typically offer more secure environments and highly trained staff. Prior to discharge, the case manager, member, family/guardian, and other significant individuals approved by the member and family/guardian will develop a WRAP plan to include those services needed by the member for continued stabilization and safety, with a special emphasis on the need for case management and, for children and youth, family preservation services. WRAP plans will include advance directives, if appropriate. All post-discharge appointments will be made by discharge case managers, with a minimum of one week and four week follow-ups to assure that community services are being received and are meeting the member’s needs.

#### **Admission Criteria:**

- Psychiatric symptoms and/or functional impairment are consistent with DSM-IV (Axis I to V) diagnosis
- Functional and psychosocial impairment are serious enough to require supervised, highly intensive therapeutic setting within the community
- Clinical assessment documents that a lower level of care would not be adequate due to the member’s level of functioning and the availability of alternative resources
- There is an expectation of improvement with this level of treatment based upon presenting diagnosis and member expressed motivation
- The member presents with a significant risk for harm to self or others or the risk of deterioration of functioning that requires highly restrictive care

#### **Exclusion Criteria:**

Individual does not meet authorization and continuing stay criteria.

#### **Continued Stay Criteria:**

Member continues to meet initial authorization criteria

#### **Discharge Criteria:**

- The member can safely return to his or her normal residence with transition to a community-based treatment provider
- OR**
- The member is transferred to a higher level of care



## HOSPITAL SERVICES

### **Resource: Adult Psychiatric Acute Hospitalization**

#### Description:

Acute inpatient care provides multidisciplinary assessments and multiple treatment modalities in a 24-hour treatment environment that is medically staffed and psychiatrically supervised. Twenty-four hour skilled psychiatric nursing care, daily medical care, and well-defined treatment programs are essential components of acute inpatient care. This level of care is short term in nature and aimed at stabilizing members with a sudden onset of acute psychiatric conditions or a significant escalation of symptoms associated with a persistent, recurring disorder. In general, members requiring acute inpatient care pose a significant danger to themselves or others and/or display marked psychosocial dysfunction.

#### Admission Criteria:

- Member poses threat to him- or herself, necessitating 24-hour suicide precautions or observations. Threat to self is defined as the member's having made direct suicide threats or the clear and reasonable belief that the member will harm him- or herself if not observed and treated continuously
- Member poses threat to others - body and/or property - necessitating 24-hour intensive psychiatric treatment and nursing interventions. Threat to others is defined as the member's demonstration of violent, unpredictable, or uncontrolled behavior or the clear and reasonable belief that the member will harm others if not observed and treated continuously
- Member demonstrates inability to adequately care for his/her own physical needs, necessitating 24-hour access to the full spectrum of individualized psychiatric treatment, staffing, and services
- Member does not have access to safe diagnostic assessment and treatment of his/her condition on an outpatient basis. For example:
  - The member needs a somatic treatment or medication management that can only be safely administered in a hospital setting with 24-hour psychiatric and nursing care
  - OR**
  - The member exhibits cognitive impairment that presents a safety risk to self and/or others to the extent that these severe symptoms significantly hinder an outpatient evaluation

#### Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

### Continued Stay Criteria:

The member continues to meet admission criteria plus **one** of the following criteria:

- Clinical evidence indicates the persistence of symptoms or the emergence of additional symptoms
- A physician needs to monitor medications in an inpatient setting, either due to the member's severe reaction to medication or the member's adjusted dosage requirements
- Clinical evidence indicates that discharge, attempts at discharge, or other changes in care have resulted in or would result in the exacerbation of the member's condition

### Discharge Criteria:

- Member no longer meets admission criteria
- Member meets criteria for a less intensive level of care
- Plan for continuation of services at another level of care is implemented

## **Resource: Child and Adolescent Psychiatric Acute Hospitalization**

### Description:

Child and adolescent inpatient care provides specialized multidisciplinary assessments and multiple treatment modalities in a 24 hour treatment environment that is medically staffed and psychiatrically supervised. Twenty-four hour, pediatric-trained psychiatric nursing care, daily medical care, and well-defined treatment programs are essential components of acute inpatient care. This level of care is short term in nature and aimed at stabilizing members with a sudden onset of acute psychiatric conditions or a significant escalation of symptoms associated with a persistent, recurring disorder. Additionally, this level of care seeks to disrupt the escalation of symptoms triggered and sustained, in part, by the child's social and living situation. In general, the child/adolescent placed in this level of care poses a significant danger to him/herself or others and/or displays marked psychosocial dysfunction.

Admission Criteria:

- Child/adolescent poses threat to him- or herself, necessitating 24-hour suicide precautions or observations. Threat to self is defined as the member's having made direct suicide threats or the clear and reasonable belief that the member will harm self if not observed continuously
  - Child/adolescent poses threat to others - body or property - necessitating 24-hour intensive psychiatric treatment and nursing interventions. Threat to others is defined as the child/adolescent's demonstration of violent, unpredictable, or uncontrolled behavior or the clear and reasonable belief that the child/adolescent will harm others if not observed and treated continuously
  - Child/adolescent demonstrates a marked inability to adequately care for his/her own physical needs, necessitating 24-hour access to the full spectrum of individualized psychiatric treatment, staffing, and services
  - Child/adolescent does not have access to safe diagnostic assessment and treatment of his/her condition on an outpatient basis. For example:
    - The child/adolescent needs a somatic treatment or medication management that can only be safely administered in a hospital setting with 24-hour psychiatric and nursing care
- OR**
- The child/adolescent exhibits cognitive impairment that presents a safety risk for him- or herself and/or others to the extent that these symptoms significantly hinder an outpatient evaluation

Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

Continued Stay Criteria:

The child/adolescent continues to meet admission criteria, and meets **one** of the following criteria:

- Clinical evidence indicates the persistence of symptoms or the emergence of additional symptoms
- A physician needs to monitor medications in an inpatient setting, either due to the child/adolescent's severe reaction to medication or the child/adolescent's adjusted dosage requirements
- Clinical evidence indicates that discharge, attempts at discharge, or other changes in care have resulted in or would result in the exacerbation of the member's condition

Discharge Criteria:

- Member no longer meets admission criteria
- Member meets criteria for a less intensive level of care
- Plan for continuation of services at another level of care is implemented

## **Resource: Adult State Hospital or Regional Mental Health Institute Sub-Acute Hospitalization**

### **Description:**

Sub-acute hospitalization provides a 24 hour treatment setting staffed with medical, nursing, and multidisciplinary behavioral health treatment professionals. In Tennessee, this level of care may be provided only by a State Hospital or Regional Mental Health Institute (RMHI). Sub-acute hospitalization is not for primary or custodial care, and is not an appropriate alternative to a nursing home. Sub-acute care can be used to “step-down” a member from acute hospital care. It can also be used as an alternative level of 24-hour inpatient care to evaluate and treat members who are at serious risk of acute hospitalization. Sub-acute hospitalization care is distinguished by the need for multidisciplinary assessments, multiple treatment modalities, and continued supervision and monitoring for persistent, severe symptoms.

### **Admission Criteria:**

The member must have a diagnosed or suspected mental illness, and meet **all** of the following criteria:

- The member’s psychiatric, affective, psychotic, or behavioral symptoms have reached maximum acute inpatient benefit or do not require the most intensive acute inpatient level of care
- With 24-hour supervision, the member does not present imminent risk of severe harm to self or others
- The member requires 24-hour care and treatment with an individual plan for active psychiatric treatment which includes the need for and access to the full spectrum of psychiatric staffing
- The member has special needs as evidenced by one of the following:
  - The member needs planned programming and activities
  - The member requires special apparatus and/or staffing to provide care
  - The member is at risk of being physically victimized by others

### **Exclusion Criteria:**

Individual does not meet authorization and continuing stay criteria.

### **Continued Stay Criteria:**

In addition to continuing to meet the admission criteria, the member must meet **all** of the following criteria:

- Clinical evidence indicates the persistence of symptoms or the emergence of additional symptoms consistent with the admission criteria
- Member cannot be safely treated at a less restrictive level of care
- There is clinical evidence that discharge, attempts at discharge, or other changes in care must be instituted gradually in order to prevent re-hospitalization within 30 or 60 days following discharge
- There is a treatment plan identifying a range of interventions with specific goals of improving the member’s symptoms and level of functioning
- There is evidence of active discharge planning

Discharge Criteria:

- Member no longer meets admission criteria
- Member meets criteria for a less intensive level of care
- Plan for continuation of services at another level of care is implemented

**Resource: Adolescent and Adult Acute Hospitalization for Substance-Related Disorders**

Description:

Acute hospitalization for substance related disorders may be provided in either a psychiatric facility or in an acute general hospital with a specialized treatment unit. Acute hospitalization for substance related disorders generally offers two types of treatment: 1) medically managed detoxification (ASAM Level 4) and/or medically monitored detoxification (ASAM Level 3) and 2) rapid intervention for acute symptoms, especially for members with co-occurring mental illness. Twenty-four hour skilled psychiatric nursing care, daily medical care, and well-defined multidisciplinary treatment programs are essential components of acute inpatient care. Members appropriate for this level of care require a short term acute hospital intervention due to presenting a significant danger to themselves or others and/or displaying marked psychosocial dysfunction.

Admission Criteria:

The member must have a substance related disorder and meet **all** of the following criteria:

- The member requires 24-hour intensive intervention by a multi-disciplinary health care team
- The member cannot be safely treated in outpatient or intermediate-care facilities
- The member's substance related disorder is accompanied by a documented psychiatric disorder that requires hospitalization

Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

Continued Stay Criteria:

In addition to continuing to meet the admission criteria, the member must meet **both** of the following criteria:

- The treatment plan includes goals and prescribed therapeutic modalities for both the substance dependency and the psychiatric disorder(s)
- Post-hospital treatment planning and referral efforts were conducted, documented, and readied for initiation after the initial evaluation was completed

Discharge Criteria:

- Member no longer meets admission criteria
- Member meets criteria for a less intensive level of care
- Plan for continuation of services at another level of care is implemented

## **Resource: Substance Abuse Acute Hospitalization for Medically-Managed or Medically-Monitored Detoxification**

### Description:

*Medically-managed* inpatient detoxification provides 24-hour medically-directed evaluation and withdrawal management in an acute hospital setting. Medical and nursing professionals direct, manage, and monitor the treatment protocol. Members requiring this level of care exhibit withdrawal signs and symptoms of sufficient severity to warrant medical and nursing care supported by a multidisciplinary team of addiction and mental health professionals. Patient withdrawal also may be *medically monitored* at an appropriately licensed inpatient detoxification service facility which affords the same level of intensity as a medically-managed hospital detoxification service, but without full acute care hospital services.

### Admission Criteria:

The member must abuse alcohol or drugs to an extent that he or she meets **all** of the following criteria:

- The member needs nursing and/or medical intervention on a 24-hour basis
- The member's life or physical wellbeing is endangered by the side effects of withdrawal, which may be due to:
  - The presence of a serious medical condition that may complicate withdrawal
  - A history of complicated withdrawal

### Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

### Continued Stay Criteria:

The member must continue to meet the admission criteria and must meet **both** of the following criteria:

- Clinical evidence indicates the need for skilled observation and medical treatment consistent with Appropriateness Evaluation Protocol criteria
- There are physical signs and symptoms of acute withdrawal

### Discharge Criteria:

- Member no longer meets admission criteria
- Member meets criteria for a less intensive level of care
- Plan for continuation of services at another level of care is implemented

## RESIDENTIAL TREATMENT

### **Resource: Child/Adolescent Psychiatric Residential Treatment Facility (PRTF)**

#### Description:

A Psychiatric Residential Treatment Facility (PRTF) provides a hospital like 24-hour setting for children and adolescents with severe emotional disturbances or mental illnesses that cannot be safely cared for in less restrictive settings. PRTF treatment includes a range of diagnostic and therapeutic services, which include family modalities when clinically appropriate. Children and youth receive developmentally appropriate programming and treatment. The residential environment supports the development of adaptive and functional behavior which will allow the member to live in family and community settings. The treatment approach in a PRTF is strength based and focuses on developing resiliency. All children are assessed for eligibility for case management during their stay. If it is appropriate and accepted, case management is arranged as part of a wraparound plan, based on John Vanderberg's wraparound model, for continuing care in the community.

#### Admission Criteria:

The member must meet of **all** of the following criteria:

- Psychiatric symptoms and/or functional impairment are consistent with DSM-IV (Axis I-V) diagnosis
- Functional and psychosocial impairment are serious enough to require a supervised, intensive therapeutic setting within the community
- Clinical assessment documents that a lower level of care would not be adequate due to the member's level of functioning and availability of alternative resources
- There is an expectation of improvement with this level of treatment based upon presenting diagnosis and member expressed motivation
- The member presents with a significant risk for harm to self or others or the risk of deterioration of functioning that requires restrictive care

#### Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

#### Continued Stay Criteria:

Member continues to meet admission criteria, and meets **all** of the following criteria:

- Clinical evidence of a firm diagnosis
- Evidence of the need for continued support 24 hours per day in a therapeutic living situation
- Clinical evidence of therapeutic and living support goals that must be met before the individual can return to his or her previous living situation or make the transition to a family or other community setting
- Evidence of coordination of and access to active psychiatric treatment and services

Discharge Criteria:

- Child or youth meets criteria for a higher or lower level of care
- Child or youth has met treatment goals and can be safely cared for in a less restrictive setting

**Resource: Adult Psychiatric Residential Treatment Facility (PRTF)**

Description:

A Psychiatric Residential Treatment Facility (PRTF) provides a hospital like 24-hour setting for adults with severe emotional disturbances or mental illnesses that cannot be safely cared for in less restrictive settings. PRTF facilities for adult members provide a 24-hour safe, supervised environment for short- or moderate-term psychiatric-managed treatment. Members with mental health and co-occurring mental health and substance abuse disorders will receive a therapeutic, structured milieu and treatment that fosters recovery, with the expectation of moving on or returning to more permanent housing. The programs follow a recovery philosophy and incorporate SAMHSA Illness Management and Recovery tools.

Admission Criteria:

- Psychiatric symptoms and/or functional impairment are consistent with DSM-IV (Axis I-V) diagnosis
- Functional and psychosocial impairment are serious enough to require a supervised, intensive therapeutic setting within the community
- Clinical assessment documents that a lower level of care would not be adequate due to the member's level of functioning and availability of alternative resources
- There is an expectation of improvement with this level of treatment based upon presenting diagnosis and member expressed motivation
- The member presents with a significant risk for harm to self or others or the risk of deterioration of functioning that requires restrictive care

Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

Continued Stay Criteria:

In addition to continuing to meet admission criteria, the member must meet **all** of the following criteria:

- Clinical evidence of a firm diagnosis
- Evidence of the need for continued support 24 hours per day including psychiatric management
- Clinical evidence of therapeutic and living support goals that must be met before the individual can return to his or her previous living situation or make the transition to a family or other community setting

Discharge Criteria:

- Member meets criteria for a higher or lower level of care
- Member has met treatment goals and can be safely cared for in a less restrictive setting
- Evidence of coordination of and access to active psychiatric treatment and services post hospital stay

**Resource: Adolescent Substance Abuse Residential Treatment**

Description:

A Substance Abuse Residential Treatment (SART) program provides a hospital-like, 24-hour inpatient setting for adolescents who have not been able to attain sobriety in community based settings or have not sufficiently developed the motivation to set sobriety as a goal. SART is an individualized service, and thus does not consist of an established number of days. For these adolescents, a period of time in a setting totally devoted to developing motivation and making progress toward sobriety is necessary to make progress in effectively addressing significant drug and/or alcohol abuse problems. SART programs must be able to work with teens that have both mental health conditions and substance abuse problems. Treatment must include comprehensive bio-psycho-social assessment, individual counseling by professionals trained in motivational counseling, access to psychiatric consultation for individuals with co-occurring mental health disorders and possible psychotropic medication use or needs, group counseling, and access to self-help groups with adolescent members. Services should include outreach to parents that includes them in treatment and educates them about substance abuse and recovery. Programs must have the capacity to identify and treat teens that have experienced trauma. Programs must have strong linkages to community substance abuse treatment services for teens and young adults and must use them to provide well-developed aftercare plans. Programs must also follow-up with discharged teens and their families to ensure that aftercare plans are in place. SART programs may offer services in a crisis intervention, and should have the capacity for medically supervising a youth in detoxification, with daily physician or registered nurse monitoring.

Admission Criteria:

The member must have a substance related disorder and be mentally competent and cognitively stable enough to benefit from admission to a residential program. In addition, the member must meet A, B, or C:

- A. The member cannot maintain abstinence and recovery despite receiving appropriate, professional, outpatient intervention in the past three months  
**OR**
- B. The member is residing in a severely dysfunctional living environment, which would undermine effective outpatient treatment  
**OR**
- C. There is evidence or clear and reasonable inference that the member presents a serious, imminent, physical threat to him- or herself or others due to substance abuse  
*and*  
 The adolescent’s current living environment has significant impairment in social, familial, scholastic, or occupational functioning, such that it does not provide the support and access to therapeutic services necessary for recovery the member, necessitating intensive individual, group, and family therapy in a residential setting  
*and*  
 There must be evidence of the restorative potential resulting from the proposed admission

Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

Continued Stay Criteria:

In addition to continuing to meet the admission criteria on a daily basis, the member must meet **all** of the following criteria:

- The problems that necessitated admission are still present or additional problems consistent with the admission criteria have emerged
- There is evidence that re-entry into the community would exacerbate the illness to a degree that would require inpatient care
- There is weekly parental or legal guardian involvement in the member’s care, or there are documented reasons why such involvement is not clinically appropriate

Discharge Criteria:

- Child or youth meets criteria for a higher or lower level of care
- Child or youth has met treatment goals and can be safely cared for in a less restrictive setting

**Resource: Adult Substance Abuse Residential Treatment**

Description:

Residential treatment provides individualized service, thus is not a program with an established number of days of treatment. Residential services are provided in a 24-hour safe, supervised environment within the community for short- or moderate-term residence or respite that

corresponds to ASAM level III. Members with substance abuse disorders receive therapeutic intervention and/or treatment, with the goal of maintaining sobriety or increasing motivation for sobriety. Members are expected to move on or return to more permanent housing. These programs may also have the capacity to supervise member receiving detoxification treatment.

Admission Criteria:

The member must have a substance related disorder and be mentally competent and cognitively stable enough to benefit from admission to a residential program. In addition, the member must meet **one** of the following criteria:

- A. The member cannot maintain abstinence and recovery despite receiving appropriate, professional, outpatient intervention in the past three months. There must be evidence of the restorative potential of the proposed admission

**OR**

- B. The member is residing in a severely dysfunctional living environment, which would undermine effective outpatient treatment

**OR**

- C. There is evidence or clear and reasonable inference that the member presents a serious, imminent, physical threat to him- or herself or others due to substance abuse

*and*

The member has significant impairment in social, familial, scholastic, or occupational functioning, which necessitates intensive individual, group, and family therapy in a residential setting

*and*

There must be evidence of the restorative potential of the proposed admission

*and*

Residential treatment is the lowest level of care where treatment can be safely provided

Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

Continued Stay Criteria:

In addition to continuing to meet admission criteria, the member must meet **both** of the following criteria:

- The problems that necessitated admission are still present or additional problems consistent with the admission criteria have emerged
- Clear and reasonable evidence is present that re-entry into the community would exacerbate the illness to a degree that would require inpatient care or impair sobriety

Discharge Criteria:

- Member meets criteria for a higher or lower level of care
- Member has met treatment goals

## PARTIAL HOSPITALIZATION

### **Resource: Adult and Adolescent Psychiatric Partial Hospitalization**

#### Description:

Partial hospitalization programs are characterized by a medically-directed treatment program that offers intensive, coordinated, structured services for adults and adolescents within a stable therapeutic milieu. Services resemble those provided in a hospital (including medical and nursing supervision and interventions), but the member does not stay overnight. These programs can be located in a hospital setting, but are distinct and organized intensive ambulatory treatment services of less than 24-hour daily care. Partial hospitalization provides services to individuals who are experiencing severe or disabling conditions related to an acute psychiatric/psychological condition or an exacerbation of a severe and persistent mental disorder. These programs consist of services provided a minimum of four to five hours per day (excluding meals and snack breaks), at least five days per week. The adult program concentrates on recovery through an individualized treatment plan similar to the intensity of a hospital program but without the overnight stay. The adolescent program concentrates on resilience and skill building for adolescents and their families. It includes individualized treatment planning and active coordination with a system of supports, working to keep the family unit intact and/or promoting a successful reintegration into the community, home, and school following care. The individualized plan of treatment for partial hospitalization necessitates care by a multidisciplinary team. The specific treatment goal of this team is to improve symptoms and level of functioning so that the member may return to a lower level of care.

#### Admission Criteria:

The member has a diagnosed mental illness using DSM IV (Axis I-V) criteria and must meet **all** of the following criteria:

- Clinical evidence indicates that the member cannot be safely treated or adequately supported in less intensive outpatient services
- Clinical evidence indicates that if the member were not in partial hospitalization he or she would be a threat to self or others; this could be due to violent behavior or the inability to care for self
- The member can maintain his or her safety under partial clinical supervision and has a safe residential environment or is capable of seeking help when not under hospital supervision
- Professional and/or social supports are identified and available to the member outside of hospital supervision and the member is capable of seeking them when needed
- The member's condition requires a structured program with nursing and medical supervision, intervention, and/or treatment for a minimum of four to five hours per day
- The member's treatment plan requires treatment by a multidisciplinary team

#### Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

### Continued Stay Criteria:

In addition to continuing to meet the admission criteria, members must meet **both** of the following criteria:

- Clinical evidence indicates the persistence of the problems that necessitated admission or the emergence of additional problems consistent with the admission criteria
- Clinical evidence indicates that re-entry into a less intensive level of care has resulted or would result in the exacerbation of the member's illness

### Discharge Criteria:

- Member no longer meets admission criteria
- Member meets criteria for a lower or higher level of care
- Plan for continuation of services at another level of care is implemented

## **Resource: Adult and Adolescent Substance Abuse Partial Hospitalization**

### Description:

Partial hospitalization programs designed for the treatment of substance abuse-related disorders offer intensive, coordinated, and structured services for adults and adolescents within a stable therapeutic milieu. These programs correspond to ASAM Level II programs. These programs can be located in a hospital setting but are distinct and organized intensive ambulatory treatment services consisting of less than 24-hour daily care. The member does not stay overnight; thus these programs are indicated in situations where they can be safely used as an alternative to inpatient treatment or to shorten an inpatient hospital or residential rehabilitation stay. Partial hospitalization programs for the treatment of substance abuse disorders consists of services provided a minimum of four to five hours per day (excluding meals and snack breaks), at least five days per week. The individualized plan of treatment for partial hospitalization necessitates care by a multidisciplinary team led by a physician with specialized addiction training and experience. The specific treatment goal of this team is to improve symptoms and level of functioning so that the member may return to a lower level of care. In recognition of the high level of co-occurring psychiatric disorders among the treatment population, this program addresses psychiatric problems in its comprehensive assessment. The program has the ability to appropriately maintain or initiate psychotropic medication treatment as an integrated part of treatment. The discharge plan addresses both the substance abuse and psychiatric treatment, rehabilitation, and support needs of the member.

### Admission Criteria:

The member must have a substance related disorder and be cognitively stable enough to benefit from admission to a partial hospitalization treatment program. In addition, the member must meet all of the following criteria:

- The member requires more intensive multidisciplinary evaluation, treatment, and support than can be provided in a traditional or intensive outpatient treatment program. If the member has not participated in and/or has failed a less intensive outpatient program, then the program must provide documentation as to why a partial hospitalization program is needed

- If the member has a history of repeated relapses, there must be documentation of the restorative potential for the proposed admission
- Professional and/or social supports must be identified and available to the member and family/legal guardian outside of program hours, as may be the case with an adolescent, and the member must be capable of seeking these supports, as needed
- The member's condition must require a structured program with nursing and medical supervision, intervention, and/or treatment for part of each program day
- The member's treatment plan requires treatment by a multi-disciplinary team
- Successful detoxification completed on an inpatient basis with immediate (no lapse in time) discharge to partial hospitalization, or active coordination with the ambulatory detoxification treatment team, if the detoxification team is separate from the partial hospitalization treatment team
- The member has a safe and supportive living environment, the ability to seek help when needed, and access to identified support services outside of treatment hours

Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

Continued Stay Criteria:

The member must meet all of the following criteria:

- Continues to meet the admission criteria
- Clinical evidence indicates the persistence of the problem that caused the admission or the emergence of additional problems consistent with the admission criteria
- Clinical evidence indicates that re-entry into a less intensive level of care has resulted or would result in relapse or exacerbation of the member's illness

Discharge Criteria:

- Member no longer meets admission criteria
- Member meets criteria for a lower or higher level of care
- Plan for continuation of services at another level of care is implemented
- There is a discharge plan that contains a plan for continued treatment at a lower level of care, if necessary

## OUTPATIENT TREATMENT

### **Resource: Traditional Outpatient Psychiatric and Substance Abuse Treatment**

#### Description:

In the continuum of mental health and substance abuse behavioral healthcare options, traditional outpatient treatments are typically low intensity, low volume, and office or clinic based services. These treatments are less intensive than other outpatient services such as partial hospitalization or intensive outpatient treatment programs. Outpatient services consist of individual, family, and/or group psychotherapy; medication management; and evaluation/consultative services. The length of each service episode generally ranges from 15 minutes (e.g., medication checks) to 50 minutes (e.g., individual, group, or family psychotherapy), but may last up to two hours for certain services (e.g., initial psychiatric evaluation, group psychotherapy).

#### Admission Criteria:

The member must have a diagnosed psychiatric disorder and must meet **two out of the following three** criteria:

- Psychiatric symptoms, intra-psychic conflict, and behavioral and/or cognitive dysfunction consistent with the diagnosis
- At least mild symptomatic distress or impairment in functioning or behavior in occupational, scholastic, or social functioning (transient and acceptable reactions to psychosocial stressors alone are insufficient)
- A history of treatment for a severe or serious mental illness with current successful stabilization of severe symptoms and the need to transition to a different participating provider

#### Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

#### Continued Stay Criteria:

The member must meet **one** of the following criteria:

- The symptoms that necessitated treatment persist or have recurred
- The member has a persistent condition for which maintenance treatment is required to maintain optimal symptom relief and functioning (e.g. lithium carbonate for bipolar disorder, neuroleptic medication and supportive psychotherapy for schizophrenia.)
- If the individual no longer has symptomatic distress or impairment in functioning, the clinical evidence indicates that a period of further therapy is required to support termination of therapy; this determination is based on the frequency and severity of previous relapse, level of current stressors, and other relevant clinical indicators

In addition, the following criterion must be met:

- The member's treatment plan appropriately targets a) alleviation of the member's distress and/or dysfunction, b) achievement of appropriate maintenance goals for persistent illness, and c) support for termination

Discharge Criteria:

- Member no longer meets admission criteria
- Member meets criteria for a higher level of care

**Resource: Psychological Testing**

Description:

Psychological testing is performed by a licensed Psychologist, Senior Psychological Examiner or Psychological Examiner under appropriate supervision. Psychological testing is employed to assist in accurate diagnosis of behavioral health conditions. Psychologists use validated, standardized testing instruments relevant to the diagnostic questions to be evaluated.

Admission Criteria:

Psychological testing is necessary when other assessments do not provide sufficient information to develop an appropriate treatment plan

Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

Continued Stay Criteria:

Not applicable

Discharge Criteria:

Testing is completed

**Resource: Intensive Outpatient Substance Abuse Programs**

Description:

Intensive outpatient programs (IOP) consist of services of at least two hours per day and three days per week. IOP are ASAM level 2 services and include individual, group, and family substance abuse treatment, psychoeducational services, peer support, case management, and, for individuals with co-occurring mental health disorders, adjunctive services such as medical monitoring. This model increases motivation toward sobriety and supports the individual and family in making the changes needed to help maintain sobriety. Each service plan is individualized and denotes services needed from a multidisciplinary team of professional and support staff. The goals of IOP are to provide recovery, treatment, and/or life skills opportunities and to return the individual to a lower level of care. An IOP may be indicated for members who may soon meet admission criteria for inpatient services. An IOP can be a safe alternative to inpatient treatment or shorten a hospital or residential stay. Intensive outpatient programs can provide structure to help a substance abuser change patterns of socialization and build new friendships not centered on drug procurement and use. It can provide extra support for an individual who has not been successful in sustaining abstinence with individual therapy alone.

Admission Criteria:

A member must meet the following admission criteria:

- Psychiatric symptoms and/or functional impairment must be consistent with DSM-IV (Axis I-V) diagnoses that are the cause of functional and psychosocial impairment serious enough to require this therapeutic level of care
- Ongoing clinical assessment documents that a lesser level of care would not be adequate due to the member's level of functioning and availability of alternative resources and that a greater level of care is not needed
- There is an expectation of improvement with these services
- The member has:
  - A safe and supportive living environment
  - The ability to seek help when needed
  - Access to identified support services outside of treatment hours

Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

Continued Stay Criteria:

Member continues to meet initial authorization criteria

Discharge Criteria:

- Member no longer meets admission criteria
- Member meets criteria for a lower or higher level of care
- Plan for continuation of services at another level of care is implemented

**Resource: ECT Procedure**

Description:

Electroconvulsive therapy (ECT) is a treatment for severe mental illness in which a brief application of electric stimulus is used to produce a generalized seizure. The treatment is carried out under psychiatric supervision primarily in general hospital psychiatric units or in psychiatric hospitals. The main conditions for which ECT is indicated are major mood disorders and non-chronic schizophrenia, particularly when affective or catatonic features are prominent.

Admission Criteria:

- Client has a diagnosis for which ECT is a research-proven treatment option
- Psychotherapy and medication have proven ineffective in lessening symptoms, or there is an imminent risk of suicide
- Client and/or guardian has provided written informed consent
- Psychiatric evaluation documents both the need for and advisability of ECT

Exclusion Criteria:

Individual does not meet authorization and continuing stay criteria.

Continued Stay Criteria:

- Psychiatric reassessment after each ECT treatment in the series documents positive changes in target symptoms and the absence of adverse effects outside of those considered normal for this procedure. Objective testing of cognitive functions is an important part of this process.
- Client and/or guardian continues to give consent for ECT

Discharge Criteria:

Client or guardian withdraws consent for treatment

Assessment does not reveal a positive benefit from treatment, or the adverse effects outweigh the benefit

Client completes the prescribed series of ECT treatments

**Resource: In Home Child and Adolescent Treatment Program (Preferred Options, Multi-Systemic Therapy, and Comprehensive Child and Family Treatment Team)**

Description:

In Home Child and Adolescent Treatment services are high intensity; time-limited home services designed for children and youth to provide stabilization and deter the “imminent” risk of acute psychiatric hospitalization and/or long term psychiatric residential treatment. Families served by In Home Child and Adolescent Treatment are usually characterized by family instability and high-risk behaviors exhibited by the child/adolescent. In Home Child and Adolescent Treatment services are concentrated on child, family, and parental/guardian behaviors and interaction. In Home Child and Adolescent Treatment services are treatment-oriented and situation-specific, with a focus on short-term stabilization goals. The primary goal of In Home and Adolescent Treatment is to reach an appropriate point of stabilization so the individual can be transitioned to a less intense outpatient service. Family preservation and prevention of the child’s removal from the home are keys to the successful outcome for this level of service. Clinical services include provision of intensive counseling with the child and family members, parenting skills training, behavioral assessments and the development of interventions, consultation with all medical and clinical providers, and consultation with agencies such as school personnel and juvenile courts. In Home Child and Adolescent Treatment staff must be available 24 hours daily for in-home or face-to-face contact in the natural setting.

Admission Criteria:

Children and adolescents must meet the following criteria:

- A primary DSM-IV diagnosis or severe emotional disturbance which is the cause of significant psychological, personal care, vocational, education, and/or social impairment such as, but not limited to , and one of the following examples:
  - Member is unable to care for his/her physical needs in an age-appropriate manner
  - Severely impaired concentration or thought organization
  - Unemployment or poor work/school performance
  - Inappropriate social behavior
  - Grossly disorganized personal and/or financial affairs

- Disturbance of mood that interferes with daily living
- The impairment results in at least one of the following:
  - A clear and current threat to the individual's ability to live in his/her home and with his/her family or significant supportive others and without that setting, would then meet criteria for a higher level of care such as inpatient, residential, or partial hospitalization
  - A clear, current threat to the individual's ability to be employed or attend school, and emerging/impending risk to the safety or property of the individual or others
- For individuals with persistent or recurrent disorders, the individual's past history indicates that when the member 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 member or others

**OR**

For individuals with an acute disorder or 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 member or others

- The individual's disorder can be expected to improve significantly through medically necessary and appropriate therapy, and the individual is judged mentally competent and sufficiently in control of his/her behavior to benefit from the therapy provided
- There must be professional and/or social supports identified and available to the member outside of program hours to provide safety, and the member must be capable of seeking them as needed when not attending the program
- The member's condition must require an integrated program of rehabilitation counseling, education, and /or therapeutic and family services based on the level of intensity authorized
- The individual service plan requires the rendering of services by a multidisciplinary team of professionals supervised by mental health professionals; a specific goal of treatment is improving the individual's symptoms, behavior, and/or level of functioning enough to return the individual to a less intensive level of care

**Exclusion Criteria:**

Individual does not meet authorization and continuing stay criteria.

**Continued Stay Criteria:**

Member must meet **all** criteria below.

- The child/adolescent is at high risk of out-of-home placement
- The overall functioning and continued high risk factors of the child/adolescent warrants continued stay
- Triggers can be identified that promote instability in the family and necessitate continued intensive intervention

- Treatment planning continues to document that intervention increases stability, decreases use of crisis services, and advances progress toward long-term therapeutic goals

Discharge Criteria:

- The child/adolescent is no longer at imminent risk of State custody, hospitalization, or residential treatment due to behavioral health treatment issues (versus delinquency, mental retardation treatment needs, etc.)
- The child/adolescent and family have been functioning without crisis that would result in out-of-home placement
- The family, therapist, supervisor, and Advantage assess that the parents or caregivers have developed or improved the skills needed for handling subsequent problems
- The child's/adolescent's symptoms identified in the admission criteria have decreased, and his/her level of functioning has improved
- Less intensive services like CTT or standard case management are clinically appropriate
- The child/adolescent does not meet Continued Stay Criteria